

# GUIDE TO YOUR EXPLANATION OF BENEFITS

## Simple format.

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

## Easy Access.

Your EOB is now online at **myCigna**.

## Online EOBs are:

- ▶ Located on **myCigna** under the Manage Claims & Balances tab.
- ▶ Easy to access anytime, anywhere, 24 hours a day.
- ▶ Printable from your computer if you need a paper copy.

## PAGE 1 SUMMARY

The Summary page gives an overview of the ways 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.



Cigna Health and Life Insurance Company

### Explanation of benefits

for a claim received for Your Name, Reference # 1234M5678900

Summary of a claim for services on October 1, 2015 for services provided by I. WELLBEING PT

#### Customer service

Call the number on the back of your ID card or **1-866-494-2111**

**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 date

October 1, 2015

#### Reference# I ID

1234M5678900/ 123456789

#### Account name I Account#

ABC COMPANY I 09999999

|                         |               |   |
|-------------------------|---------------|---|
| Amount billed           | \$300.00      | This was the amount that was billed for your visit on 10/01/2015.   |
| Amount not covered      | \$90.00       | This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.  |
| What my plan paid       | \$147.00      | Cigna paid \$300.00 to YOUR NAME.   |
| What your accounts paid | \$153.00      | \$153.00 was paid from your Health Reimbursement Account (HRA), you now have \$1,541.00 left.   |
| What I owe              | <b>\$0.00</b> | This is the amount you owe after your discount, what your 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>49%</b>    | You saved \$147.00 (or 49%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit <b>myCigna.com</b> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.        |

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.

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## PAGE 2 GLOSSARY

If you're unsure of words or terms, look them up in 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 covered by your plan.

**Amount not covered:** The portion of the amount billed that was not covered or eligible for payment under your plan. This includes charges for services or products 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 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 on the back of your Explanation of Benefits (EOB) card. If you're not satisfied with this decision, you can start the Appeal process by sending a written request for your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified in your plan documents). 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 for your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified in your plan documents).

## PAGE 3 CLAIMS

The Claims detail page follows the Glossary page. Here, you'll find:

What you have left in your plan deductibles and out-of-pocket expenses.

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 YOUR NAME  
 Reference # 1234MS678900  
 ID 123456789

THIS IS NOT A BILL

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

### Claim Detail

CIGNA received this claim on November 14, 2015 and processed it on November 14, 2015.

| Service dates | Type of service  | Amount billed   | Discount      | Amount not covered | Covered amount  | Copay/Deductible | What my plan paid % | What my plan paid | Coinsurance*   | My account t Account paid | What I owe | See notes     |     |
|---------------|--|-----------------|---------------|--------------------|-----------------|------------------|---------------------|-------------------|----------------|---------------------------|------------|---------------|-----|
| 10/01/15      | WELLBEING PT, Patient # 334 S MAINE AVE STE 100 ANY TOWN VA 23457 THERAPEUTIC SERVICES | 300.00          | 0.00          | 90.00              | 210.00          | 0.00             | 70                  | 147.00            | 63.00          | 153.00                    | HRA        | 0.00          | XPY |
| <b>Total</b>  |  | <b>\$300.00</b> | <b>\$0.00</b> | <b>\$90.00</b>     | <b>\$210.00</b> | <b>\$0.00</b>    |                     | <b>\$147.00</b>   | <b>\$63.00</b> | <b>\$153.00</b>           |            | <b>\$0.00</b> |     |

\* After you have met your deductible, the costs 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 have paid a total of \$147.00 toward your \$2,000.00 individual non-network out-of-pocket maximum for the plan year  
 You have paid a total of \$147.00 toward your \$4,000.00 family non-network out-of-pocket maximum for the plan year  
 The balances shown above are as of Nov 14, 2015, the day the claim was finalized. However, the balances on the website are updated daily, so the balances shown here may not match those listed on your participant website at MyCigna.com.

**Notes**  
 XPY - NON-NETWORK PROVIDER USED. NOT COVERED AMOUNT IS MEMBER'S RESPONSIBILITY.

★ 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.



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