



Connecticut General Life Insurance Company AS AGENT FOR ABC COMPANY

JOE SOMEBODY
100 STREET AVENUE
ANYWHERE, MA 12345

Customer service

Call the number on the back of your ID card or
(800) 281-9244

www.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

June 21, 2011

Reference # / ID

1234567891234 / U12345678

Account name / Account

ABC COMPANY / 1234567

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 JOE SOMEBODY, Reference # 1234567891234

Summary of a claim for services on June 21, 2011

for services provided by WALTER WHOEVER MD

Amount Billed	\$491.00	This was the amount that was billed for your visit on 06/21/2011.
Discount	\$437.49	You saved \$437.49. Cigna negotiates discounts with health care professionals and facilities to help you save money.
What Cigna plan paid	\$0.00	Your CIGNA plan did not pay any of the amount 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	\$53.51	\$53.51 was paid from your Health Reimbursement Account (HRA), you now have \$1,741.36 left.
What I owe	\$0.00	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 since care was received may reduce the amount you owe
You saved	89%	You saved \$437.49 (or 89%) 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.

Glossary

Amount billed: The amount charged by the health care professional or facility (physician, hospital, etc.) for services provided to you or your covered dependents.

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

Deductible: The portion of submitted charges applied towards your deductible. Your deductible is the amount you need to pay each year before your plan starts paying benefits. You meet your deductible by using the money in your health care account, then your own money.

Copay: A flat fee you pay for certain covered services such as doctor visits or prescriptions. You can use the money in your reimbursement account to pay this fee.

Discount: The amount you save by using a health care professional or facility (doctor, hospital, etc) that belongs to a Cigna network. Cigna negotiates lower rates with its in-network doctors, hospitals and other facilities to help you save money.

In-network: A group of health care professionals and facilities (doctors, hospitals, labs, etc) that offer discounts on services based on their relationship with Cigna. Using in-network services gives you significant discounts, which help you stretch your health care account money further.

My account paid: The portion of the amount billed that was paid by your health care account.

Out-of-network: Health care professionals and facilities (doctors, hospitals, labs, etc) that do not belong to the Cigna network. Depending on your plan, you can use out-of-network services, but you may pay more for the same services, and you might have to file a separate claim for reimbursement.

What my Cigna plan paid: The portion of the billed amount that was paid by your health care plan.

What I owe: The portion of the billed amount that is your responsibility. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

If you're not satisfied with this decision, you can start the Appeal process by sending a written request to the address listed in your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time is permitted by your plan).

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include: 1) Your name 2) Account number from the front of this form 3) ID number from the front of this form 4) Name of the patient and relationship and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.



Claim received for JOE SOMEBODY
 Reference # 1234567891234
 ID U12345678

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Claim detail

Cigna received this claim on June 28, 2011 and processed it on July 12, 2011.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What my Cigna plan paid	% paid	Coinsurance*	My account paid	Account paid from	What I owe	See notes
WALTER WHOEVER MD, Reference # 1234567891234													
06/21/11	LABORATORY	161.00	150.36	0.00	10.64	10.64	0.00	0	0.00	10.64	HRA	0.00	A,B
06/21/11	LABORATORY	189.00	175.90	0.00	13.10	13.10	0.00	0	0.00	13.10	HRA	0.00	A,B
06/21/11	LABORATORY	16.00	10.95	0.00	5.05	5.05	0.00	0	0.00	5.05	HRA	0.00	A,B
06/21/11	LABORATORY	90.00	73.10	0.00	16.90	16.90	0.00	0	0.00	16.90	HRA	0.00	A,B
06/21/11	LABORATORY	35.00	27.18	0.00	7.82	7.82	0.00	0	0.00	7.82	HRA	0.00	A,B
Total		\$491.00	\$437.49	\$0.00	\$53.51	\$53.51	\$0.00		\$0.00	\$53.51		\$0.00	

** After you have met your deductible, the cost 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 \$58.64 toward your \$3,600 out of network deductible for 2011
 You've paid a total of \$58.64 toward your \$3,600 IN NETWORK DEDUCTIBLE for 2011*

Notes

A - THANK YOU FOR USING THE CIGNA HEALTHCARE OPEN ACCESS PLUS NETWORK. THIS REPRESENTS YOUR SAVINGS, SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT. THIS PROVIDER IS PROHIBITED FROM BILLING THE PATIENT FOR THE DIFFERENCE. IF YOU HAVE ALREADY PAID THE FULL AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER. IN, CA OR TN HEALTHCARE PROFESSIONALS, FOR INFORMATION REGARDING THE CONTRACTUAL SOURCE OF YOUR DISCOUNTED RATE, PLEASE CONTACT CIGNA CUSTOMER SERVICE DEPARTMENT AT 1.800.88CIGNA (882.4462).

B - FULLY PAID FROM HRA ACCOUNT.



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Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
Massachusetts	Health Care for All, 30 Winter Street, Suite 1004, Boston, MA 02108 (800) 272-4232 http://www.hcfama.org/helpline

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagáana Bizaad wólta' níl nanitl'ahgo, saad bee níká'a'doowolígíí hóló. Áká'a'áyeed biniiyé t'áá shóqdi áká'anídaalwo'go dabinaanishígíí bich'i' hodiílnih éí naaltsoos bee nee hózinígíí bikáa'gi bibéesh bee hane'é yisdzoh.