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.

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.

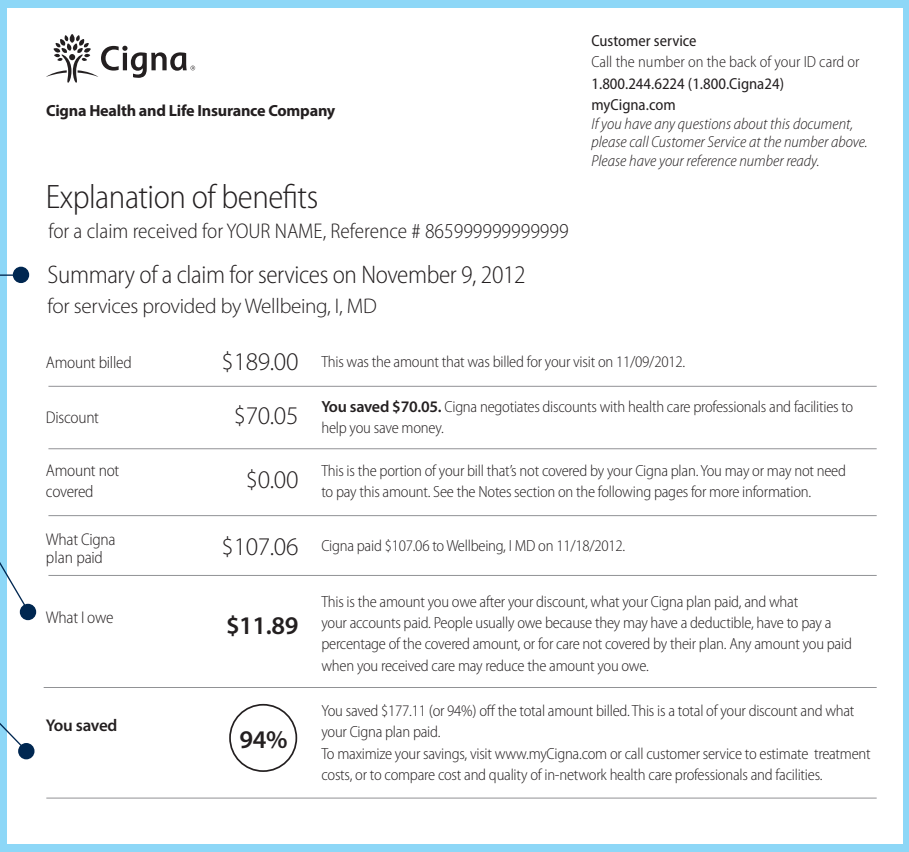
PAGE 1 SUMMARY

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.

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

Cigna Health and Life Insurance Company

Customer service
Call the number on the back of your ID card or
1.800.244.6224 (1.800.Cigna24)
myCigna.com
If you have any questions about this document, please call Customer Service at the number above. Please have your reference number ready.

Explanation of benefits
for a claim received for YOUR NAME, Reference # 865999999999999

Summary of a claim for services on November 9, 2012
for services provided by Wellbeing, I, MD

Amount billed	$189.00	This was the amount that was billed for your visit on 11/09/2012.
Discount	$70.05	**You saved $70.05.** Cigna negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	$0.00	This is the portion of your bill that's not covered by your Cigna plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.
What Cigna plan paid	$107.06	Cigna paid $107.06 to Wellbeing, I MD on 11/18/2012.
What I owe	**$11.89**	This is the amount you owe after your discount, what your Cigna 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	94%	You saved $177.11 (or 94%) off the total amount billed. This is a total of your discount and what your Cigna 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.

GO YOU®

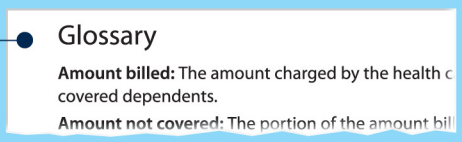
Cigna®

832701 c 02/13

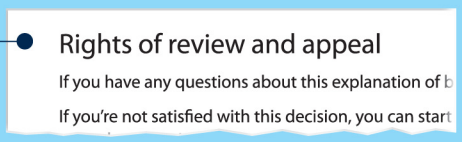
Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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.



PAGE 3 CLAIMS

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

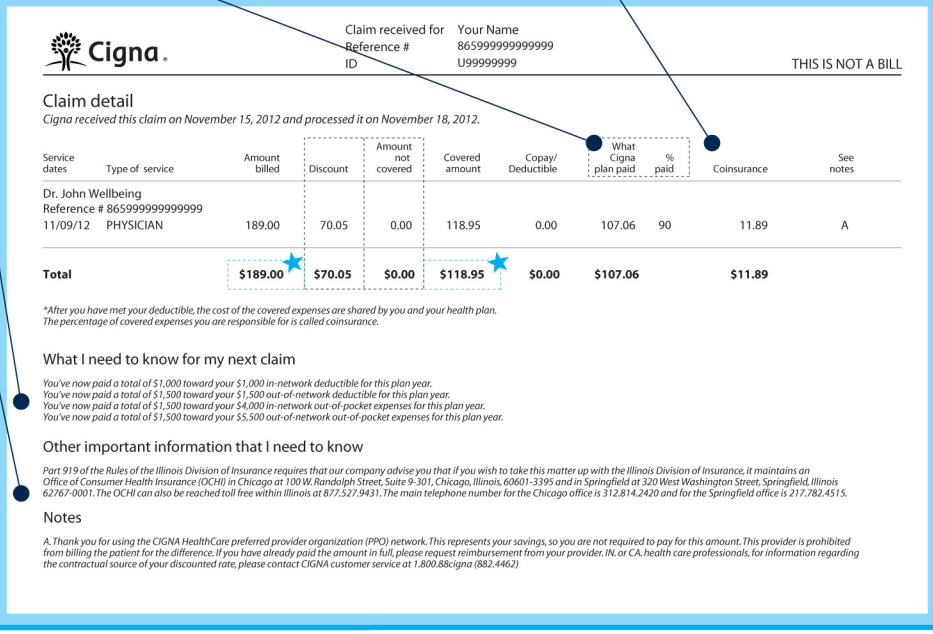
The dollar amount and percentage Cigna paid toward the covered amount, minus any copay/deductible you're responsible for.

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%.

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 being denied. 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.



Cigna.

Claim received for Your Name
Reference # 865999999999999
ID U99999999

THIS IS NOT A BILL

Claim detail

Cigna received this claim on November 15, 2012 and processed it on November 18, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What Cigna plan paid	% paid	Coinsurance	See notes
Dr. John Wellbeing Reference # 865999999999999										
11/09/12	PHYSICIAN	189.00	70.05	0.00	118.95	0.00	107.06	90	11.89	A
Total		**$189.00** ★	**$70.05**	**$0.00**	**$118.95** ★	**$0.00**	**$107.06**		**$11.89**	

**After you have met your deductible, the cost of the 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 now paid a total of $1,000 toward your $1,000 in-network deductible for this plan year.
You've now paid a total of $1,500 toward your $1,500 out-of-network deductible for this plan year.
You've now paid a total of $1,500 toward your $4,000 in-network out-of-pocket expenses for this plan year.
You've now paid a total of $1,500 toward your $5,500 out-of-network out-of-pocket expenses for this plan year.

Other important information that I need to know

Part 919 of the Rules of the Illinois Division of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Division of Insurance, it maintains an Office of Consumer Health Insurance (OCHI) in Chicago at 100 W. Randolph Street, Suite 9-301, Chicago, Illinois, 60601-3395 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767-0001. The OCHI can also be reached toll free within Illinois at 877.527.9431. The main telephone number for the Chicago office is 312.814.2420 and for the Springfield office is 217.782.4515.

Notes

A. Thank you for using the CIGNA HealthCare preferred provider organization (PPO) network. This represents your savings, so you are not required to pay for this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the amount in full, please request reimbursement from your provider. IN. or CA. health care professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service at 1.800.88cigna (882.4462)

Cigna®

"Cigna" and "GO YOU" are registered service marks, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. In Arizona, HMO plans are offered by Cigna HealthCare of Arizona, Inc. In California, HMO plans are offered by Cigna HealthCare of California, Inc. In Connecticut, HMO plans are offered by Cigna HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by Cigna HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. All models are used for illustrative purposes only.

832701 c 02/13 © 2013 Cigna. Some content provided under license.