

Glossary and rights of review and appeal

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

● 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.

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 your 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.

Your rights of review and appeal will help you figure out what to do if you disagree with any of the coverage decisions made on this claim.



EXPLANATION OF BENEFITS

Customer guide

When a claim is filed under your Cigna Medicare Surround® indemnity medical 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.



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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.

The claim detail page provides more information.


This amount includes the Medicare paid amount which you do not owe (refer to the other insurance amount), the Medicare disallowed amount which you do not owe. It also includes amounts you may owe that are not covered by your plan.

This is the amount paid by your plan

This is the total amount paid by Medicare.

The amount you owe includes any deductible, coinsurance or care not covered by your plan.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR ABC COMPANY

YOUR NAME
1 MAIN STREET
ANYTOWN, USA 12345

Customer service
Call the number on the back of your ID card or
(800) 244-6224 (1.800.Cigna24)
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
August 5, 2015

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 YOUR NAME, Reference # 1234567891234

Summary of a claim for services on August 5, 2015
for services provided by DR. JOHN WELLBEING

Amount billed	\$250.00	This was the amount that was billed for your visit on 08/05/2015.
Amount not covered	\$213.14	This is the portion of your bill that's not covered by your Cigna plan. You may or may not need to pay the amount. See the Notes section on the following pages for more information.
What my plan paid	\$18.43	Your plan paid \$18.43 to DR. JOHN WELLBEING on 08/19/2015.
Other insurance	\$147.43	\$147.43 was paid by other insurance coverage.
What I owe	\$68.43	This is the amount you owe after your discount, 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 since care was received may reduce the amount you owe.

PLEASE SEE CLAIM DETAILS ON PAGE 3. Page 1 OF 3


Here is how the amount you owe breaks down:

	\$50.00	For care not covered by the plan
	\$18.43	Coinsurance*
	\$68.43	Total

The dollar amount and percentage Cigna paid on the covered amount.

This is the amount you owe based on your plan. It is a percentage of the covered amount after applying a deductible or copay. For example, if your Cigna plan covers 50% of the covered amount, you owe the remaining 50%.

Cigna Health and Life Insurance Company
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P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR ABC COMPANY

Claim received for YOUR NAME
Reference # 1234567891234
ID U12345678

Claim detail
Cigna received this claim on August 19, 2013 and processed it on August 19, 2013.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What my Cigna plan paid	% paid	Coinsurance*	See notes
DR. JOHN WELLBEING, #1234567891234										
08/05/15	SURGERY	\$150.00	0.00	120.00	30.00	\$0.00	15.00	50	15.00	A
08/05/15	X-RAY	50.00	0.00	15.71	0.00	0.00	0.00	0	0.00	B
08/05/15		0.00	0.00	27.43	6.86	0.00	3.43	50	3.43	A
08/05/15	ANESTHESIA	50.00	0.00	50.00	0.00	0.00	0.00	0	0.00	C
Total		\$250.00	\$0.00	\$213.14	\$36.86	\$0.00	\$18.43		\$18.43	

* 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 \$18.43 toward your \$2,000 INDIVIDUAL "OUT-OF-POCKET LIMIT" for 2015

Notes
A - THIS AMOUNT WAS PAID BY MEDICARE, THEREFORE, NOT PAYABLE UNDER YOUR PLAN. YOU DON'T OWE THIS AMOUNT.
B - YOUR HEALTH CARE PROFESSIONAL ACCEPTS MEDICARE'S ASSIGNMENT. THAT MEANS THEY AGREE TO BILL ONLY THE AMOUNT MEDICARE APPROVES FOR THIS SERVICE. THE COVERED AMOUNT SHOWS HOW MUCH MEDICARE ALLOWS. THE AMOUNT NOT COVERED SHOWS THE AMOUNT MEDICARE DOESN'T ALLOW AND YOU DON'T OWE THIS AMOUNT.
C - THIS SERVICE OR AMOUNT IS NOT COVERED BY MEDICARE. YOUR CIGNA PLAN DOESN'T PAY FOR EXPENSES NOT APPROVED BY MEDICARE.

What you have left in your plan deductibles and out-of-pocket expenses.

This amount is the total disallowed by Medicare and the Medicare payment amounts that you do not owe. It can also include amounts not covered by the plan which you may owe.

- Green amounts you do not owe.
- Orange amounts you owe.