

CIGNA Cost of Care Estimate as of May 10, 2009



John Q Public
CIGNA Identification Number 123456789

Customer Service
Call the toll-free number on the back of your CIGNA ID card

Health Care Professional or Facility:	Central City Hospital
Benefit Category:	Hospital – Outpatient – Other Outpatient – Facility Services
Service Date	5/10/2009
Service Description	43248-UPPER GI ENDOSCOPY/GUIDE WIRE Modifier(s) Applied: SG 43239-UPPER GI ENDOSCOPY, BIOPSY Modifier(s) Applied: SG
In Network	Yes
Plan Name	CHOICE FUND HRA OPEN ACCESS PLUS

Explanation of estimate

This is an estimate of the amount you will owe for the medical service(s) specified above, based on information as of the time this estimate was generated. Your health care professional might collect a portion of the amount estimated to be your responsibility at the time of service and/or bill you directly for the final amount due after the claim is processed.

Estimated total cost of service (before CIGNA payment)	\$1,300.00	This is the total estimated amount as of May 10, 2009, for the service(s) above, based on CIGNA's discount. This includes the amount CIGNA will pay and the amount that will be your responsibility.
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My deductible responsibility	\$1,000.00	This amount is calculated based on your yearly maximum deductible of \$4000.00 and your paid-to-date amount of \$3000.00 (as of the date of this estimate).
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My coinsurance responsibility	\$30.00	This amount is determined by subtracting the amount remaining from the estimate after your deductible is met and applying your coinsurance rate.
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My copay responsibility	\$0.00	Your copay for this health care professional or facility, based on your plan design.
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Estimate of my total responsibility (after CIGNA payment)	\$1,030.00	The anticipated amount you will owe after your plan benefits are applied to the estimated cost. This includes any deductible, coinsurance or copay. This amount might be lower if you've reached your out of pocket maximum.
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Anticipated payment from my health account (for account-based plans only)*	\$250.00	Based on the money available in your health account(s) as of May 10, 2009, this is the amount that is anticipated to be paid directly to your health care professional or facility.
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Estimate of what I owe

\$780.00

This is the estimate of what you'll owe after any health account payment.

This estimate allows you and your health care professional or facility to better understand how much you'll need to pay for a specific health care service. It does not guarantee coverage or payment to the health care professional or facility, and is based on your benefits and eligibility at the time the estimate is provided. Depending on the treatment, additional services from this or other health care professionals might be necessary that are not included in this estimate. The estimate does not affect CIGNA's actual claim process or payment accuracy.

*This applies only if you are enrolled in a plan with a health account, such as a Health Reimbursement Account (HRA), Health Savings Account (HSA) and/or Flexible Savings Account (FSA). Anticipated HRA/HSA and/or FSA payments will only be applied if you are enrolled in automatic claim forwarding.