

How to Read Your Explanation of Benefits

1 For more information – If you have any questions about your explanation of benefits, call us or go online at myCIGNAforhealth.com.

2 General information – Shows customer and plan information such as customer name, member number, group name and number.

3 Claim summary – General overview of the costs for the claim.

- **Amount billed** – The amount that was billed by the health care professional or facility.
- **Patient owes** – This is the amount you owe, after your discount and what your plan paid. Any amount you paid when you received care may reduce this amount.
- **Total plan payment** – The amount that your plan paid for the service(s) received.
- **Other insurance paid** – Amount that may have been paid by other insurance coverage, if you have it.
- **Prior payment made** – Any payment previously made by your plan for this claim.
- **What my plan paid on this EOB** – The total amount your plan paid for this claim.


4 Payment summary – General overview of what the plan paid to the health care professional or facility.

5 Accumulations – A snapshot of your plan status, which can include what you've paid towards different plan totals like an annual deductible or lifetime benefit maximums. Accumulations are shown for the benefit year in which the services were received.

- **Lifetime benefit maximum** – The most your plan will pay for benefits over your lifetime.
- **Lifetime benefit paid to date** – The amount your plan has paid for benefits over your lifetime.

1000 GREAT-WEST DR
KENNETT MO 63857-3749

000001


 FRED SAMPLE
 2019 DAYBREAK CT
 VACAVILLE, CA 95687-7726

Your explanation of benefits
for a claim received for FAITH SAMPLE, Patient # 25484

3 Claim summary

Amount billed	\$174.84
Patient owes	\$81.21*
Total plan payment	\$93.63
What my plan paid on this EOB	\$93.63

*This does not reflect any payments that may have been made to the provider.

4 Payment summary

Amount paid:	\$93.63
Paid to:	KENNETH TOWER M.D.
Payment reference:	2008080510100338

5 Accumulations

Lifetime benefit maximum:	\$5,000,000.00
Lifetime benefit paid to date:	\$7,976.86

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	NON-NETWORK DEDUCTIBLE		NON-NETWORK OUT-OF-POCKET MAXIMUM	
	ANNUAL MAXIMUM	MET YEAR-TO-DATE	ANNUAL MAXIMUM	MET YEAR-TO-DATE
Individual	\$100.00	\$100.00	\$2,000.00	\$686.52
Family	\$200.00	\$200.00	\$4,000.00	\$1,516.52

1 FOR MORE INFORMATION:
866-494-2111

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KENNETT MO 63857-3749

2 DATE: August 5, 2008
CLAIM NUMBER: 092222222299
MEMBER: FRED SAMPLE
MEMBER ID: 199999991
GROUP NAME: FACETS GROUP
GROUP NUMBER: 3333333

MEMBER COPY - THIS IS NOT A BILL

6 Claim details – Important information about your claim.

- **Annual deductible** – The amount you need to pay each year before your plan starts paying benefits.
- **Out-of-pocket maximum** – The most you'll pay each year before your plan starts paying benefits (may or may not include your deductible).
- **Family deductible** – Depending on the type of Family Plan you have, the deductible may be applied at the Family or Individual level. For more information on how your Family Plan's deductibles are applied, please consult your plan booklet or your Human Resources representative. You may also call the number on your ID card and a Customer Service Associate will be happy to help you.





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KENNETT MO 63857-3749

CLAIM NUMBER: 092222222299
MEMBER ID: 199999991
GROUP NUMBER: 3333333

DATE: August 5, 2008
MEMBER: FRED SAMPLE
GROUP NAME: FACETS GROUP

6 Claim details

Patient: FAITH SAMPLE **Provider:** TOWER, KENNETH M.D.
Patient number: 25484

DATE(S) OF SERVICE	SERVICE DESCRIPTION	AMOUNT BILLED	NOT COVERED	SAVINGS (PLAN DISCOUNT)	SEE NOTES	COVERED EXPENSES	COPAY	DEDUCTIBLE	COINSURANCE	TOTAL PLAN PAYMENT	PATIENT OWES
05/27/08	OFFICE VISIT	174.84	41.08	0.00	XS1	133.76	0.00	0.00	40.13	93.63	81.21
Total		\$174.84	\$41.08	\$0.00		\$133.76	\$0.00	\$0.00	\$40.13	\$93.63	\$81.21

Notes

XS1 - THIS IS NOT A COVERED EXPENSE OF THE PLAN.

6 Claim details – Important information about your claim.

- **Patient** – The name of the member who received the service.
- **Provider** – Health care professional who provided the service.
- **Patient Number** – The health care professional’s billing account number.
- **Date(s) of service** – The date that the services were received.
- **Service description** – An explanation of the type of service you received.
- **Amount billed** – The amount that was billed by the health care professional or facility.
- **Not covered** – Any amount that is not covered by your plan.
- **Savings (plan discount)** – The negotiated discounts with health care professionals and facilities to help you save money.
- **See notes** – Directs you to the Notes section for further details about an entry.
- **Covered expenses** – The portion of the charges that are covered by your plan.
- **Copay** – A flat fee you pay for certain covered services, such as doctor visits or prescriptions.
- **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.
- **Coinsurance** – After you’ve reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.
- **Total plan payment** – The amount that your plan will pay for the service(s) received.
- **Patient owes** – This is the amount you owe, after your plan payment. Any amount you paid when you received care may reduce this amount.
- **Notes** – A brief explanation of how the claim was handled and/or general messages.

Facets version

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