



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.

Easy Access.

Your EOB is now online at **myCigna.com**.

Online EOBs are:

- ▶ Located on **myCigna.com** under the Manage Claims & Balances tab.
- ▶ Easy to access anytime, anywhere, 24 hours a day.
- ▶ Printable from your computer if you need a paper copy.

Together, all the way.®



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

875306 d 09/18 Facets Plus

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.

Cigna
PO Box 188061
Chattanooga, TN 37422 - 8061



CIGNA HEALTH AND LIFE INSURANCE COMPANY
Payment includes Cigna Health and Life Insurance Company insurance benefits and payments from FI BENEFIT SHARED SERVICES Health Reimbursement Account

PENNY PURPLE
123 TEST DR
BOULDER CO 80303

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 claim number ready.

Service dates
June 4, 2018 - July 4, 2018

Claim # / ID
1808M0028500 / 101192779

Provider network status
OUT OF NETWORK

Account name / Account #
FI BENEFIT SHARED SERVICES / 00614305

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 PENNY PURPLE, Claim # 1808M0028500

Patient's relationship to subscriber: Subscriber

Subscriber: PENNY PURPLE

Summary of a claim for services on June 4, 2018- July 4, 2018

for services provided by ZORA, STEFAN MD.

Amount Billed	\$950.00	This was the amount that was billed for your visit on 06/04/2018 through 07/04/2018.
Discount	\$0.00	Cigna negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit MyCigna.com or call Customer Service to learn more.
Amount not covered	\$900.00	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 my Cigna plan paid	\$0.00	Your Cigna plan did not pay any of the amounts billed. This could be because you haven't met your deductible yet or your plan doesn't cover the services you received.
What my accounts paid	\$150.00	\$150.00 was paid from your Health Reimbursement Account (HRA), you now have \$850.00 left.
What I Owe	\$800.00	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.

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.

Definitions

Amount billed: The amount charged by the health care professional or facility (physician, hospital, covered dependents).

Amount not covered: The portion of the amount billed that was not covered or eligible for payment charges for services or products that are not covered by your plan, duplicate claims that are not submitted that are above the maximum amount your plan pays for out-of-network care.

Federal rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the number on the back of this explanation. If you're not satisfied with this decision, you can start the Appeal process by sending a written request for your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is permitted by your plan). Please follow the steps below to make sure that your appeal is processed in a timely manner.


PAGE 3 CLAIMS

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 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%.



Claim received for Claim # PENNY PURPLE
1808M0028500
101192779

THIS IS NOT A BILL

Claim Detail

Cigna received this claim on August 9, 2018 and processed it on August 14, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What my Cigna plan paid	% paid	Coinsurance*	Reimbursement Account paid	Paid from	What I owe	See notes
ZORA, STEFAN MD, Patient # 14412-088 8/9/18 PO BOX 547 SALEM MA 01970-0547														
06/04/18	EMERGENCY ROOM	900.00	0.00 0.00	900.00 0.00	0.00	0.00	0.00	0.00	0	0.00	100.00	HRA	800.00	204
07/04/18	EMERGENCY ROOM	50.00	0.00	0.00	50.00	0.00	50.00	0.00	0	0.00	50.00	HRA	0.00	204
Total		\$950.00	\$0.00	\$900.00	\$50.00	\$0.00	\$50.00	\$0.00		\$0.00	\$150.00		\$800.00	

* 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.

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.

What I need to know for my next claim

You have paid a total of \$62.60 toward your \$1,000.00 individual in-network deductible for the calendar year
 You have paid a total of \$62.60 toward your \$2,000.00 family in-network deductible for the calendar year
 You have paid a total of \$50.00 toward your \$1,000.00 individual out-of-network deductible for the calendar year
 You have paid a total of \$50.00 toward your \$2,000.00 family out-of-network deductible for the calendar year
 You have paid a total of \$112.60 toward your \$1,000.00 individual in-network out-of-pocket maximum for the calendar year
 You have paid a total of \$112.60 toward your \$2,000.00 family in-network out-of-pocket maximum for the calendar year
 You have paid a total of \$0.00 toward your \$1,000.00 individual out-of-network out-of-pocket maximum for the calendar year
 You have paid a total of \$0.00 toward your \$3,000.00 family out-of-network out-of-pocket maximum for the calendar year
 Your plan has paid a total of \$0.00 toward your \$100,000.00 lifetime benefit maximum

★ 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.