



## Connecticut General Life Insurance Company



DONNA GREEN  
123 MAIN STREET, APT. 204  
CORDINA COMPLEX A  
MIDDLETOWN, IL 00000-0000

### Customer service

Call the number on the back of your ID card or  
**1.800.244.6224 (1.800.CIGNA24)**  
[www.myCIGNA.com](http://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 / U92899999 99

### 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 DONNA GREEN, Reference # 865999999999

### Summary of a claim for services on January 17, 2009

for services provided by LESLIE CHO MD

Amount billed	\$782.91	This was the amount that was billed for your visit on 01/17/2009.
Discount	\$333.78	<b>You saved \$333.78.</b> 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 LESLIE CHO MD on 01/30/2009.
What I owe	<b>\$298.22</b>	This is the amount you owe after your discount and what your CIGNA plan 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	<b>51%</b>	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 <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

### 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.

**Coinsurance:** A percentage of covered expenses you pay after you meet your deductible. The remaining balance in your healthcare account may be used to pay your deductible.

**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 my CIGNA 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.

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



**Claim received for** DONNA GREEN  
**Reference #** 865999999999  
**ID** U9289999 99

**THIS IS NOT A BILL.**

## 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*	What I owe	See notes
LESLIE CHO MD, Reference # 865999999999											
01/17/09	X-RAY	120.75	50.87	0.00	69.88	69.88	0.00		0.00	69.88	
01/17/09	EMERGENCY ROOM	381.94	160.91	0.00	221.03	221.03	0.00		0.00	221.03	
01/17/09	LABORATORY	85.14	75.68	0.00	9.46	0.00	8.51	90	0.95	0.95	
01/17/09	LABORATORY	85.14	0.00	85.14	0.00	0.00	0.00		0.00	0.00	
01/17/09	PHYSICIAN	109.94	46.32	0.00	63.62	0.00	57.26	90	6.36	6.36	
<b>Total</b>		<b>\$782.91</b>	<b>\$333.78</b>	<b>\$85.14</b>	<b>\$363.99</b>	<b>\$290.91</b>	<b>\$65.77</b>		<b>\$7.31</b>	<b>\$298.22</b>	

\* 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