



PO Box 981106
El Paso, TX 79998-1106

KIRAN DOMMARAJU SUBRAMANYA
BUILDING 8 SLATE CREEK DRIVE A
CHEEKTOWAGA, NY 14227



PO Box 981106
El Paso, TX 79998-1106

1-3-2020

DCN# 200103087524

KIRAN DOMMARAJU SUBRAMANYA
BUILDING 8 SLATE CREEK DRIVE A
CHEEKTOWAGA, NY 14227

Plan Sponsor Name: M & T BANK
Subscriber Name: KIRAN DOMMARAJU SUBRAMANYA
Patient Name: KIRAN DOMMARAJU SUBRAMANYA
ID Number: W229404336
Date(s) of Service: 12/31/2019

Subject: Out-of-Pocket Maximum

Dear Mr. Kiran Dommaraju Subramanya:

This letter is in regard to your out of pocket maximum for your preferred benefits.

Per your request, as of 12-31-2019 our records indicate that of the claims we have processed, \$7,000.00 has been applied to your preferred out of pocket maximum of \$7,000.00. Our records also indicate that you have met \$3,000.00 of your \$3,000.00 preferred deductible. This amount does apply to your out-of-pocket maximum.

If you have any questions, please call the phone number or access the website on your ID card.

Sincerely,

Rochelle Green
Health Concierge

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Для получения бесплатной помощи переводчика позвоните по телефону, указанному на Вашей личной карточке медицинского страхования. (Russian)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

צוטריט שפראך באַדינגגען אין קיין פרייז צו איר, רופן די נומער אויף דיין שיין קאַרט. (Yiddish)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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