



**John Q Public**  
**CIGNA Identification Number 123456789**

**Customer Service**  
 Call the toll-free number on the back of your CIGNA ID

Health Care Professional or Facility:	Central City Hospital
Benefit Category:	Hospital – Outpatient – Other Outpatient – Facility Services
Service Date	5/10/2009
Service Description	43248-UPPER GI ENDOSCOPY/GUIDE WIRE Modifier(s) Applied: SG 43239-UPPER GI ENDOSCOPY, BIOPSY Modifier(s) Applied: SG
In Network	Yes
Plan Name	CHOICE FUND HRA OPEN ACCESS PLUS

## Explanation of estimate

This is an estimate of the amount you will owe for the medical service(s) specified above, based on information as of the time this estimate was generated. Your health care professional might collect a portion of the amount estimated to be your responsibility at the time of service and/or bill you directly for the final amount due after the claim is processed.

<b>Estimated total cost of service (before CIGNA payment)</b>	<b>\$1,300.00</b>	This is the total estimated amount as of May 10, 2009, for the service(s) noted above, based on CIGNA's discount, including any amount CIGNA will pay and any amount that will be your responsibility.
My deductible responsibility	\$1,000.00	The estimated deductible amount you owe is calculated based on your yearly maximum deductible of \$4000.00 and your paid-to-date amount of \$3000.00 (as of the date of this estimate).
My coinsurance responsibility	\$30.00	The coinsurance amount is determined by taking the amount remaining from the estimate after your deductible is met and applying your coinsurance rate.
My co-pay responsibility	\$0.00	Your co-pay for this health care professional or facility, based on your plan design.
<b>Estimate of my total responsibility (after CIGNA payment)</b>	<b>\$1,030.00</b>	The anticipated amount you will owe after your plan benefits are applied to the estimated cost, including any deductible, coinsurance or co-payment. This amount might be lower if you've reached your out of pocket maximum.
Anticipated payment from my health account (for account-based plans only)	\$250.00	Based on the funds available in your health account(s) as of May 10, 2009, this is the amount that is anticipated to be paid directly to your health care professional or facility.

**Estimate of what I owe** **\$780.00** This is the estimate of what you'll owe after any health account payment.\* If your health care professional or facility collects any payment from you, CIGNA suggests that they **collect a portion of the estimate** (in most cases 50% of the amount you owe).

This estimate allows the individual and health care professional or facility to better understand how much the individual will need to pay for a specific health care service. It does not guarantee payment to the health care professional or facility, and is based on the individual's benefit coverage and eligibility at the time the estimate is provided. Depending on the treatment, additional services from this or other health care professionals might be necessary that are not included in this estimate. The estimate does not affect CIGNA's actual claim process or payment accuracy.

\*The estimate of what you owe after your health account payment does not include any automatic payments made directly to the health care professional from a Health Savings Account or Flexible Spending Account