

# Guide to Your Explanation of Benefits

See how your benefits are working for you with this easy-to-understand document that 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 how 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.

Connecticut General Life Insurance Company  
Bourbonnais Claim Office  
PO Box 188003  
Chattanooga, TN 37422-8003



**Connecticut General Life Insurance Company**

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AMERICAN OVERSIGHT

AMY ANYONE  
1 MAIN STREET  
ANYWHERE, USA 12345

**Customer service**  
Call the number on the back of your ID card or 1.800.244.6224 (1.800.CIGNA24)  
[www.myCIGNA.com](http://www.myCIGNA.com)  
*If you have any questions about this document, please call Customer Service at the number above. Please have your reference number ready.*

**Service dates**  
January 17, 2009

**Reference # / ID**  
999999999999 / U99999999 99

**Account name / Account #**  
ABC COMPANY / 9999999999

**THIS IS NOT A BILL.**  
Your health care professional may bill you directly for any amount that you owe.

**Explanation of benefits**  
for a claim received for AMY ANYONE, Reference # 999999999999

**Summary of a claim for services on January 17, 2009**  
for services provided by DR. JOHN WELLBEING

Amount billed	\$782.91	This was the amount that was billed for your visit on 01/17/2009.
Discount	\$333.78	<b>You saved \$333.78.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$85.14	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	\$65.77	CIGNA paid \$65.77 to JOHN WELLBEING, MD on 01/30/2009.
What my accounts paid	\$298.22	\$216.79 was paid from your Health Reimbursement Account (HRA), you now have \$0.00 left. \$81.43 was paid from your Flexible Spending Account (FSA), you now have \$918.57 left.
What I owe	<b>\$0.00</b>	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>51%</b>	You saved \$399.55 (or 51%) off the total amount billed. This is a total of your discount and what your CIGNA plan paid. To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

**PLEASE SEE CLAIM DETAILS ON PAGE 3.**

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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, or other health care provider) for services or products covered by your plan for covered dependents.

**Amount not covered:** The portion of the amount billed that was not covered or eligible for payment under your plan, duplicate claims 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 health 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 listed on the back of this explanation of benefits.


If you're not satisfied with this decision, you can start the Appeal process by sending a written request to 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 to 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%.



Claim received for Reference # ID

AMY ANYONE  
999999999999  
999999999999



3 8 8 0 0 1 8 0 1

**THIS IS NOT A BILL.**

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**Claim detail**  
CIGNA received this claim on January 26, 2009 and finished processing it on January 28, 2009.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What my CIGNA plan paid	% paid	Coinsurance*	My account paid	Account paid from	What I owe	See notes
Dr. John WellBeing Reference # 999999999999													
01/17/09	X-RAY	120.75	50.87	0.00	69.88	69.88	0.00		0.00	69.88	HRA	0.00	A
01/17/09	EMERGENCY ROOM	381.94	160.91	0.00	221.03	221.03	0.00		0.00	146.91	HRA	0.00	A
										74.12	FSA	0.00	A
01/17/09	LABORATORY	85.14	75.68	0.00	9.46	0.00	8.51	90	0.95	0.95	FSA	0.00	A
01/17/09	LABORATORY	85.14	0.00	85.14	0.00	0.00	0.00		0.00	0.00	FSA	0.00	B
01/17/09	PHYSICIAN	109.94	46.32	0.00	63.62	0.00	57.26	90	6.36	6.36	FSA	0.00	A
<b>Total</b>		<b>\$782.91</b>	<b>\$333.78</b>	<b>\$85.14</b>	<b>\$363.99</b>	<b>\$290.91</b>	<b>\$65.77</b>		<b>\$7.31</b>	<b>\$298.22</b>		<b>\$0.00</b>	

\* After you have met your deductible, the cost 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 now paid a total of \$1,000 toward your \$1,000 in-network deductible for this plan year.  
 You've now paid a total of \$1,000 toward your \$1,500 out-of-network deductible for this plan year.  
 You've now paid a total of \$1,000 toward your \$4,000 in-network out-of-pocket expenses for this plan year.  
 You've now paid a total of \$1,000 toward your \$5,500 out-of-network out-of-pocket expenses for this plan year.

**Other important information that I need to know**

Part 919 of the Rules of the Illinois Division of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Division of Insurance, it maintains an Office of Consumer Health Insurance (OCHI) in Chicago at 100 W. Randolph Street, Suite 9-301, Chicago, Illinois, 60601-3395 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767-0001. The OCHI can also be reached toll free within Illinois at 877. 527.9431. The main telephone number for the Chicago office is 312.814.2420 and for the Springfield office is 217.782.4515.

**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 department at 1.800.88CIGNA (882.4462).

B. Your health care professional billed twice for the same service. You do not need to pay this amount because it's a duplicate.

RETAIN THIS FOR YOUR RECORDS.

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.

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.

