

# GUIDE TO YOUR EXPLANATION OF BENEFITS

## Simple format.

See how your benefits are working for you with this easy-to-understand document. It shows you the costs associated with the medical care you've received. When a claim is filed under your Cigna benefits plan, you get an Explanation of Benefits (EOB). Because we know health care expenses can be confusing, we've simplified the language and summarized the most important information about the claim.


## Page 1

The Summary page gives an overview of the ways your benefits are working for you – quickly see what was submitted, what's been paid and what you owe.

Date of service and health care professional are both listed for easier reference.

The amount you owe does not reflect any amount you may have already paid.

This reflects the total value of your plan – the amount you saved by visiting a network health care professional or facility, and the amount paid by your plan.



**CIGNA Health and Life Insurance Company**

### Explanation of benefits

for a claim received for YOUR NAME, Reference # 865999999999999

Summary of a claim for services on January 17, 2013 for services provided by Wellbeing, I. MD

|                         |            |   |
|-------------------------|------------|---|
| Amount billed           | \$189.00   | This was the amount that was billed for your visit on 01/17/2013.   |
| Discount                | \$70.05    | <b>You saved \$70.05.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.  |
| Amount not covered      | \$0.00     | This is the portion of your bill that's not covered by your CIGNA plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.  |
| What my CIGNA plan paid | \$107.06   | CIGNA paid \$107.06 to Wellbeing, I. MD on 01/30/2013.  |
| What I owe              | \$11.89    | This is the amount you owe after your discount, what your CIGNA plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid when you received care may reduce the amount you owe. |
| You saved               | <b>94%</b> | You saved \$177.11 (or 94%) off the total amount billed. This is a total of your discount and what your CIGNA plan paid. To maximize your savings, visit myCigna.com or call customer service to estimate treatment costs, or to compare cost and quality of network health care professionals and facilities.                  |

**GO YOU.**

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Continued on next page.

If you're unsure of words or terms, look them up under the Glossary.

Your Rights of review and appeal will help you figure out what to do if you disagree with any of the benefits decisions made on this claim.

**Glossary**

**Amount billed:** The amount charged by the health care professional or facility (physician, hospital, etc.) for services or products covered by your plan.

**Amount not covered:** The portion of the amount billed that was not covered or eligible for payment under your plan. This includes charges for services or products that are not covered by your plan, duplicate claims that are not submitted that are above the maximum amount your plan pays for out-of-network care.

**Deductible:** The portion of submitted charges applied towards your deductible. Your deductible is the amount you must pay for covered services before your plan begins to pay.

**Rights of review and appeal**

If you have any questions about this explanation of benefits, please call Customer Service at the number on the back of your ID card.


If you're not satisfied with this decision, you can start the Appeal process by sending a written request for a review of your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified in your plan materials). Please follow the steps below to make sure that your appeal is processed in a timely manner.

- If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request for a review of your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified in your plan materials).

The Claims Detail page follows the Glossary page. Here, you'll find:

The dollar amount and percentage Cigna paid toward the covered amount, minus any copay/deductible you're responsible for.

The portion of covered expenses you're responsible for paying. For example, if your Cigna plan covers 90% of the covered amount, you pay the remaining 10%.



**THIS IS NOT A BILL.**

Claim received for Reference # ID: 9999999999  
Your Name: 9999999999

**Claim detail**

| Service dates | Type of service | Amount billed   | Discount       | Amount not covered | Covered amount  | Copay/Deductible | What my CIGNA plan paid % paid | Coinsurance  | See notes |
|---------------|-----------------|-----------------|----------------|--------------------|-----------------|------------------|--------------------------------|--------------|-----------|
| 01/17/2013    | PHYSICIAN       | 189.00          | 70.05          | 0.00               | 107.06          | 11.89            | 107.06                         | 11.89        | A         |
| <b>Total</b>  |                 | <b>\$189.00</b> | <b>\$70.05</b> | <b>0.00</b>        | <b>\$107.06</b> | <b>\$11.89</b>   | <b>\$107.06</b>                | <b>11.89</b> |           |

*\*After you have met your deductible, the cost of the covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

**Notes**

A - THANK YOU FOR USING THE CIGNA HEALTHCARE PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK. THIS REPRESENTS YOUR SAVINGS, SO YOU ARE NOT REQUIRED TO PAY FOR THIS AMOUNT. THIS PROVIDER IS PROHIBITED FROM BILLING THE PATIENT FOR THE DIFFERENCE. IF YOU HAVE ALREADY PAID THE AMOUNT IN FULL, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER. IN OR CA. HEALTH CARE PROFESSIONALS. FOR INFORMATION REGARDING THE CONTRACTUAL SOURCE OF YOUR DISCOUNTED RATE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462)

**Additional appeal information related to the Patient Protection and Affordable Care Act of 2010**

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1.866.444.EBSA (3272) or www.askebsa.dof.gov.

RETAIN THIS FOR YOUR RECORDS

What you have left in your plan deductibles and out-of-pocket expenses.

What I need to know for my next claim

You have paid a total of \$2,000.00 toward your \$2,000.00 individual network deductible for the plan year.  
 You have paid a total of \$4,000.00 toward your \$4,000.00 family network deductible for the plan year.  
 You have paid a total of \$4,000.00 toward your \$4,000.00 individual out-of-pocket maximum for the plan year.  
 You have paid a total of \$4,930.28 toward your \$8,000.00 family out-of-pocket maximum for the plan year.

If your "Covered amount" is less than your "Amount billed," it could be due to Cigna discounts (a portion you don't have to pay) or amounts not covered (a portion you might have to pay). The Notes section will tell you specific details.

Help with making an appeal if you're unsatisfied with part or all of your claim being denied.

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