

# UNDERSTANDING YOUR EXPLANATION OF BENEFITS



Making it easy for you to get quality health care is only part of our mission.

We also make it easy for you to understand the costs. Our Explanation of Benefits uses simple language and only includes the information you need to know. Take a look at the sample below.


The Summary page gives an overview of how your benefits are working for you – quickly see how much was submitted, how much has been paid, and what may be your responsibility.

Your Explanation of Benefits is a summary of how your claims were processed and what you may owe, not a bill. Your health care provider or the facility may bill you directly for the remainder of what you owe.

If your claim was billed in local currency, total local currency amount will be listed here.

The amount that you may owe is stated in the Patient Responsibility field.

ANY COMPANY  
890 ROAD ST  
ANYWHERE



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JOHN PUBLIC  
123 STREET RD  
ANYWHERE

**Questions About Your Claims?**  
For questions about this document, please visit Cigna's secure website, Cigna Envoy, at [www.CignaEnvoy.com](http://www.CignaEnvoy.com), or call the International Service Center at the number below:

Phone 1.800.569.3554 or 302.797.3337  
Fax 302.797.3481

**Customer ID #** 123456789  
**Account Name / Account #**  
ANY COMPANY / 000000000

**THIS IS NOT A BILL.**  
Your health care professional may bill you directly for any amount that you owe.

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**Explanation of Benefits**  
Summary of claim(s) processed on March 11, 2015

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**U.S. Dollars**

Total	\$400.00	The total amount billed for all services submitted. For international claims, this amount is converted to U.S. dollars based on the foreign exchange rate for the date of service.
Cigna Discount	\$50.00	The total Cigna-negotiated savings for the services submitted.
Cigna Paid	\$350.00	The total amount that Cigna paid for the services submitted.
Amount Not Covered	\$0.00	The portion of the services that are not covered by the plan or the amount not paid based on plan percentages.
Patient Responsibility	\$0.00	The amount the patient is responsible for paying after discounts that Cigna has negotiated and what your plan has paid. Refer to the glossary page for more information regarding patient responsibility.

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**Reminder:** A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description or insurance certificate governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations and applicable state mandates.

**PLEASE SEE CLAIM DETAILS ON THE FOLLOWING PAGE(S)** Page 1 of 5

Together, all the way.<sup>®</sup>



Offered by Cigna Health and Life Insurance Company or its affiliates.

## Page 2

If you're unsure of the meaning of a word or phrase, you can look it up in the glossary.

Claim submission tips are included at the bottom of page two, clarifying what you need to include for the quickest processing time.

### Glossary

**Amount Billed:** The amount charged by the health care provider or facility (physician or your covered dependents).

**Amount Not Covered:** The portion of your bill that is not covered by your plan. Remark codes section on the following pages for more information.

**Coinsurance:** A percentage of covered expenses you pay after you satisfy your deductible.

### Claim submissions tips

Please submit a separate claim form for each patient and year in which services were rendered. Please include the following information for each claim:

1. Account name and Account #
2. Customer ID #
3. Patient name

## Page 3 The Claim Detail page follows the Glossary page.

The total amount you may owe is listed in the Patient Responsibility column.

You may owe this amount to the health care provider or facility that provided your services, which is listed above the details of your visit.

Remark Codes are notes that explain processing methods.

Payment amount and method are stated in the Other important information section.

Explanation of Benefits												THIS IS NOT A BILL.	
Claim Detail													
DATE PROCESSED: 03/11/15			CUSTOMER NAME: JOHN PUBLIC			CUSTOMER ID #: 00000000 00							
SERVICES PROVIDED BY: DR HOSPITAL						PATIENT ACCOUNT#:							
Service Dates	Type of Service	Claim Number	Local Currency Total	Exchange Rate	USD Total	Cigna Discount	Amount not Covered	Copay	Deductible <sup>1</sup>	Coinsurance <sup>2</sup>	Cigna Paid	Patient Resp. <sup>3</sup>	Remark Codes
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00	BANENR
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	25.00	0.00	0.00	0.00	0.00	75.00	0.00	BANENR
07/01/14	Physician Visit O/V	24880665	0.0000000	0.0000000	100.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	
<b>Totals for TEST Z MEMBER:</b>			0.0000000		\$400.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00	\$0.00	

1 - The deductible is the amount you need to pay each year before your plan starts paying benefits.  
2 - After the deductible is met, the cost of covered expenses shared by you and your health plan. The percentage of covered expenses that should be owed is called coinsurance.  
3 - The portion of the billed amount that is the patient's responsibility in USD, including any amounts already paid.

**Remark Codes**  
BANENR-To obtain additional details about this claim, please contact the Customer Service Center.

**Other important information:**  
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**Payment Method:** N/A  
**Benefits are being paid to:** JOHN PUBLIC  
**Missing a claim?** If a claim has been submitted and it is not displayed above, that could mean the claim is in process. Please contact the Service Center to check the status of the claim.

## Page 4

The Important Information about Your Appeal Rights page details how you can file an appeal for a denied claim, how to receive additional information, and other resources that may be able to help you, if applicable.

### Important Information about Your Appeal Rights

**What if I need help understanding a denial?** Contact us at the International Service Center number 1-800-441-2668, 24 hours a day, 7 days a week, if you need assistance understanding this notice or our decision to deny your claim.

**What if I don't agree with this decision?** You have a right to appeal any decision not to provide coverage or service (in whole or in part).

We are always happy to assist you; let us know if there is anything else you need. Our Service Center is available 24/7 toll-free at 1.800.441.2668 or direct at 1.302.797.3100 (collect calls accepted).

