



GLOSSARY OF CLAIMS TERMS

Envoy Claims Status

ACTION REQUIRED ▶ Claim is currently pending in our system for further information. Please check the remark codes section and review the bottom of the document to confirm which information is required for your claim.

If it's unclear what information is required to complete your claim, please contact our customer service team, using the number on the back of your Cigna ID card, and provide them with the claim number/date of service. They will be able to provide you with more information relating to your claim.

CLAIM REVERSED/ADJUSTED ▶ Claim has been amended/reprocessed. Please contact our customer service department for more information.

COMPLETED ▶ Claim has been finalized but this does not mean payment has been made. The payment is likely to have gone towards the deductible or co-insurance on your policy.

DENIED ▶ Claim has been denied. You can refer to the 'remark codes' on the settlement letter to see the reason for the denial.

IN PROGRESS ▶ Claim has been submitted for processing but has not been processed yet.

PAID ▶ Claim has been completed and payment has been made. You can check the settlement letters for information on who the claim was paid to and how much was paid. You should refer to the 'remark codes' on the settlement letter to see any amounts not covered.

PENDING ▶ Claim has been passed to our CignaLinks® Partner and are currently pending being processed. If you receive an email advising you that we require further information for a pending claim, use the date of service provided in the email to locate the claim on Cigna Envoy. You can do this by looking at the date of service on our website and it will identify which claim it is referring to. Should you require assistance from our customer service team, please refer to the contact number on your Cigna ID card.

General Claims Terms

COPAYMENT (COPAY) ▶ A fixed amount you pay at each visit. The amount can vary by the type of service such as a primary care doctor, a specialist or an emergency room visit.

COINSURANCE ▶ The percentage a covered person must pay of the allowed amount for covered health services after the health plan begins to pay, usually once the plan deductible has been met. This may also refer to the percentage of covered expenses paid by a health benefit plan.

DEDUCTIBLE AMOUNTS ▶ A deductible is the portion of your covered medical expenses you are responsible for paying at the beginning of each plan/calendar year until you reach a certain amount. Then your plan will begin to pay for a portion of covered health care costs (co-insurance).

IN-NETWORK ▶ Doctors or other providers who participate in the Cigna network of contracted providers, which keeps your costs lower and eliminates your paperwork. ▶

General Claims Terms (cont.)

OUT-OF-NETWORK ▶ Your health plan provides coverage for services from doctors and facilities that are not in your plan's network of contracted providers. But if you receive covered out-of-network care, your share of the costs (i.e., deductibles, copays or coinsurance) will usually be higher than if you receive those services in-network.

OUT-OF-POCKET COSTS ▶ Expenses not covered by your plan, such as copays, coinsurance and deductibles.

OUT-OF-POCKET MAXIMUM ▶ The most you could pay for covered medical expenses in a year. This amount includes money you spend on deductibles, copays, and coinsurance. Once you reach your annual out-of-pocket maximum, your health plan will pay your covered medical and prescription costs for the rest of the year.



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Together, all the way.®



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