



MICHAEL SANTOS



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 (800) 244-6224 (1.800.CIGNA24)
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

February 15, 2020

Claim # / ID



Provider Network Status:
IN NETWORK

Account name / Account #



Explanation of benefits

for a claim received for MICHAEL SANTOS, 

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: MICHAEL SANTOS

Summary of a claim for services on February 15, 2020

for services provided by METHODIST HSP

Amount Billed	\$3,138.00	This was the amount that was billed for your visit on 02/15/2020.
Discount	\$1,547.31	You saved \$1,547.31. 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 I owe	\$1,590.69	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



You saved \$1,547.31 (or 49%) off the total amount billed. This is a total of your discount and what your plan paid.

To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

Glossary

% Paid: The part of the Amount Billed that your health plan paid

Allowed Amount: The amount that Cigna determines is reasonable reimbursement for covered services provided to you. This may be established in accordance with an agreement between a health care provider and Cigna.

Amount Billed: The amount a health care provider can bill for covered services

Amount Not Covered: The part of the Amount Billed that is not covered by, or eligible for payment under, your plan

Coinsurance: A shared cost between you and your health plan that equals the Allowed Amount for a covered service. This shared cost starts once you have met your deductible.

Copay: A dollar amount you pay for an eligible health care or related service, typically due at the time the service is provided. When present, a copay is usually applied on a per occurrence, per admission, per day, or annual basis.

Deductible: A set amount you pay out of pocket in one plan or contract year for covered services before your health plan will start covering part of the cost

Discount: The amount you save by using a network health care provider. Cigna negotiates lower rates with network health care providers to help you save money. Using out-of-network providers will cost you more. If you go out-of-network for services, Cigna may be able to get you discounts through third-party vendor contracts.

In-Network: A group of health care providers that have a contract with Cigna to provide you with health care coverage. Using in-network providers will save you money.

Out-of-Network: Any health care provider that does not have a contract with Cigna to provide you with health care coverage. Using out-of-network providers will cost you more money.

Out-of-Pocket Maximum: The total dollar amount a customer will pay toward the coverage of a health plan's benefits/services within a calendar or contract year.

What My Plan Paid: The part of the Amount Billed that your health plan paid

What I Owe: The part of the Amount Billed you are responsible for. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Federal Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

If you're not satisfied with this decision, you can start the Appeal process by sending a written request to the address listed in your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time frame is provided by applicable state law or permitted by your plan).

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include: 1) Your name 2) Account number from the front of this form 3) ID number from the front of this form 4) Name of the patient and relationship and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.



Claim received for MICHAEL SANTOS
 Claim # [REDACTED]
 ID [REDACTED]

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Claim detail

CIGNA received this claim on February 25, 2020 and processed it on February 26, 2020.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
METHODIST HSP, Claim # [REDACTED]											
02/15/20	LABORATORY	1,418.00	616.83	0.00	801.17	0.00	801.17	0.00	0	0.00	A0
02/15/20	X-RAY	410.00	360.63	0.00	49.37	0.00	49.37	0.00	0	0.00	A0
02/15/20	EMERGENCY ROOM	1,310.00	569.85	0.00	740.15	0.00	740.15	0.00	0	0.00	A0
Total		\$3,138.00	\$1,547.31	\$0.00	\$1,590.69	\$0.00	\$1,590.69	\$0.00		\$0.00	

* 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 \$0.00 toward your \$3,800 out of network family deductible for 2020
 You've paid a total of \$1,615.28 toward your \$1,900 in network family deductible for 2020
 You've paid a total of \$0.00 toward your \$12,000 out of network family out of pocket expenses for 2020
 You've paid a total of \$1,615.28 toward your \$3,800 in network family out of pocket expenses for 2020
 You've paid a total of \$1,071.26 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

IF YOU ARE COVERED BY MORE THAN ONE HEALTH BENEFIT PLAN, YOU SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN.

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.