YOUR BENEFITS ARE NOW CLEARER THAN EVER

As part of our commitment to simplifying the information we send you, we've redesigned our Explanation of Benefits (EOB). The EOB isn't a bill. It's a summary of your claims for the month and for the year. It tells you how much you've paid toward your deductible and your annual out-of-pocket maximum. And now it's easier to read and understand.

We're excited to show you the new EOB. This guide explains, page by page, what you'll see and what it all means.

Have questions?
We're here to help. Call us at 1-800-627-7534 (TTY 711) for more information. We are available October 1 - March 31, 7 days a week, 8 a.m. - 8 p.m. local time. From April 1 - September 30, Monday - Friday, 8 a.m. - 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

Keep this guide in a safe place so you can refer to it when you get your next EOB.
Your monthly claim summary

1. Date range for this EOB
   This shows you the date range included in this summary, and the date of your EOB.

2. Numbers to know
   The “Amount charged” is the total billed by all providers this month. The “Amount we approved” is the most the providers can receive for their services.

3. What you may be billed
   Remember, the EOB is not a bill. This is the amount your provider may bill you after Cigna pays its part.

Your yearly claim summary

1. The year at a glance
   Quickly view the annual totals for all claims processed.

2. What you may be billed
   Remember, the EOB is not a bill. This is the amount your provider may bill you after Cigna pays its part.
Your annual out-of-pocket maximum (MOOP)

1. What’s a MOOP?
This is the most you will have to pay this year in out-of-pocket costs and copays for covered medical and hospital services. The bar graphs show you at a glance how much you’ve spent toward your out-of-pocket maximum.

2. Important notes
Read this section to better understand how your maximum out-of-pocket costs are determined and what counts toward your totals.

Making the most of your benefits

1. How to use this report
Review this section for tips on how to best use this summary and whom to call if you have questions or concerns.

2. Your right to an appeal
You have the right to ask us to review a claims decision. Here’s how to do so.

3. Important messages
Read timely news and important messages about your plan benefits.
Your claim details

1. Provider details
   This shows the health care provider name, whether they are in-network, and the claim number for these specific services.

2. Service details
   Review the dates and names of services, and amounts charged, approved and paid.

3. Notes
   The letter or number in this column refers to messages on the last page of your EOB packet. Use this code to find more details about claims decisions, contact information, or next steps.

4. What you may be billed
   Remember, the EOB is not a bill. This is the amount your provider may bill you after Cigna pays its part.

Notes about your claims

The claims details on previous pages may show a letter or number in the notes column. Match the letter or number from the claims details pages to the messages below. These messages provide more detail about our claims decisions and provide contact information for questions or next steps.

What you need to know about your claim(s)

This report is for medical and hospital care only. We'll send a separate report for Part D prescription drugs. This may not be all claims for 09/01/2019 - 09/30/2019. You may receive a separate Explanation of Benefits, if applicable.

4 This is one of the preventive services that is covered at no cost under Original Medicare, and the plan covers this service in-network at no cost to you.