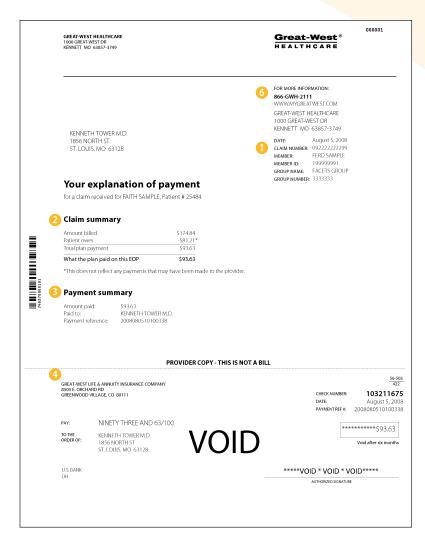
How to Read Your Explanation of Payment

Facets check version

- **1 General claim information** Contains subscriber, patient and plan information related to the claim.
- **Claim summary** Provides a general overview of costs related to the claim.
 - Amount billed The health care professional's (provider) fee for the service received.
 - Savings (discount) The savings applied by the plan.
 - Patient owes The amount that needs to be paid by the covered individual.
 - **Total plan payment** The amount payable on the claim.
 - Other insurance paid Any amount that may have been paid by other coverage the patient has.
 - **Prior payment made** Any previous payment made by the plan on the claim.
 - What plan paid on this EOP The total amount plan paid for this claim.
- **Payment summary** A brief explanation of what the plan paid to the health care professional (provider).
- 4 Check If a payment is due, this is the live check that is attached.
- 5 Claim details Important information regarding the claim. (Please see next page for details.)
- 6 For more information This is the contact information for CIGNA for any questions about claim or explanation of payment.



GREAT-WEST HEALTHCARE 1000 GREAT-WEST DR KENNETT MO 63857-3749

CLAIM NUMBER: 092222222299 MEMBER ID: 199999991 GROUP NUMBER: 33333333

August 5, 2008 DATE: FERD SAMPLE MEMBER: GROUP NAME: FACETS GROUP

Claim details

Patient: FAITH SAMPLE Patient number: 25484

Provider: TOWER, KENNETH M.D.

DATE(S) OF SERVICE	SERVICE DESCRIPTION	AMOUNT BILLED	NOT COVERED	SAVINGS (PLAN DISCOUNT)	SEE NOTES	COVERED EXPENSES	COPAY	DEDUCTIBLE	COINSURANCE	TOTAL PLAN PAYMENT	PATIENT OWES
05/27/08	OFFICE VISIT	174.84	41.08	0.00	XS1	133.76	0.00	0.00	40.13	93.63	81.21
Total		\$174.84	\$41.08	\$0.00		\$133.76	\$0.00	\$0.00	\$40.13	\$03.63	\$91.71

Notes

XS1 - THIS IS NOT A COVERED EXPENSE OF THE PLAN.

- Claim details Important information regarding the claim.
 - Date(s) of service The date the appointment or medical procedure took place.
 - **Service description** The type of medical service rendered.
 - **Amount billed** The total amount billed by the health care professional.
 - Not covered Any amount that is not covered by the plan.
 - Savings (plan discount) The savings amount applied by the plan.
 - See notes Read the notes section below for any pertinent details.
 - **Covered expenses** The portion of services that are covered by the plan.
 - Copay The copay amount applied to a service as required by the plan.
 - **Deductible** The amount of deductible applied to an expense.
 - **Total plan payment** The amount payable on the claim by the plan (covered expense minus copay minus deductible minus coinsurance).
 - Patient owes The amount to be paid to the health care professional by the patient (amount billed minus savings minus total plan payment).

We reference CIGNA and Great-West Healthcare to accommodate all covered individuals. CIGNA covered individuals, please disregard Great-West Healthcare references.

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