



AETNA LIFE INSURANCE COMPANY
 TRS CARE
 P.O. BOX 14586
 LEXINGTON, KY 40512-4586

EXPLANATION OF BENEFITS

Please Retain for Future Reference
 Date Printed: 11/04/06
 Page 1 of 2

THIS IS NOT A BILL

MARION DIVALERIO-HERNDON
 3663 NASA RD 1 # 609
 SEABROOK TX 77586-6319



QUESTIONS?

FOR INFORMATION, PLEASE CALL:
 1-800-367-3636
 Or write to the address shown above.

Notes:

Important information and tools for you to use when seeing a healthcare professional are located at www.aetna.com, (under Members and Consumers - Services and Tools or Products and Programs).

Are you nervous about asking your doctor, nurse, or pharmacist questions? Don't be. Your medical team wants you to stay informed about your health and steps you can take to stay healthy. To learn more about questions to ask your doctor go to www.askme3.org.

Member: MARION DIVALERIO-HERNDON
 Group Name: TEXAS PUBLIC SCHOOL EMPLOYEE GROUP INS. PROGRAM

Member ID: W021604606
 Group Number: 0605885-10-100 GA CAP"VO

All Remarks Appear After Final Claim

Claim Activity for MARION DIVALERIO-HERNDON (Self)

Patient Responsibility (shaded columns)											Total Patient Responsibility
DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	NOT PAYABLE BY PLAN	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	
	A	B	C		D	E	F		G	H	I
This is the claim detail for the bills received on 10/27/06											
											Claim ID: E5ADAFM9R00
PHILIP S BLUM 04/19/06 Consultations	179.00		1.47	1		35.51					35.51
Column Totals	179.00		143.49	2		35.51					35.51

PHILIP S BLUM May Bill You: \$35.51
 $C + D + E + H = I$

Claim Activity for EDWIN DIVALERIO-HERND (Spouse)

Patient Responsibility (shaded columns)											Total Patient Responsibility
DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	NOT PAYABLE BY PLAN	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	
	A	B	C		D	E	F		G	H	I
This is the claim detail for the bills received on 10/23/06											
											Claim ID: EAJZXGONR00
DONGCHAU NGUYEN 02/06/06 Office Visit	130.00		45.61	1		84.39					84.39
Column Totals	130.00		45.61			84.39					84.39

DONGCHAU NGUYEN May Bill You: \$84.39
 $C + D + E + H = I$

General Remarks:

- 1 - Your provider agreed to accept the approved Medicare amount charged for this service. You do NOT have to pay more than Medicare's approved amount.
- 2 - This amount was paid by Medicare.

Continued on Next Page



AETNA LIFE INSURANCE COMPANY
TRS CARE
P.O. BOX 14586
LEXINGTON, KY 40512-4586

EXPLANATION OF BENEFITS

Please Retain for Future Reference

Date Printed: 11/04/06

Page 2 of 2

Continued from Previous Page

Plan Summary for 09/01/05 - 08/31/06

Description	Annual Limit	Year To Date	Remainder
Individual Limits			
MARION (Self)			
Medical Medicare Deductible	\$1,800.00	\$989.45	\$810.55
Medical Medicare Share of Amt Remaining(Coinsurance)	\$5,000.00	\$0.00	\$5,000.00
EDWIN (Spouse)			
Medical Medicare Deductible	\$1,800.00	\$1,273.82	\$526.18
Medical Medicare Share of Amt Remaining(Coinsurance)	\$5,000.00	\$0.00	\$5,000.00
Family Limits			
Medical Medicare Deductible	\$3,600.00	\$2,263.27	\$1,336.73
Medical Medicare Share of Amt Remaining(Coinsurance)	\$10,000.00	\$0.00	\$10,000.00

Appeals

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the Appeals Resolution Team address shown below. Your request should include the group name (e.g., your employer), your name, member ID (or Social Security number) and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Verbal or written requests for review of the adverse determination must be communicated, mailed or delivered within 180 days following receipt of this explanation or such longer period as may be specified in your plan brochure or Summary Plan Description.

Send your written appeal to:

Appeals Resolution Team
PO Box 14464
Lexington, KY 40512

If your plan provides for a single appeal, you will receive notice of the final determination within 60 days following receipt of your request unless otherwise required by state law.

If your plan provides for two appeals, you will receive notice of a determination within 30 days following receipt of your request unless otherwise required by state law. If you do not agree with such determination, you have the right to file a second request for review.

Please review your plan documents or contact your plan administrator to determine the appeals process available to you.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Privacy

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this notice or for help with other questions, please be prepared to provide the member's name, member ID (or Social Security number), and date of birth.

Fraud

If you suspect fraud or abuse involving the services described in this Explanation of Benefits or would like to report other healthcare fraud related issues, please call the toll-free Hotline at 1-800-338-6361 or contact us by E-Mail at AETNASIU@AETNA.COM.