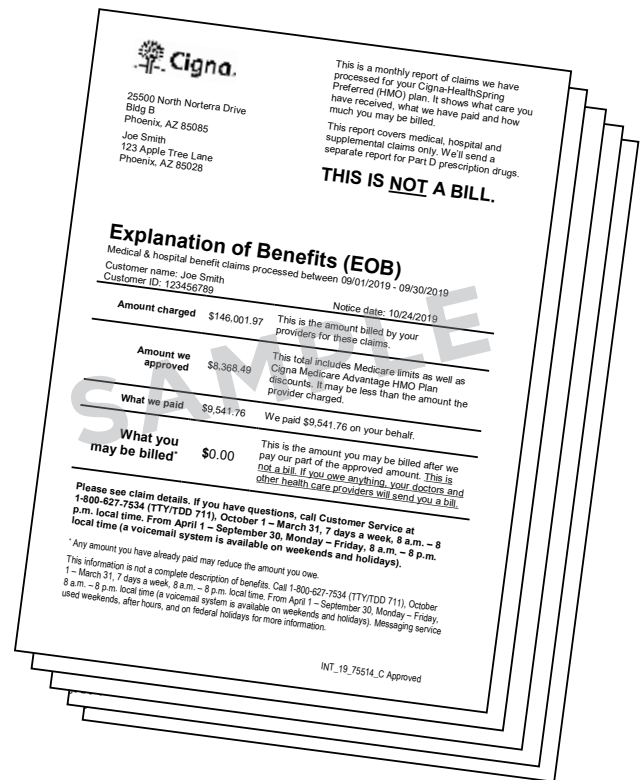




# YOUR BENEFITS ARE NOW CLEARER THAN EVER



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.

The items listed below explain sections in the sample EOB. Just match up the numbers to find out more.

## 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.



25500 North Norterra Drive  
Bldg B  
Phoenix, AZ 85085  
Joe Smith  
123 Apple Tree Lane  
Phoenix, AZ 85028

This is a monthly report of claims we have processed for your Cigna-HealthSpring Preferred (HMO) plan. It shows what care you have received, what we have paid and how much you may be billed.

This report covers medical, hospital and supplemental claims only. We'll send a separate report for Part D prescription drugs.

**THIS IS NOT A BILL.**

### Explanation of Benefits (EOB)

Medical & hospital benefit claims processed between 09/01/2019 - 09/30/2019

Customer name: Joe Smith      Notice date: 10/24/2019

Customer ID: 123456789

<b>Amount charged</b>	\$146,001.97	This is the amount billed by your providers for these claims.
<b>Amount we approved</b>	\$8,368.49	This total includes Medicare limits as well as Cigna Medicare Advantage HMO Plan discounts. It may be less than the amount the provider charged.
<b>What we paid</b>	\$9,541.76	We paid \$9,541.76 on your behalf.
<b>What you may be billed*</b>	\$0.00	This is the amount you may be billed after we pay our part of the approved amount. <u>This is not a bill. If you owe anything, your doctors and other health care providers will send you a bill.</u>

Please see claim details. If you have questions, call Customer Service at 1-800-627-7534 (TTY/TDD 711), 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 (a voicemail system is available on weekends and holidays).

\* Any amount you have already paid may reduce the amount you owe.

This information is not a complete description of benefits. Call 1-800-627-7534 (TTY/TDD 711), 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 (a voicemail system is available on weekends and holidays). Messaging service used weekends, after hours, and on federal holidays for more information.

INT\_19\_75514\_C Approved

### Totals for ALL OF 2019

(for all claims processed 1/1/2019 – 9/30/2019)

<b>Amount charged</b>	\$479,609.52	This was the amount that was billed by your providers for claims so far in 2019.
<b>Amount we approved</b>	\$59,323.20	This total includes Medicare limits as well as Cigna Medicare Advantage HMO Plan discounts.
<b>What we paid</b>	\$52,459.13	We paid \$52,459.13 on your behalf in 2019.
<b>What you may be billed</b>	\$6,618.11	This is the amount you may be billed after we pay our part of the approved amount. <u>This is not a bill. If you owe anything, your doctors and other health care providers will send you a bill.</u>

SAMPLE

# 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.

### Your out-of-pocket maximum (MOOP)

The out-of-pocket maximum gives you financial protection. It is the most you will pay each year for services we cover.

1 \$0 ██████████ \$3,800

You have paid \$3,830 toward your out-of-pocket maximum for covered services in 2019.

This is the most you will have to pay in out-of-pocket costs for covered medical and hospital services. This yearly limit is called your out-of-pocket maximum. It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get. As of 09/30/2019, you have \$3,830 in out-of-pocket costs that count toward your \$3,830 out-of-pocket maximum for covered services.

### 2 Please note:

- > The amounts you pay for your plan premiums and for your Part D prescription drugs do not count toward your out-of-pocket maximum.
- > Amounts you pay for some services do not count toward your maximum out-of-pocket amount. These services are italicized in the Medical Benefits Chart in your *Evidence of Coverage* (EOC).
- > Services not covered by Medicare do not count toward your out-of-pocket maximum.
- > (For HMO Plans only) Routine services not approved to be provided by out-of-network providers do not count toward your out-of-pocket maximum.

This means:

- > Once you have reached your yearly limit for out-of-pocket costs, you will not pay anything for covered services except those italicized in the Medical Benefits Chart in your *Evidence of Coverage* (EOC).
- > You keep getting your covered medical and hospital services as usual, and we will pay the full cost for the rest of the year.

# 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.

### Making the most of your Cigna benefits

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#### How to use this report

**Remember, this report is NOT A BILL.** If you have not already paid the amount shown in the "What you may be billed" column (see following pages), wait until you get a bill from your provider. If you have already paid the bill, did you pay the right amount shown in the "What you may be billed" column?

- > Look over the claims information. Does it seem correct? Do you recognize the name of each doctor or provider?
- > Check the dates of service. Did you have an appointment on that date?
- > If you have questions or think there may be a mistake, start by calling your doctor's office or other service provider. Ask them to explain the claim. If you still have questions, call Customer Service at 1-866-393-5366 (TTY/TDD 711) from 8:00 am to 8:00 pm, seven days a week October 1st – March 31<sup>st</sup> and 8:00 am – 8:00 pm, Monday – Friday from April 1st – September 30th. Messaging service used weekends, after hours, and on federal holidays.
- > If you see something in this *Explanation of Benefits* that looks odd to you or may be a service you did not receive, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY 1-877-486-2048).

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#### You have the right to file an appeal

Filing an appeal is a formal way of asking us to change our decision to deny your claim. You can file an appeal if we deny a claim. You can also file an appeal if we approve a claim but you disagree with how much you are paying for the item(s) or service(s). To file an appeal, please send your written request, within sixty days of this EOB, to Cigna, Attn: Appeals Department, PO Box 29030, Phoenix, AZ 85038. Or, you can fax your written request to 1-866-567-2474.

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#### Important messages

- > At the beginning of the year, we can remind them to complete and return their 360 etc.
- > If we don't have a working phone for the member, we can ask them to call us to update their records.

# 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.

**Details for claims with service date(s) in 2019 for Cigna-HealthSpring Preferred (HMO)**

**1** BOB JOHNSON  
Claim number:19800E00018  
Out-of-Network provider

**3**

Service Date(s) / Billing code / Type of service	Notes*	Amount charged	Amount approved	What we paid	WHAT YOU MAY BE BILLED
09/02/2019-09/02/2019 G0439 WELLNESS VISIT	4	\$220.00	\$109.72	\$107.53	\$0.00
09/02/2019-09/02/2019 G0444 DEPRESSION SCREENING	4	\$21.00	\$16.93	\$16.59	\$0.00
09/02/2019-09/02/2019 90732 PNEUMONIA VACCINE SOLUTION	4	\$117.00	\$107.75	\$105.59	\$0.00
<b>Total</b>		<b>\$358.00</b>	<b>\$234.40</b>	<b>\$229.71</b>	<b>\$0</b>

**4**

\* Look at "What you need to know about your claim(s)" for the note that matches any letters or number(s) in this column. Continued

# 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.

**SAMPLE**

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