



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 health 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.

Together, all the way.®

The choice is yours: online, paper or both.

Your EOB is now online at myCigna.com. You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

Online EOBs are:

- ▶ Safely stored on **myCigna.com**.
- ▶ Easy to access anywhere, 24 hours a day.
- ▶ Printable from your computer if you need a paper copy.



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

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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 provider are both listed for easier reference.

The amount you owe does not reflect any amount you may have already paid.

This reflects the total value of your plan.

Cigna Health and Life Insurance Company
PHOENIX CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA, TN 37422-7223



Cigna Health and Life Insurance Company

Customer service

Call the number on the back of your ID card or
(800) 244-6224 (1.800.CIGNA24)
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date

February 17, 2020

Claim # / ID

Provider Network Status:
IN NETWORK

Account name / Account #

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 _____, Claim # _____

Patient's relationship to Subscriber: DEPENDENT

Subscriber Name: _____

Summary of a claim for services on February 17, 2020

for services provided by _____

| | | |
|---------------------|---------------|---|
| Amount Billed | \$358.00 | This was the amount that was billed for your visit on 02/17/2020. |
| Discount | \$136.04 | You saved \$136.04. CIGNA negotiates discounts with health care professionals and facilities to help you save money. |
| What your plan paid | \$221.96 | Your plan paid \$221.96 to _____. |
| What I owe | \$0.00 | This is the amount you owe after your discount, 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 since care was received may reduce the amount you owe. |
| You saved | 100% | You saved \$358.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities. |

PAGE 2 GLOSSARY

If you're unsure of words or terms, look them up in the Glossary.

Glossary

% Paid: The part of the Amount Billed that your health plan paid

Allowed Amount: The amount that Cigna determines is reasonable reimbursement established in accordance with an agreement between a health care provider and

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.

Federal Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer

If you're not satisfied with this decision, you can start the Appeal process by sending

PAGE 3 CLAIMS

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

The dollar amount and percentage your plan 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 plan covers 90% of the covered amount, you pay the remaining 10%.

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. The information is state-specific.

★ 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.

Claim received for Claim # ID THIS IS NOT A BILL

Claim detail

CIGNA received this claim on February 27, 2020 and processed it on February 28, 2020.

| Service dates | Type of service | Amount billed | Discount | Amount not covered | Allowed amount | Copay | Deductible | What your plan paid | % Coinsurance* | See notes |
|---------------|-----------------|-----------------|-----------------|--------------------|-----------------|---------------|---------------|---------------------|----------------|-----------|
| 02/17/20 | X-RAY | 291.00 | 110.58 | 0.00 | 180.42 | 0.00 | 0.00 | 180.42 | 100 | 0.00 A0 |
| 02/17/20 | X-RAY | 67.00 | 25.46 | 0.00 | 41.54 | 0.00 | 0.00 | 41.54 | 100 | 0.00 A0 |
| Total | | \$358.00 | \$136.04 | \$0.00 | \$221.96 | \$0.00 | \$0.00 | \$221.96 | \$0.00 | |

*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've paid a total of \$119,487.37 toward your Unlimited all medical benefits individual lifetime maximum
 You've paid a total of \$205.45 toward your \$7,350 in network individual out of pocket expenses for 2020
 You've paid a total of \$645.45 toward your \$14,700 in network family out of pocket expenses for 2020
 You've paid a total of \$255.00 toward your \$400 in network family deductible for 2020
 You've paid a total of \$55.00 toward your \$200 in network individual deductible for 2020

Other important information that I need to know

IF YOU ARE COVERED BY MORE THAN ONE HEALTH BENEFIT PLAN, YOU SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN.

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

H201A 08/18 RETAIN THIS FOR YOUR RECORDS. Page 3 of 4

