



## GUÍA PARA COMPRENDER SU EXPLICACIÓN DE BENEFICIOS

### Formato simple.

Vea cómo se están aplicando sus beneficios con este documento fácil de comprender. Le muestra los costos asociados con la atención médica que recibió. Cuando se presente un reclamo en virtud de su plan de beneficios de salud, recibirá una Explicación de beneficios (EOB, por sus siglas en inglés). Como sabemos que los gastos de cuidado de la salud pueden ser confusos, hemos simplificado el lenguaje y resumido la información más importante acerca del reclamo.

### La decisión es suya: verla en línea, imprimirla o elegir ambas.

Su EOB ahora está en línea en [myCigna.com](https://myCigna.com). Puede ver la versión electrónica, seguir recibiendo las EOB impresas por correo o elegir ambas.

### Las EOB virtuales:

- ▶ Se guardan en forma segura en **myCigna.com**.
- ▶ Son fáciles de acceder desde cualquier lugar, las 24 horas del día.
- ▶ Pueden imprimirse desde su computadora si necesita una copia en papel.

**Contigo paso a paso.®**



Ofrecido por: Cigna Health and Life Insurance Company o Connecticut General Life Insurance Company.

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# PÁGINA 1 RESUMEN

En la página del Resumen encontrará una descripción general de las formas en que se están aplicando sus beneficios: vea rápidamente qué se presentó, qué se pagó y qué debe.


Se incluyen la fecha del servicio y el proveedor de cuidado de la salud para facilitar la consulta.

Si sus cuentas de salud pagaron parte de sus gastos, verá lo que pagaron y los saldos restantes.

La cantidad que debe no refleja ninguna suma que puede que ya haya pagado.

Esto refleja el valor total de su plan.

Cigna Health and Life Insurance Company  
CHATTANOOGA CLAIM OFFICE  
P.O. BOX 182223  
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR ABC COMPANY, INC.

YOUR NAME  
123 ANY STREET  
ANYTOWN US 12345

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

**Customer service**  
Call the number on the back of your ID card or  
(888) 806-5106  
[www.myCIGNA.com](http://www.myCIGNA.com)  
*If you have any questions about this document, please call Customer Service at the number above. Please have your claim number ready.*

**Service date**  
July 24, 2018

**Claim # / ID** 999999999/ U99999999

**Provider Network Status:**  
OUT OF NETWORK

**Account name / Account #**  
ABC COMPANY, INC. / 3340048

**Explanation of benefits**  
for a claim received for YOUR NAME, Claim # 999999999

Patient's relationship to Subscriber: SUBSCRIBER  
Subscriber Name: YOUR NAME

**Summary of a claim for services on July 24, 2018**  
for services provided by I WELLBIENG MD

Amount Billed	\$73.85	This was the amount that was billed for your visit on 07/24/2018.
Discount	\$14.77	<b>You saved \$14.77.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What my accounts paid	\$59.08	\$59.08 was paid from your Health Reimbursement Account (HRA), you now have \$56.29 left.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>20%</div>	You saved \$14.77 (or 20%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

## PÁGINA 2 GLOSARIO

Si no está seguro del significado de palabras o términos, búsquelos en el Glosario.

### Glossary

**Amount billed:** The amount charged by the health care professional or facility covered dependents.

**Amount not covered:** The portion of the amount billed that was not covered

Sus Derechos de revisión y apelación le ayudarán a determinar qué hacer si no está de acuerdo con alguna decisión respecto a los beneficios tomada en este reclamo.

### Federal Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service.

If you're not satisfied with this decision, you can start the Appeal process by seeing your doctor or calling your plan administrator.

## PÁGINA 3 RECLAMOS

La página Detalles del reclamo le sigue a la página Glosario. Aquí encontrará:

La cantidad de dinero y el porcentaje que su plan pagó para alcanzar la cantidad cubierta, menos cualquier copago/deducible que usted deba pagar.

La parte de los gastos cubiertos que usted debe pagar. Por ejemplo, si su plan cubre el 90% de la cantidad cubierta, usted pagará el 10% restante.

Lo que le queda en concepto de deducibles del plan y gastos de desembolso.

Ayuda para presentar una apelación si no está satisfecho con una parte o la totalidad de su reclamo. La información es específica para cada estado.

★ Si su "Cantidad cubierta" es menor que su "Cantidad facturada", puede deberse a descuentos de Cigna (una parte que no tiene que pagar) o a cantidades no cubiertas (una parte que puede tener que pagar). La sección Notas le dará detalles específicos.

**Cigna**

Claim received for YOUR NAME  
Claim # 999999999  
ID U99999999

**THIS IS NOT A BILL**

Claim detail  
CIGNA received this claim on August 15, 2018 and processed it on August 22, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	My Account paid from	What I owe	See notes
07/24/18	PHYSICIAN	73.85	14.77	0.00	59.08	0.00	59.08	0.00	0	0.00	59.08	HRA	0.00 A0,A1
<b>Total</b>		<b>\$73.85</b>	<b>\$14.77</b>	<b>\$0.00</b>	<b>\$59.08</b>	<b>\$0.00</b>	<b>\$59.08</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$59.08</b>	<b>\$0.00</b>	

\* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

**What I need to know for my next claim**

You've paid a total of \$479.08 toward your \$2,813 out of network individual deductible for 2018  
 You've paid a total of \$479.08 toward your \$2,813 out of network family deductible for 2018  
 You've paid a total of \$479.08 toward your \$2,813 in network individual deductible for 2018  
 You've paid a total of \$479.08 toward your \$2,813 in network family deductible for 2018  
 You've paid a total of \$506.71 toward your \$14,175 out of network individual out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$14,175 out of network family out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$5,363 in network individual out of pocket expenses for 2018  
 You've paid a total of \$506.71 toward your \$5,363 in network family out of pocket expenses for 2018  
 You've paid a total of \$0.00 toward your Unlimited all medical benefits individual lifetime maximum

**Notes**  
 A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE NEGOTIATED DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR ADDITIONAL INFORMATION ABOUT THIS AMOUNT.  
 A1 - PAYMENT MADE FROM YOUR HEALTH REIMBURSEMENT ACCOUNT.

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