

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.com.

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.

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, 2013 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, 2013

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 10/01/2013.
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 my accounts paid	\$153.00	\$153.00 was paid from your Health Reimbursement Account (HRA), you now have \$1,541.00 left.
What I owe	\$0.00	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	49%	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 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



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

Glossary
Amount billed: The amount charged by the health covered dependents.
Amount not covered: The portion of the amount bill

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.


Rights of review and appeal
 If you have any questions about this explanation of b
 If you're not satisfied with this decision, you can start

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 # 1234M5678900
 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, 2013 and processed it on November 14, 2013.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What my plan paid	% paid	Coinsurance*	Reimbursement Account paid	What I owe	See notes
10/01/13	THERAPEUTIC SERVICES	300.00	0.00	90.00	210.00	0.00	147.00	70	63.00	153.00	0.00	XPY
Total		\$300.00 *	\$0.00	\$90.00	\$210.00 *	\$0.00	\$147.00		\$63.00	\$153.00	\$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 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, 2013, 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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