

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.

The choice is yours: online, paper or both.

Your EOB is now online at myCigna.com. You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

Online EOBs are:

- ▶ Safely stored on **myCigna.com**.
- ▶ Easy to access anywhere, 24 hours a day.
- ▶ Printable from your computer if you need a paper copy.

PAGE 1 SUMMARY

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.

If your health accounts paid part of your expenses, you'll see what's been paid and remaining balances.

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 an in-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 # 0123456789

Patient's relationship to Subscriber: DEPENDENT

Subscriber Name: ADRIAN L VAN

Summary of a claim for services on October 26, 2017 for services provided by I.WELLBEING MD

Amount billed	\$160.00	This was the amount that was billed for your visit on 10/26/2017.
Discount	\$109.18	You saved \$109.18. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What my plan paid	\$0.00	Your plan paid \$0.00.
What my accounts paid	\$50.82	\$50.82 was paid from your Health Reimbursement Account (HRA), you now have \$1,957.82 left.
What I owe	\$0.00	This is the amount you owe after your discount, your 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 since care was received may reduce the amount you owe.
You saved	68%	You saved \$109.18 (or 68%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

Customer service

Call the number on the back of your ID card or

1.800.244.6224 (1.800.Cigna24)

myCigna.com

If you have any questions about this document,

please call Customer Service at the number above.

Please have your reference number ready.

Together, all the way.®



PAGE 2 GLOSSARY

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

Glossary

Amount billed: The amount charged by the health care professional or facility covered dependents.

Amount not covered: The portion of the amount billed that was not covered.

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.

Federal Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service.

If you're not satisfied with this decision, you can start the Appeal process by seeing your plan documents.

PAGE 3 CLAIMS

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%.

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

Help with making an appeal if you're unsatisfied with part or all of your claim being denied. The information is state-specific.

★ 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.

Claim received for YOUR NAME
Reference # 0123456789
ID U12345678

THIS IS NOT A BILL

Claim detail
CIGNA received this claim on November 13, 2017 and processed it on November 15, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What my Cigna plan paid	My Account paid from	What I owe	See notes
10/26/17	RADIOLOGIST	160.00	109.18	0.00	50.82	50.82	0.00	50.82	HRA	0.00A0,A1,A2
Total		\$160.00	\$109.18	\$0.00	\$50.82	\$50.82	\$0.00	\$50.82	\$0.00	

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

What I need to know for my next claim

You've paid a total of \$1,617.89 toward your \$1,750 out of network individual deductible for 2017
 You've paid a total of \$1,617.89 toward your \$1,750 in network individual deductible for 2017
 You've paid a total of \$0.00 toward your \$4,000 out of network individual out of pocket expenses for 2017
 You've paid a total of \$0.00 toward your \$2,000 in network individual out of pocket expenses for 2017
 You've paid a total of \$2,030.94 toward your \$3,500 out of network family deductible for 2017
 You've paid a total of \$2,030.94 toward your \$3,500 in network family deductible for 2017
 You've paid a total of \$3.00 toward your \$8,000 out of network family out of pocket expenses for 2017
 You've paid a total of \$3.00 toward your \$4,000 in network family out of pocket expenses for 2017
 You've paid a total of \$3,216.53 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4463) FOR INFORMATION ON YOUR DISCOUNTED RATE.
 A1 - YOUR CURRENT PLAN YEAR ACCOUNT BALANCE IS \$0.00.
 A2 - PAYMENT MADE FROM HEALTH REIMBURSEMENT ACCOUNT FUNDS THAT ROLLED OVER FROM A PREVIOUS PLAN YEAR, OR WERE EARNED BY YOU DURING THE YEAR.

H201A.709 RETAIN THIS FOR YOUR RECORDS. Page 3 of 4

