

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.

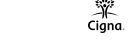
The Summary page gives an overview of how your benefits are working for you - quickly see how much was submitted, how much has been paid, and what may be your responsibility.

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



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, or call the International Service Center at the number below:

Phone 1.800.569.3554 or 302.797.3337 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.

Explanation of Benefits

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

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.



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

Glossary

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

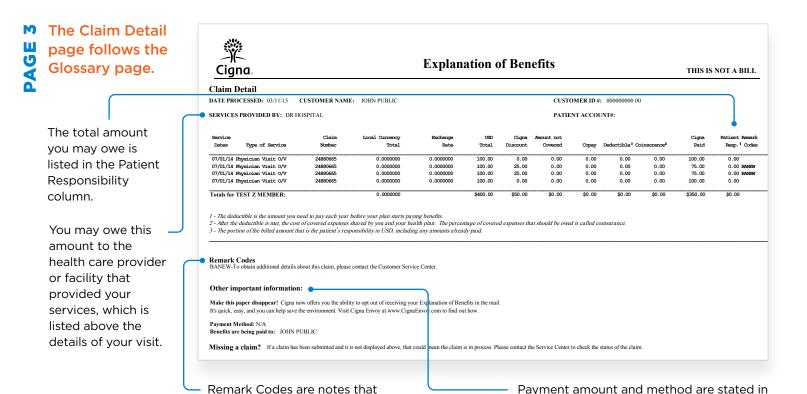
Amount Not Covered: The portion of your bill that is not covered by your plan. remark codes section on the following pages for more information.

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

Claim submissions tips

Please submit a separate claim form for each patient and year in which services were render for each claim:

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



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.

explain processing methods.

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at the International Service Center r hours a day, 7 days a week, if you need assistance understanding this notice or our decision to decision to

the Other important information section.

What if I don't agree with this decision? You have a right to appeal any decision not to provor 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).

Together, all the way.®



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