

Introducing Aetna's Consolidated List Invoice

We are pleased to introduce you to our bill. We hope you will find our invoice to be comprehensive and easy to use. If you participate in multiple plans, all applicable plans will be consolidated into one billing statement, allowing a single payment to be sent to one location.



**Important information regarding your bill —
please keep this document for future reference.**

We want you to know[®]

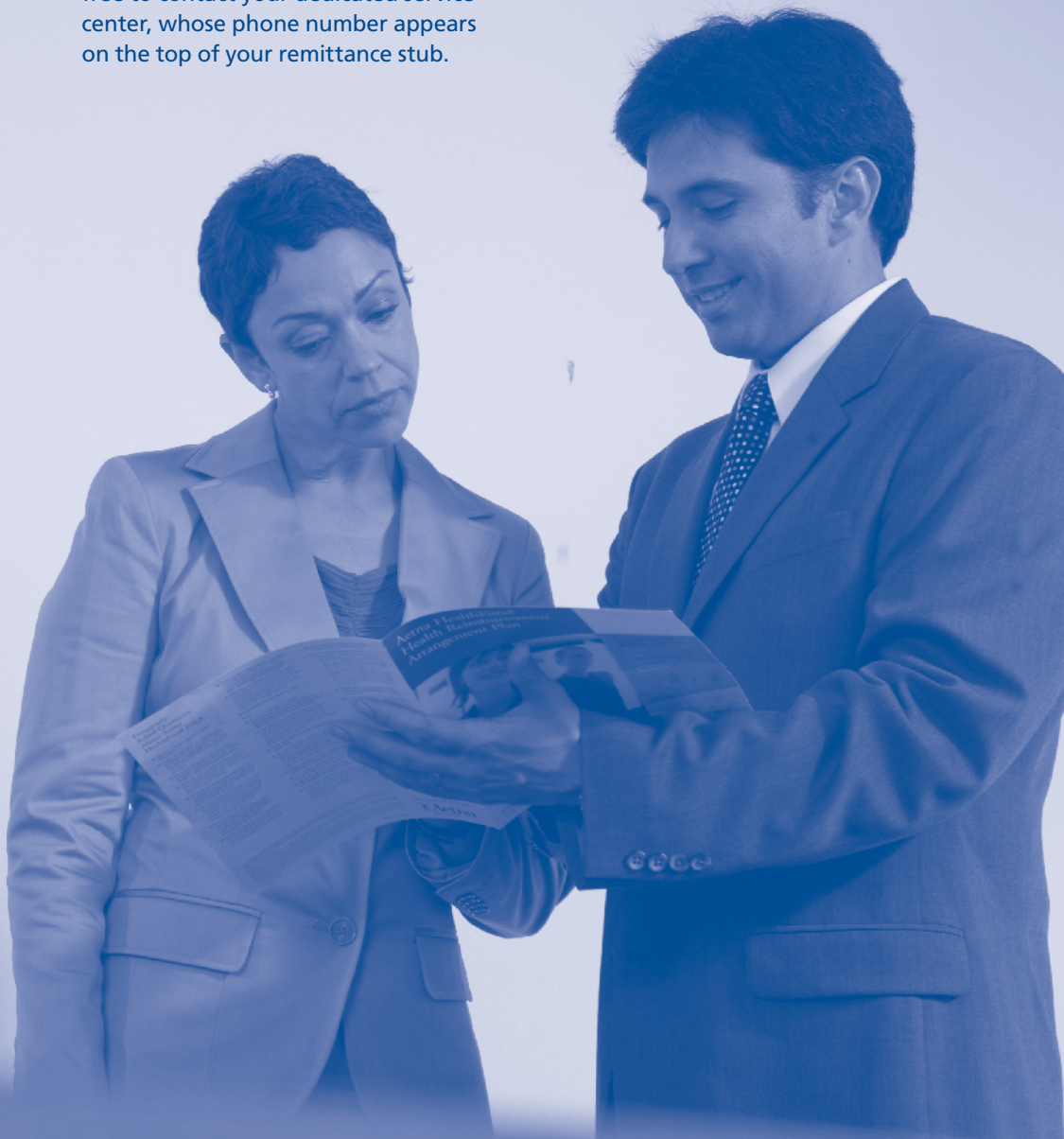


The remittance address for your monthly premium payment is located on the bottom portion of the first page of your invoice. You will receive a remittance stub and return envelope with each bill for your convenience. Please detach the remittance stub from the invoice and return it with your payment in the enclosed envelope.

Please submit only your payment and related information to the billing address. Please do not include member enrollment forms. Aetna is committed to safeguarding our members' privacy with regard to Protected Health Information (PHI). Enrollment forms contain identifiable information relating to a member's past, present or future physical or mental condition and is protected under HIPAA privacy rules.

Enrollment forms should be submitted directly to your regional Aetna⁺ plan sponsor services location. Ideally, these materials need to be submitted prior to payment for appropriate reconciliation of your account.

Thank you for your time and attention to these important items. Should you have any questions about your bill, feel free to contact your dedicated service center, whose phone number appears on the top of your remittance stub.




Invoice summary and remittance stub

This section provides a recap of the prior balances due (if any), the current amount due and the total amount due. Please have a copy of your invoice available if you need to contact us for assistance.

1. Invoice Information

- **Prepared Date** — Date invoice was generated
- **Invoice Number** — Bill identifier
- **Triad Number** — Internal Aetna use only
- **Account Number** — Unique identification number for your account; this should be included on all correspondence and payment forms
- **Bill Package** — Multiple statement identifier
- **Coverage Period** — The period we are billing for coverage
- **Payment due date** — The date by which your payment should be received



FLOWER TEST 1

Aetna
Attn: Billing Statement Dept
1000 Middle Street - MC47
Middletown CT 06457
00000 J2A/USA 000005 00952005-1001 (1)

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2 TULIP UAT COMPANY
DMT PAUL-0023
1111 TULIP STREET
TESTING
NORRISTOWN IN 31001-0000

1 Prepared Date: 12/18/07
Invoice Number: G0000163
Triad Number: 1998
Account Number: 80913203
Bill Package: 1001
Coverage Period: 01/01/08-01/31/08
Payment Due Date: 01/01/08

3 **SUMMARY OF ACCOUNT:**


Opening Balance	\$3,045.20
Paid Date 12/15/07 Payment ID: 0006632152	\$3,000.00
Total Payments Received Since Last Invoice	\$3,000.00
Current Inforce Charges	\$2,748.30
Retroactivity Charges	\$(960.00)
Current Admin/Other Adjustment Charges	\$0.00
Current Net Charges	\$2,088.30
AMOUNT DUE:	\$2,131.50

4 **Important Please Read:** The total premium is due on the first day of the monthly coverage period. If not received by the end of the grace period, the contract will be terminated. You will be liable for the premium for all periods of coverage (including the grace period) unless you provide at least 30 days advance written notice of your intent to terminate.

Billing Questions? Contact Plan Sponsor Services at 860-636-5436

Detach & return with payment in the enclosed envelope.

Please include your invoice number and/or account number on your check. Thank you for your business.

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Please make checks payable to:

AETNA
P.O. BOX 802646
CHICAGO, IL 60680-2646

Prepared Date: 12/18/07
Invoice Number: G0000163
Triad Number: 1998
Account Number: 80913203
Bill Package: 1001
Coverage Period: 01/01/08-01/31/08

Please Pay By	Amount Due
January 01, 2008	\$2,131.50

6 Check Box for Change of Address. See Reverse.

08 1998 0000000080413203 1001 60000163 00000213150 9

2. Customer Information

- Your name, contact and mailing address

3. Summary of Account

- **Opening Balance** — Prior month's balance due
- **Total Payments Received Since Last Invoice** — Listing of each payment(s) received since your last invoice and total of these payments
- **Current Inforce Charges** — Current charges based on active membership as of the prepared date
- **Retroactivity Charges/Credits** — Charges and credits for activity not previously billed or credited
- **Current Admin/Other Adjustment Charges** — Administrative charges for the current period and/or adjustments to previously billed amounts
- **Current Net Charges** — Total of current in-force charges plus retroactivity and other adjustments
- **Amount Due** — The total amount to be remitted as a result of the opening balance, payments received and current net charges

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*Plan Key
Please reference this key while reviewing membership or benefit level.

Product	Specific Plan Type	Type
Dental	DMO	0088
Medical	Behavioral Health	0008
	HMO	0123
	Aetna Health Network Option	0426

Trans Type	Trans Type Definition
T	Terminated Employee
R	Reinstated Employee
N	New Employee
C	Changed Employee

Medical Tier	Tier Code
1	EE
2	EE + Spouse
3	EE + Child
4	EE + Children
5	EE + Family

4. Messages

- Important information regarding payment terms and agreement

5. Remittance Stub — To be returned with your payment

- **Billing Questions** — Aetna service center and corresponding telephone number
- **Remittance Address** — Address where payments should be mailed (Please refer to an actual remittance stub as this is an illustration only.)
- **Please Pay By** — Payment due date
- **Amount Due** — The total amount to be remitted

6. Change of Address

If a change of address is needed, place a check mark in the box provided and enter the new address information on the back of remittance stub.

7. Plan Key


The Plan Key, located on back side of the Invoice Summary Page, lists the Products and Plan Types where your membership is enrolled. Specific Plan Types are associated with a 3-digit Type Code that is used to reference individual members throughout the remainder of the invoice. It also includes the tier code that represents the coverage level.

Current inforce charges

000008 J287USA 001024 80913203-1001 111

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Prepared Date: 12/18/07
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FLOWER TEST 1

CURRENT INFORCE CHARGES

1	Empl Name	Empl ID	Medical Tier	Medical		Dental		Total Empl
				Type	Prem	Type	Prem	
	Apple, Adam	xxxxx8888	1	0008 0426	150.00	0088 0088	15.00	\$165.00
	Boel, Lana	xxxxx1765	5	0123	13.90			\$13.90
	Cook, Cathy	xxxxx8975	3	0008 0426	350.00	0088 0088	35.00	\$385.00
	Drake, Danny	xxxxx8963	4	0008 0426	450.00	0088 0088	45.00	\$495.00
	Eagle, Ed	xxxxx8951	5	0008 0426	550.00	0088 0088	55.00	\$605.00
	Fey, Adam	xxxxx8950	1	0008 0426	150.00	0088 0088	15.00	\$165.00
	Grace, Bob	xxxxx8931	2	0008 0426	250.00	0088 0088	25.00	\$275.00
	Hiller, Cathy	xxxxx8920	5	0008 0426	550.00	0088 0088	55.00	\$605.00
	Holt, Jane	xxxxx1808	1	0123	10.70			\$10.70
	Jarr, Tom	xxxxx1779	2	0123	12.80			\$12.80
	James, Kim	xxxxx1707	5	0123	13.90			\$13.90
	Total Premium for above Coverages				\$2,501.30	\$245.00		\$2,746.30

*See Plan Key

Please detach the remittance stub from the first page of your invoice and return it with your payment. This will ensure receipt and quick application of payment to your account. A return envelope will be sent with each invoice, for your convenience. Thank you for your time and attention to this important information.

1. Empl Name, Empl ID

Provides the name and Social Security number of each employee. Please note the SSN is in a masked format to protect the privacy of each employee.

2. Product Tier, Type and Premium

Provides the tier code, products and premium charged per employee. If an employee is enrolled in multiple products, each one will be reflected separately with the total premium for all products in the last column.

3. Total Empl

Total amount of premium per employee for all products.

4. Total Premium for above Coverages

Total amount for each product and total current charges reflected above.

Retroactivity charges/credits

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Prepared Date: 12/18/07
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FLOWER TEST 1

RETROACTIVITY CHARGES/CREDITS

Empl Name	Empl ID	*Trans	Eff Date	Mths Imp	Medical		Dental		Total Empl
					*Type	Prem	*Type	Prem	
Barker, Bob	xxxxx8987	T	11/01/07	1	0008 0426	(200.00)	0088 0088	(20.00)	\$(220.00)
Cook, Cathy	xxxxx8975	C	09/22/07	3	0008 0426	(400.00)	0088 0088	(40.00)	\$(440.00)
7 Total Premium for above Coverages						\$(600.00)		\$(60.00)	\$(660.00)

*See Plan Key

8	Current Admin/Other Adjustments	Date	Amount	Remarks
	Total Admin/Other Adjustments		\$0.00	
9	Total Retroactivity/Admin/Other Adjustments			\$(660.00)

1. Empl Name, Empl Id

Provides the name and Social Security number of each employee. Please note the SSN is in a masked format to protect the privacy of each employee.

2. Trans

Transaction type code
 (N=New, T=Termination, C=Change).

3. Eff Date

Effective date of the transaction.

4. Mths Imp

The number of months impacted.

5. Product Type and Premium

Product and total premium adjusted per employee.

6. Total Empl

Total amount of retroactive premium per employee for all products.

7. Total Premium for above Coverages

Total amount for each product and total retroactive charges/credits.

8. Current Admin/ Other Adjustments


List of current administrative charges and/or adjustments with a corresponding remark/description of the adjustment. Debit and credit adjustments displayed separately by date.

9. Total Retroactivity/Admin/ Other Adjustments

A total of the adjustments reflected above.

Benefit snapshot current membership

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BENEFIT SNAPSHOT CURRENT MEMBERSHIP

1 Product	2 *Plan Type	3 Tier Code	Aetna Recorded Empl / Volume	
			Empl / Volume	4 Premium
Dental	088	EE	2	\$30.00
		EE + Spouse	1	\$25.00
		EE + Child	1	\$35.00
		EE + Children	1	\$45.00
		EE + Family	2	\$110.00
		Subtotal		
Medical	123	EE	1	\$10.70
		EE - Spouse	1	\$12.80
		EE + Family	2	\$27.80
		Subtotal		
Medical	426	EE	2	\$300.00
		EE + Spouse	1	\$250.00
		EE + Child	1	\$350.00
		EE + Children	1	\$450.00
		EE + Family	2	\$1,100.00
		Subtotal		
Total				\$2,746.30

*See Plan Key



1. Product

Displays only products with active enrollment.

2. Plan Type

Indicates products (See Plan Key for reference.)

3. Tier Code

Indicates for whom the product applies.


4. Aetna Recorded Empl/Volume

Number of employees enrolled in the plan and corresponding total premium for that tier.

5. Active Control-Suffix-Accounts (CSA)/Company-Customer-Profile (CCP) Reflected in this Invoice

The corresponding account structure that is assigned to this account/bill package.

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ACTIVE CONTROL-SUFFIX-ACCOUNTS (CSA) REFLECTED IN THIS INVOICE

0744508-010-00001 AND 00002 0744588-020-00001 AND 00002

ACTIVE COMPANY-CUSTOMER-PROFILE (CCP) REFLECTED IN THIS INVOICE

US-575591-0001

†Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Dental, Inc., Aetna Dental of California, Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna).

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