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.

The choice is yours: online, paper or both.
Your EOB is now online at myCigna.com. You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

Online EOBs are:
› Safely stored on myCigna.com.
› Easy to access 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.
832700 f 09/18
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.

This reflects the total value of your plan.

### Explanation of benefits
for a claim received for YOUR NAME, Claim # 99999999

**Patient’s relationship to Subscriber:** SUBSCRIBER

**Subscriber Name:** YOUR NAME

**Summary of a claim for services on July 24, 2018**

for services provided by I WELLBIENG MD

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Billed</td>
<td>$73.85</td>
</tr>
<tr>
<td>Discount</td>
<td>-$14.77</td>
</tr>
<tr>
<td>What your plan paid</td>
<td>$0.00</td>
</tr>
<tr>
<td>What my accounts paid</td>
<td>$59.08</td>
</tr>
<tr>
<td>What I owe</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

You saved $14.77 (or 20%) off the total amount billed. This is a total of your discount and what your 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.
**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.

**PAGE 3 CLAIMS**

The Claims detail page follows the Glossary page. Here, you'll find:

- 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%.

**Glossary**

Amount billed: The amount charged by the health care professional or facility covered dependencies.

Amount not covered: The portion of the amount billed that was not covered.

**Federal Rights of review and appeal**

If you have any questions about this explanation of benefits, please call Customer Service.

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.

What you need to know for my next claim

- 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.

- Be sure to include: 1) Your name 2) Account number from the form 3) ID number from the form 4) Name of the patient and relationship and 5) “Attention: Appeals Unit” on all supporting documents.

**Notes**

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