

UNDERSTANDING YOUR EXPLANATION OF BENEFITS



Making it easy for you to get quality health care is only part of our mission.

We also make it easy for you to understand the costs. Our Explanation of Benefits uses simple language and only includes the information you need to know. Take a look at the sample below.


The Summary page gives an overview of how your benefits are working for you – quickly see how much was submitted, how much has been paid, and what may be your responsibility.

Your Explanation of Benefits is a summary of how your claims were processed and what you may owe, not a bill. Your health care provider or the facility may bill you directly for the remainder of what you owe.

If your claim was billed in local currency, total local currency amount will be listed here.

The amount that you may owe is stated in the Patient Responsibility field.

ANY COMPANY
890 ROAD ST
ANYWHERE



JOHN PUBLIC
123 STREET RD
ANYWHERE

Questions About Your Claims?
For questions about this document, please visit Cigna's secure website, Cigna Envoy, at www.CignaEnvoy.com, or call the International Service Center at the number below:

Phone 1.800.569.3554 or 302.797.3337
Fax 302.797.3481

Customer ID # 123456789
Account Name / Account #
ANY COMPANY / 000000000

THIS IS NOT A BILL.
Your health care professional may bill you directly for any amount that you owe.

Explanation of Benefits
Summary of claim(s) processed on March 11, 2015

U.S. Dollars

| | | |
|------------------------|----------|---|
| Total | \$400.00 | The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service. |
| Cigna Discount | \$50.00 | The total Cigna-negotiated savings for the services submitted. |
| Cigna Paid | \$350.00 | The total amount that Cigna paid for the services submitted. |
| Amount Not Covered | \$0.00 | The portion of the services that are not covered by the plan or the amount not paid based on plan percentages. |
| Patient Responsibility | \$0.00 | The amount the patient is responsible for paying after discounts that Cigna has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility. |

Make this paper disappear! Cigna now offers you the ability to opt out of receiving your Explanation of Benefits in the mail. It's quick, easy, and you can help save the environment. Visit Cigna Envoy at www.CignaEnvoy.com to find out how.

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 or insurance certificate governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations and applicable state mandates.

PLEASE SEE CLAIM DETAILS ON THE FOLLOWING PAGE(S) Page 1 of 5

Together, all the way.[®]



Offered by Cigna Health and Life Insurance Company or its affiliates.

If you're unsure of the meaning of a word or phrase, you can look it up in the glossary.

Claim submission tips are included at the bottom of page two, clarifying what you need to include for the quickest processing time.

Glossary

Amount Billed: The amount charged by the health care provider or facility (physician or your covered dependents).

Amount Not Covered: The portion of your bill that is not covered by your plan. Remark codes section on the following pages for more information.

Coinsurance: A percentage of covered expenses you pay after you satisfy your deductible.

Claim submissions tips

Please submit a separate claim form for each patient and year in which services were rendered. Please include the following information for each claim:

1. Account name and Account #
2. Customer ID #
3. Patient name

The total amount you may owe is listed in the Patient Responsibility column.

You may owe this amount to the health care provider or facility that provided your services, which is listed above the details of your visit.

Remark Codes are notes that explain processing methods.

Payment amount and method are stated in the Other important information section.

| Explanation of Benefits | | | | | | | | | | | | THIS IS NOT A BILL. | |
|-----------------------------------|---------------------|--------------|----------------------------|---------------|-----------|----------------------------|--------------------|--------|-------------------------|--------------------------|------------|----------------------------|--------------|
| Claim Detail | | | | | | | | | | | | | |
| DATE PROCESSED: 03/11/15 | | | CUSTOMER NAME: JOHN PUBLIC | | | CUSTOMER ID #: 00000000 00 | | | | | | | |
| SERVICES PROVIDED BY: DR HOSPITAL | | | | | | PATIENT ACCOUNT#: | | | | | | | |
| Service Dates | Type of Service | Claim Number | Local Currency Total | Exchange Rate | USD Total | Cigna Discount | Amount not Covered | Copay | Deductible ¹ | Coinsurance ² | Cigna Paid | Patient Resp. ³ | Remark Codes |
| 07/01/14 | Physician Visit O/V | 24880665 | 0.0000000 | 0.0000000 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100.00 | 0.00 | |
| 07/01/14 | Physician Visit O/V | 24880665 | 0.0000000 | 0.0000000 | 100.00 | 25.00 | 0.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 | BANNEW |
| 07/01/14 | Physician Visit O/V | 24880665 | 0.0000000 | 0.0000000 | 100.00 | 25.00 | 0.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 | BANNEW |
| 07/01/14 | Physician Visit O/V | 24880665 | 0.0000000 | 0.0000000 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 100.00 | 0.00 | |
| Totals for TEST Z MEMBER: | | | 0.0000000 | | \$400.00 | \$50.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$350.00 | \$0.00 | |

1 - The deductible is the amount you need to pay each year before your plan starts paying benefits.
2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of covered expenses that should be owed is called coinsurance.
3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid.

Remark Codes
BANNEW-To obtain additional details about this claim, please contact the Customer Service Center.

Other important information:
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Payment Method: N/A
Benefits are being paid to: JOHN PUBLIC
Missing a claim? If a claim has been submitted and it is not displayed above, that could mean the claim is in process. Please contact the Service Center to check the status of the claim.

The Important Information about Your Appeal Rights page details how you can file an appeal for a denied claim, how to receive additional information, and other resources that may be able to help you, if applicable.

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center number 1-800-441-2668, 24 hours a day, 7 days a week, if you need assistance understanding this notice or our decision to deny your claim.

What if I don't agree with this decision? You have a right to appeal any decision not to provide coverage or service (in whole or in part).

We are always happy to assist you; let us know if there is anything else you need. Our Service Center is available 24/7 toll-free at 1.800.441.2668 or direct at 1.302.797.3100 (collect calls accepted).

