



## 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](https://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.

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.

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



Cigna Health and Life Insurance Company AS AGENT FOR ABC COMPANY, INC.

YOUR NAME  
123 ANY STREET  
ANYTOWN US 12345

**Customer service**  
Call the number on the back of your ID card or  
**(888) 806-5106**  
[www.myCIGNA.com](http://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**  
July 24, 2018

**Claim # / ID** 999999999/ U99999999

**Provider Network Status:**  
OUT OF NETWORK

**Account name / Account #**  
ABC COMPANY, INC. / 3340048

**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 YOUR NAME, Claim # 999999999

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: YOUR NAME

#### Summary of a claim for services on July 24, 2018

for services provided by I WELLBIENG MD

Amount Billed	\$73.85	This was the amount that was billed for your visit on 07/24/2018.
Discount	\$14.77	<b>You saved \$14.77.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What my accounts paid	\$59.08	\$59.08 was paid from your Health Reimbursement Account (HRA), you now have \$56.29 left.
What I owe	<b>\$0.00</b>	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.
<b>You saved</b>	<b>20%</b>	You saved \$14.77 (or 20%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> 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

**Amount billed:** The amount charged by the health care professional or facility covered dependents.

**Amount not covered:** The portion of the amount billed that was not covered

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 Service.

If you're not satisfied with this decision, you can start the Appeal process by seeing your plan administrator.

## 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 YOUR NAME  
 Claim # 999999999  
 ID U99999999

**THIS IS NOT A BILL**

**Claim detail**

CIGNA received this claim on August 15, 2018 and processed it on August 22, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	%	Coinsurance*	My Account account paid from	What I owe	See notes
07/24/18	PHYSICIAN	73.85	14.77	0.00	59.08	0.00	59.08	0.00	0	0.00	59.08	HRA	0.00 A0,A1
<b>Total</b>		<b>\$73.85</b>	<b>\$14.77</b>	<b>\$0.00</b>	<b>\$59.08</b>	<b>\$0.00</b>	<b>\$59.08</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$59.08</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've paid a total of \$479.08 toward your \$2,813 out of network individual deductible for 2018  
 You've paid a total of \$479.08 toward your \$2,813 out of network family deductible for 2018  
 You've paid a total of \$479.08 toward your \$2,813 in network family deductible for 2018  
 You've paid a total of \$506.71 toward your \$14,175 out of network individual out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$14,175 out of network family out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$5,363 in network individual out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$5,775 in network family out of pocket expenses for 2018  
 You've paid a total of \$0.00 toward your Unlimited all medical benefits individual lifetime maximum

**Notes**

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE NEGOTIATED DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR ADDITIONAL INFORMATION ABOUT THIS AMOUNT.  
 A1 - PAYMENT MADE FROM YOUR HEALTH REIMBURSEMENT ACCOUNT.

HT01A/08/18 RETAIN THIS FOR YOUR RECORDS. Page 3 of 4

