

Simple, New Explanation of Benefits

Today, more than ever, you want to know where and how your hard earned dollars are being spent. When you buy something in the grocery store, you get a clear receipt that shows what you paid for each item. We think you deserve the same when you purchase health care services.

That is why we've redesigned our Explanation of Benefits, to make it simple, clear and easy for you to see how and where your health care dollars are being spent.

Using input and suggestions from customers just like you, we've changed the look of our Explanation of Benefits – "our receipt." We streamlined the design, simplified the language, and got rid of clutter and jargon to create a simple tool to help you manage your health care finances.

Take a look and see what's new:

Larger type is easier on the eyes.

Simple language eliminates confusion.

Important information is easier to find.

Connecticut General Life Insurance Company
Bourbonnais Claim Office
PO Box 188003
Chattanooga, TN 37422-8003



Connecticut General Life Insurance Company

AMY ANYONE
1 MAIN STREET
ANYWHERE, USA 12345

Customer service
Call the number on the back of your ID card or
1.800.244.6224 (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 dates
January 17, 2009

Reference # / ID
865999999999 / U928999999

Account name / Account #
ABC COMPANY / 999999999

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 AMY ANYONE, Reference # 86599999999999

Summary of a claim for services on January 17, 2009
for services provided by DR. JOHN WELLBEING

Amount billed	\$782.91	This was the amount that was billed for your visit on 01/17/2009.
Discount	\$333.78	You saved \$333.78. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$85.14	This is the portion of your bill that's not covered by your CIGNA plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.
What my CIGNA plan paid	\$65.77	CIGNA paid \$65.77 to JOHN WELLBEING, MD on 01/30/2009.
What my accounts paid	\$298.22	\$216.79 was paid from your Health Reimbursement Account (HRA), you now have \$0.00 left. \$81.43 was paid from your Flexible Spending Account (FSA), you now have \$918.57 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 when you received care may reduce the amount you owe.
You saved	51%	You saved \$399.55 (or 51%) 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.

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 3

But we didn't stop there....



We also included:

- A **glossary** to help you make sense of traditional health care jargon – terms like coinsurance, copay and in-network.
- An **item-by-item breakdown** of your health care visit, so you can see how much each service and procedure cost, how the claim was paid, how your plan saved you money, and how much, if any, you still owe.

And because we know smart customers are always thinking ahead, we also included a section called, **“What I need to know for my next claim”** that shows how close you are to reaching your annual deductible and out-of-pocket limits.

At CIGNA, we believe in improving health, and helping you better understand your health care finances.

Simple.



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829549 b 08/09 © 2009 CIGNA



Guide to Your Explanation of Benefits

See how your benefits are working for you with this easy-to-understand document that shows you the costs associated with the medical care you've received.

When a claim is filed under your CIGNA 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.

Page 1

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.

Date of service and health care professional 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 – the amount you saved by visiting an in-network health care professional or facility, and the amount paid by your plan.

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 ANYWHERE, USA 12345

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Explanation of benefits
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Summary of a claim for services on January 17, 2009
for services provided by **DR. JOHN WELLBEING**

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Discount	\$333.78	You saved \$333.78. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
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If you have any questions about this document, please call Customer Service at the number above. Please have your reference number ready.

Service dates
January 17, 2009

Reference # / ID
999999999999 / U99999999 99

Account name / Account #
ABC COMPANY / 9999999999

PLEASE SEE CLAIM DETAILS ON PAGE 3.



If you're unsure of words or terms, look them up under 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.

Glossary

Amount billed: The amount charged by the health care professional or facility (physician, hospital, or other health care provider) for services or products covered by your plan for covered dependents.

Amount not covered: The portion of the amount billed that was not covered or eligible for payment under your plan, duplicate claims that are not covered by your plan, duplicate claims that are not 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 must pay for covered services before your health plan begins to pay.

Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the number on the back of your plan materials.

If you're not satisfied with this decision, you can start the Appeal process by sending a written request to your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified). Please follow the steps below to make sure that your appeal is processed in a timely manner.

- If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified).

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

The dollar amount and percentage CIGNA 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 CIGNA plan covers 90% of the covered amount, you pay the remaining 10%.





3 8 8 0 0 1 8 0 1

THIS IS NOT A BILL.

Claim received for Reference # ID AMY ANYONE
999999999999
999999999999

Claim detail
CIGNA received this claim on January 26, 2009 and finished processing it on January 28, 2009.

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
Dr. John WellBeing Reference # 999999999999													
01/17/09	X-RAY	120.75	50.87	0.00	69.88	69.88	0.00		0.00	69.88	HRA	0.00	A
01/17/09	EMERGENCY ROOM	381.94	160.91	0.00	221.03	221.03	0.00		0.00	146.91	HRA	0.00	A
										74.12	FSA	0.00	A
01/17/09	LABORATORY	85.14	75.68	0.00	9.46	0.00	8.51	90	0.95	0.95	FSA	0.00	A
01/17/09	LABORATORY	85.14	0.00	85.14	0.00	0.00	0.00		0.00	0.00	FSA	0.00	B
01/17/09	PHYSICIAN	109.94	46.32	0.00	63.62	0.00	57.26	90	6.36	6.36	FSA	0.00	A
Total		\$782.91	\$333.78	\$85.14	\$363.99	\$290.91	\$65.77		\$7.31	\$298.22		\$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 now paid a total of \$1,000 toward your \$1,000 in-network deductible for this plan year.
 You've now paid a total of \$1,000 toward your \$1,500 out-of-network deductible for this plan year.
 You've now paid a total of \$1,000 toward your \$4,000 in-network out-of-pocket expenses for this plan year.
 You've now paid a total of \$1,000 toward your \$5,500 out-of-network out-of-pocket expenses for this plan year.

Other important information that I need to know
 Part 919 of the Rules of the Illinois Division of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Division of Insurance, it maintains an Office of Consumer Health Insurance (OCHI) in Chicago at 100 W. Randolph Street, Suite 9-301, Chicago, Illinois, 60601-3395 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767-0001. The OCHI can also be reached toll free within Illinois at 877. 527.9431. The main telephone number for the Chicago office is 312.814.2420 and for the Springfield office is 217.782.4515.

Notes
 A. Thank you for using the CIGNA healthcare preferred provider organization (PPO) network. This represents your savings, so you are not required to pay for this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the amount in full, please request reimbursement from your provider. IN or CA, health care professionals, for information regarding the contractual source of your discounted rate, please contact cigna customer service department at 1.800.88CIGNA (882.4462).
 B. Your health care professional billed twice for the same service. You do not need to pay this amount because it's a duplicate.

RETAIN THIS FOR YOUR RECORDS.

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

Help with making an appeal if you're unsatisfied with part or all of your claim being denied. The information is state-specific.

If your "Covered amount" is less than your "Amount billed," it could be due to CIGNA discounts (a portion you don't have to pay) or amounts not covered (a portion you might have to pay). The Notes section will tell you specific details.

