Guide to Your Explanation of Benefits



When you or your doctor or other provider file a claim under your CIGNA HealthCare benefits plan, you will receive an Explanation of Benefits (EOB) form. The EOB is the financial story of each care encounter. Provider information, dates, charges, and amounts covered, as well as a running summary of deductibles are provided to help you understand how your plan works for you.

Connecticut General Life Insurance Company CONN GEN LIFE INS CO **ALL THE** P.O. BOX 12345 INFORMATION OUR CIGNA HealthCare ANYTOWN, USA 12345 **CUSTOMER SERVICE** Subscriber ID: REPRESENTATIVES WILL NEED WHEN 123456789 Connecticut General Life Insurance Company HANDLING A MEMBER **Operation Location/Group No:** Pay Loc: **INQUIRY** "ABC" Employee Benefit Plan 12345-6-7891234 218 Date through which claims for these Subscriber's Name benefits were processed: 07/09/04 Subscriber's Address QUESTION? KEY CONTACT City, State 99999-9999 **How to Contact Us** INFORMATION Mail to the return address in the _ upper left corner of this page THIS IS NOT A BILL. Please retain this Benefits Statement for your records. Please provide the subscriber ID for http://www.cigna.com all inquiries and claim submissions. **UP-FRONT, TOP-LINE SUMMARY OF THE** BENEFIT OR PAYMENT Phone: 1.800.XXX.XXXX

Explanation of Medical Benefits

You have received this Explanation of Medical Benefits because a claim for Medical Benefits was received by this office. Please review and retain this Explanation of Medical Benefits for your records.

This statement identifies benefits for: John Smith

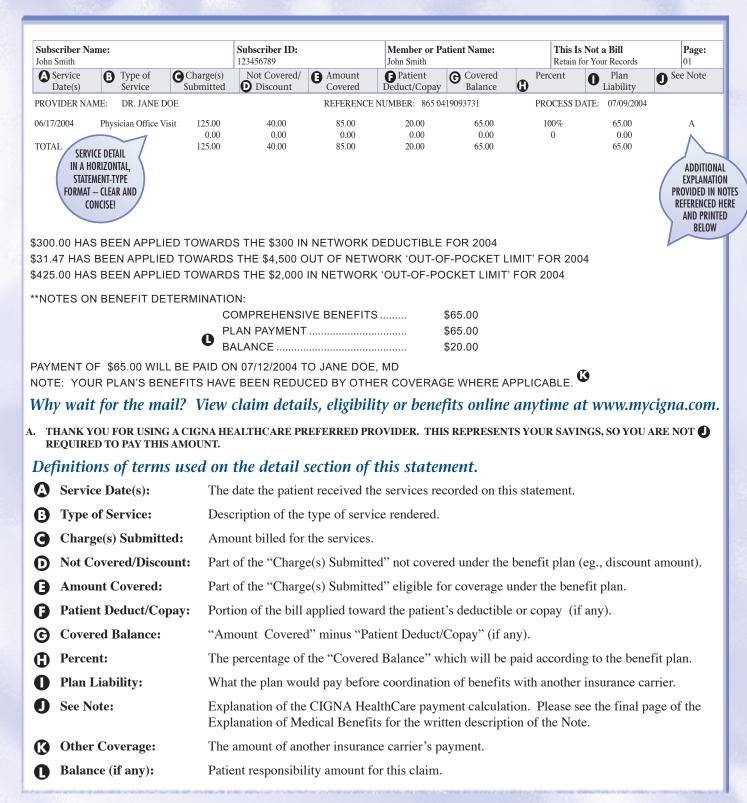
Total of the charges received: 125.00

Plan Liability: 65.00 Total Patient Responsibility: 20.00

Rights of Review and Appeal – For Employee

(Please Note: This section states appeal rights that you may have and the process you will need to use to file an appeal. For details, you should look to the Explanation of Benefits form and your Summary Plan Description.)

Please note: This provides a view of the variable information and is only a SAMPLE EOB. Your own form or information may vary depending on your plan details. Use this as a guideline and refer to the EOB you receive for complete details.



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