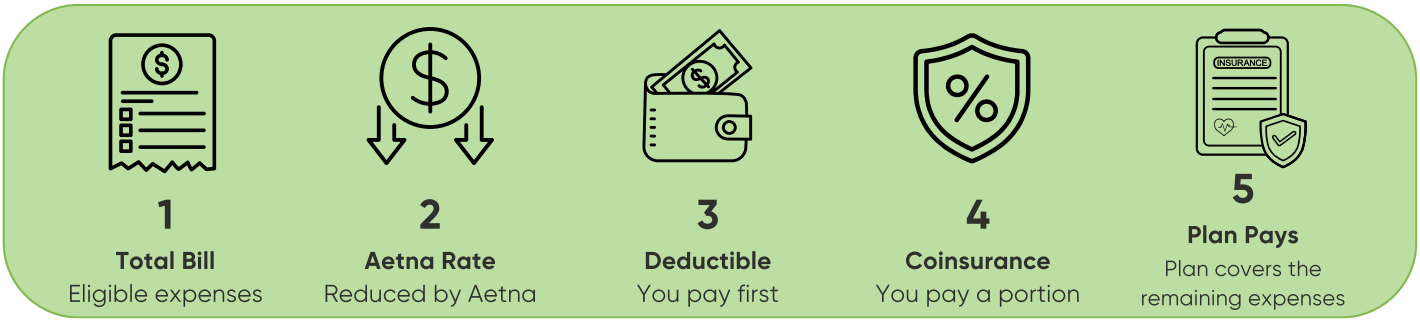
Understanding How a Claim Is Covered



Aetna Rate: When you use an in-network provider, Aetna has a contracted rate with that provider. This means the provider agrees to accept a lower amount than the **Total Bill.** The difference is discounted, reducing the amount used to calculate your deductible, coinsurance, and what the plan pays.

Here's an Example: The total bill of a hospital visit is $40,000, but Aetna's allowable rate is $15,000. The member's coinsurance is based on the $15,000 rate, and no one is responsible for the remaining $25,000. Below is an example of how the $15,000 allowable amount is processed.

Premium Plan

Total Bill		Aetna Rate	Deductible (You Pay)		Coinsurance (You Pay)	Plan Pays
$40,000	→	$15,000	$250	+	10% ($1,475)	$13,275

You pay for the visit $1,725

What this means:

You pay the deductible first, then coinsurance until you reach the annual out of pocket maximum of $3,600. The plan pays eligible expenses for the remainder of the year.

Standard Plan

Total Bill		Aetna Rate	Deductible (You Pay)		Coinsurance (You Pay)	Plan Pays
$40,000	→	$15,000	$500	+	20% ($2,900)	$11,600

You pay for the visit: $3,400

What this means:

You pay the deductible first, then coinsurance until you reach the annual out-of-pocket maximum of $4,000. The plan pays eligible expenses for the remainder of the year.

Your Choice
MANATEE HEALTH PLAN