# Guide to Your Explanation of Benefits

See how your benefits are working for you with this easy-to-understand document that 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 Summary page gives an overview of how 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.



PLEASE SEE CLAIM DETAILS ON PAGE 3.



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## If you're unsure of words or terms, look them up under 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, hosp covered dependents

Amount not covered: The portion of the amount billed that was not covered or eligible for pa charges for services or products that are not covered by your plan, duplicate claims that are no submitted that are above the maximum amount your plan pays for out-of-network care.

#### Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the If you're not satisfied with this decision, you can start the Appeal process by sending a written our plan materials within 180 days of receipt of this explanation of benefits (unless a longer tir 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 submi

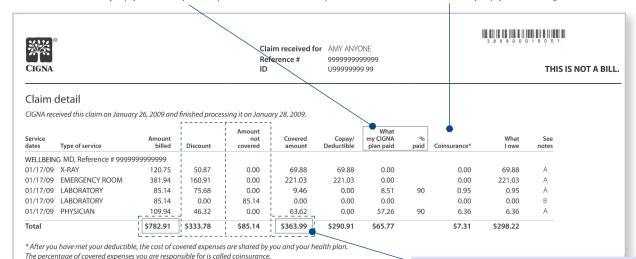
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### The Claims Detail page follows the Glossary page. Here, you'll find:

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.

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 \$1,000 toward your \$1,500 out-of-network deductible for this plan year.
You've now paid a total of \$1,000 toward your \$4,000 in-network out-of-pocket expenses for this plan year. You've now paid a total of \$1,000 toward your \$5,500 out-of-network out-of-pocket expenses for this plan year. 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.

#### 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 department at 1.800.88CIGNA(882.4462).

B. Your health care professional billed twice for the same service. You do not need to pay this amount because it's a duplicate.

RETAIN THIS FOR YOUR RECORDS.

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