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ASHWIN RAMASWAMY
755 E CAPITOL AVE APT G307
MILPITAS CA 95035-6880

Service date
October 3, 2023

Claim # / ID
9222328398711 / U68868631

Provider Network Status:
IN NETWORK

Account name / Account #
COHESITY, INC. / 3342949

THIS IS NOT A BILL.

Your health care professional may bill you directly for any amount that you owe.

Explanation of benefits


for a claim received for ASHWIN RAMASWAMY, Claim # 9222328398711

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ASHWIN RAMASWAMY

Summary of a claim for services on October 3, 2023

for services provided by REG MED CTR OF SAN JOSE

Amount Billed	\$15,849.00	This was the amount that was billed for your visit on 10/03/2023.
Discount	\$12,661.00	You saved \$12,661.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What CIGNA plan paid	\$676.80	CIGNA paid \$676.80 to REG MED CTR OF SAN JOSE.
What I owe	\$2,511.20	This is the amount you owe after your discount, your CIGNA 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 \$13,337.80 (or 84.16%) off the total amount billed. This is a total of your discount and what your CIGNA 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. Your plan is governed by ERISA, you may also bring legal action under section 502(a) of ERISA following our review and decision.
- If, after all required reviews of your claim have been completed, all or part of your claim is denied, you have the right to file a civil action under section 502(a) of the Employee Retirement Income Security Act. Any civil action must be brought in the United States District Court for the Western District of Tennessee within one (1) year after the final plan decision on your claim.

Need Help?

Login or register for myCigna.com to view claim details or chat with a representative. You can call us at (800) 244-6224 (1.800.CIGNA24) or the number on the back of your ID Card. Please have your claim number ready.



Claim received for ASHWIN RAMASWAMY
 Claim # 9222328398711
 ID U68868631

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Claim detail

CIGNA received this claim on October 10, 2023 and processed it on October 11, 2023.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
REG MED CTR OF SAN JOSE, Claim # 9222328398711											
10/03/23	LABORATORY	228.00	182.14	0.00	45.86	0.00	45.86	0.00	0	0.00	A0
10/03/23	LABORATORY	2,358.00	1,883.69	0.00	474.31	0.00	474.31	0.00	0	0.00	A0
10/03/23	LABORATORY	920.00	734.94	0.00	185.06	0.00	185.06	0.00	0	0.00	A0
10/03/23	LABORATORY	1,569.00	1,253.40	0.00	315.60	0.00	315.60	0.00	0	0.00	A0
10/03/23	LABORATORY	1,032.00	824.41	0.00	207.59	0.00	207.59	0.00	0	0.00	A0
10/03/23	LABORATORY	721.00	575.97	0.00	145.03	0.00	145.03	0.00	0	0.00	A0
10/03/23	LABORATORY	812.00	648.67	0.00	163.33	0.00	163.33	0.00	0	0.00	A0
10/03/23	X-RAY	1,501.00	1,199.08	0.00	301.92	0.00	301.92	0.00	0	0.00	A0
10/03/23	EMERGENCY ROOM	4,870.00	3,890.41	0.00	979.59	0.00	597.30	344.06	90	38.23	A0
10/03/23	ELECTROCARDIO.	1,838.00	1,468.29	0.00	369.71	0.00	0.00	332.74	90	36.97	A0
Total		\$15,849.00	\$12,661.00	\$0.00	\$3,188.00	\$0.00	\$2,436.00	\$676.80		\$75.20	

* 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

- Your \$2,800 out of network individual deductible has been met for 2023
- Your \$2,800 out of network family deductible has been met for 2023
- Your \$2,800 in network individual deductible has been met for 2023
- Your \$2,800 in network family deductible has been met for 2023
- You've met a total of \$2,875.20 toward your \$7,000 out of network individual out of pocket expenses for 2023
- You've met a total of \$2,875.20 toward your \$7,000 out of network family out of pocket expenses for 2023
- You've met a total of \$2,875.20 toward your \$3,425 in network individual out of pocket expenses for 2023
- You've met a total of \$2,875.20 toward your \$3,425 in network family out of pocket expenses for 2023
- You've met a total of \$676.80 toward your Unlimited all medical benefits individual lifetime maximum



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Other important information that I need to know

YOU MAY REQUEST A REVIEW BY THE CALIFORNIA DEPARTMENT OF INSURANCE (DOI): CALIFORNIA DEPARTMENT OF INSURANCE CONSUMER COMMUNICATIONS BUREAU 300 SOUTH SPRING STREET, SOUTH TOWER LOS ANGELES, CA 90013 1-800-927-HELP (4357) OR 213-897-8921 TDD NUMBER: 1-800-482-4TDD (4833) [HTTP://WWW.INSURANCE.CA.GOV/01-CONSUMERS/101-HELP/](http://www.insurance.ca.gov/01-consumers/101-help/) ADDITIONALLY, IF YOU BELIEVE YOUR HEALTH CARE SERVICES HAVE BEEN IMPROPERLY DENIED, DELAYED OR MODIFIED ON THE GROUNDS THAT SERVICES WERE NOT MEDICALLY NECESSARY, YOU HAVE THE RIGHT TO SUBMIT YOUR APPEAL THROUGH THE DOI INDEPENDENT MEDICAL REVIEW SYSTEM (IMR). YOU PAY NO APPLICATION OR PROCESSING FEE. A DECISION NOT TO PARTICIPATE IN THE IMR PROCESS MAY CAUSE YOU TO FORFEIT ANY STATUTORY RIGHT TO PURSUE LEGAL ACTION AGAINST CIGNA REGARDING THE DISPUTED HEALTH CARE SERVICE. FOR MORE INFORMATION, PLEASE VISIT [WWW.INSURANCE.CA.GOV](http://www.insurance.ca.gov), CLICK ON THE "CONSUMERS" TAB AND THE "HEALTH INSURANCE INFORMATION" TAB FOR MORE INFORMATION ABOUT THE IMR PROGRAM, INCLUDING ELIGIBILITY CRITERIA, PROCESSING TIMES AND PROCEDURAL STANDARDS. 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.



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Additional information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, You can contact your provider directly or you can print and fill out the request form and send it back to Cigna. Go to Cigna.com and click "Find a Form" at the bottom of the page. Choose "Privacy Forms," then "Cigna Health Care Privacy Forms." Print the **Request for Diagnosis and Treatment Code Information form**. If you have difficulty accessing the form, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you don't agree with our final internal review of your claim, you may be able to ask for an independent external review. Your plan and any state or federal requirements determine whether your claim is eligible for external review. For questions about your appeal rights or for assistance, call the Employee Benefits Security Administration at 1-866-444-EBSA(3272) or go online to www.askebsa.dol.gov

Your state may also offer a consumer assistance or an Ombudsman program to help you. Go online to mycigna.com, click on the Legal Disclaimer link at the bottom of the page, and select "State Ombudsman/Consumer Assistance Programs" from the drop down menu. If you have difficulty accessing the website, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagaana Bizaad wólta' nił nanitl'ahgo, saad bee nika'a'doowohígíí hółó. Áká'a'áyeed biniiyé t'áá shóqdi áká'anídaalwo'go dabinaanishígíí bich'í' hodíilnih éi naaltsoos bee nee hózinígíí bikáa'gi bibéesh bee hane'é yisdzoh.

No Cost Language Services for customers who live in California and customers who live outside of California who are covered under a policy issued in California. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-244-6224 for Cigna medical/dental or 1-866-421-8629 for mental health/substance use. For more help, call either the HMO Help Center at 1-888-466-2219 or for Non-HMO plans (e.g. PPO) call the CA Dept. of Insurance at 1-800-927-4357. **English**

Servicios de idioma sin costo para asegurados que viven en California y para asegurados que viven fuera de California y que están cubiertos por una póliza emitida en California. Puede obtener un intérprete. Puede hacer que le lean los documentos en español y que le envíen algunos de ellos en ese idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-244-6224 para servicios médicos/dentales de Cigna o al 1-866-421-8629 para la salud mental/consumo de sustancias. Para obtener ayuda adicional, llame al Centro de ayuda HMO al 1-888-466-2219 o para los planes que no sean HMO (p. ej. PPO) llame al Departamento de Seguros de CA al 1-800-927-4357. **Spanish**

居住在加州境內的被保人和居住在加州境外但受到加州境內核發保單承保的被保人可取得**免費語言服務**。您可取得口譯員服務。我們可以用中文將文件讀給您聽，並將部分備有中文版的文件寄送給您。欲取得協助，請撥打您會員卡上所列示的電話號碼，或致電 1-800-244-6224 與 Cigna 醫療 / 牙科聯絡，或撥打 1-866-421-8629 聯繫 行為健康服務的精神健康 / 物質使用部門。欲取得其他協助，請致電 1-888-466-2219 與 HMO 協助中心聯絡，或非 HMO 計畫 (例如：PPO) 請致電 1-800-927-4357 與加州保險部聯絡。 **Chinese**

خدمات لغوية بدون تكلفة للعملاء المقيمين في ولاية كاليفورنيا والعملاء المقيمين خارج ولاية كاليفورنيا الذين تشملهم سياسة تأمين صادرة في ولاية كاليفورنيا. يُمكنك الاستعانة بمترجم. يمكنك طلب قراءة الوثائق لك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-244-6224 لخدمات Cigna الطبية / صحة الأسنان أو على الرقم 1-866-421-8629 للصحة النفسية / تعاطي المواد المخدرة. للحصول على المزيد من المساعدة، اتصل إما بمركز HMO للمساعدة على الرقم 1-888-466-2219 أو للبرامج الأخرى غير HMO (مثل PPO)، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. **Arabic**

캘리포니아 거주 고객 및 캘리포니아에서 발행된 보험으로 보장을 받는 캘리포니아 이외 지역 거주 고객님들을 위한 **무료 언어 지원 서비스**. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스를 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 본인의 ID 카드상에 기재된 안내번호 혹은 Cigna 의료/치과 안내번호(1-800-244-6224번), 혹은 정신 건강/약물 사용에 대해서는 안내번호(1-866-421-8629번)로 연락해주시십시오. 더 많은 도움이 필요하신 분은 HMO 헬프 센터(HMO Help Center), 안내번호 1-888-466-2219번으로 문의하시거나 비-HMO 플랜(예: PPO)에 해당하시는 분은 캘리포니아주 보험국(CA Dept. of Insurance) 안내번호 1-800-927-4357번으로 연락해주시십시오. **Korean**

Walang Gastos na Mga Serbisyo sa Wika para sa mga customer na nakatira sa California at mga customer na nakatira sa labas ng California na sakop ng isang polisiyang inisyu sa California. Makakakuha ka ng interpreter. Maaari mong ipabasa para sa iyo ang mga dokumento at maaaring ipadala sa iyo ang ilan sa iyong wika. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-244-6224 para sa medikal/dental ng Cigna o sa 1-866-421-8629 para sa mga kalusugang pangkaisipan/paggamit ng droga. Para sa karagdagang tulong, tumawag sa HMO Help Center sa 1-888-466-2219 o para sa mga planong Hindi HMO (hal. PPO) tawagan ang CA Dept. of Insurance sa 1-800-927-4357. **Tagalog**

Dịch vụ trợ giúp ngôn ngữ miễn phí cho khách hàng sinh sống trong tiểu bang California và khách hàng sống ngoài California được đài thọ qua một hợp đồng bảo hiểm y tế ký kết tại California. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được có người đọc văn bản cho quý vị hoặc được nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên (ID) của quý vị hoặc gọi chương bảo hiểm y tế/nha khoa Cigna theo số 1-800-244-6224, hoặc gọi số 1-866-421-8629 để biết thông tin về chương trình chăm sóc sức khỏe tâm thần/sử dụng chất gây nghiện. Để được giúp đỡ thêm, vui lòng gọi Trung tâm Trợ giúp HMO tại 1-888-466-2219 hoặc gọi Bộ Bảo hiểm California tại số 1-800-927-4357 cho các vấn đề thuộc các chương trình bảo hiểm không thuộc loại HMO (như các chương trình PPO). **Vietnamese**

សេវាបកប្រែភាសាដោយឥតគិតថ្លៃ សម្រាប់អតិថិជនដែលរស់នៅក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា និងអតិថិជនដែលរស់នៅក្រៅរដ្ឋកាលីហ្វ័រនីញ៉ា ដែលបានរ៉ាប់រង នៅក្រោមច្បាប់សន្យា បានចេញឱ្យក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចឱ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះ ទៅឱ្យអ្នក ជាភាសាខ្មែរ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬលេខ 1-800-244-6224 សម្រាប់ខាងសុខភាព/វេជ្ជសាស្ត្រ Cigna ឬ 1-866-421-8629 សម្រាប់ខាងការិយាល័យសុខភាពអារម្មណ៍/ការរំលោភសារធាតុញៀន Cigna។ សម្រាប់ជំនួយថែទាំទៀត ទូរស័ព្ទទៅមជ្ឈមណ្ឌលជំនួយ HMO តាមលេខ 1-888-466-2219 ឬសម្រាប់គម្រោងមែនមែនជា HMO (ដូចជា PPO) ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ **Khmer**

मुफ्त भाषा सेवाएं उद्योगों ग्राहकों लਈ हन नै कैलिफ़ोर्निया विंच रचिंदे हन अते उद्योगों ग्राहकों लਈ नै कैलिफ़ोर्निया तें बघर रचिंदे हन अते कैलिफ़ोर्निया विंच नारी कीती गयी पालिसी दे अयीन कवरड हन। उद्योगों दुभासीआ मिल सकदा है। उद्योगों उद्योगी भासा विंच दसतावेन पत्रु के सुद्याे नै सकदे हन अते उद्योगों उद्योगों उद्योगों नै सकदे हन। मदद लਈ सानुं आये आयी.डी. कारड उद्योगों उद्योगों गये नैबर तें नै Cigna मैडीकल/डैटल लਈ 1-800-244-6224 तें नै मानसिक सिहत/पचारथां दे उद्योगों लਈ 1-866-421-8629 तें देन करे। हेर मदद लਈ, नै तें HMO मदद केंदर नुं 1-888-466-2219 तें देन करे नै गैर HMO उद्योगों (उद्योगों लਈ PPO) लਈ CA दे बीआ विभाग (CA Dept.of Insurance) नुं 1-800-927-4357 तें देन करे। **Punjabi**

خدمات رایگان مربوط به زبان برای مشتریانانی که در کالیفرنیا زندگی می‌کنند و مشتریانانی که در خارج کالیفرنیا زندگی کرده و بر اساس بیمه نامه‌ای که در کالیفرنیا صادر شده تحت پوشش هستند. می‌توانید از خدمات یک مترجم شفاهی برخوردار شوید. می‌توانید بگویند که مدارک به زبان شما برایتان خوانده شوند و برخی از آن‌ها به زبان شما برایتان ارسال شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده تماس بگیرید و با شماره 1-800-244-6224 برای طرح پزشکی/دندانپزشکی Cigna با شماره 1-866-421-8629 برای برنامه بهداشت روانی/مصرف مواد مخدر تماس بگیرید. برای دریافت کمک بیشتر، با مرکز کمک HMO به شماره 1-866-466-2219 و یا برای طرح‌های غیر HMO (برای مثال PPO) به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. **Persian**

無料の言語サービス。カリフォルニア州にお住まいのお客様、および、カリフォルニア州外にお住まいで、カリフォルニア州において発行された保険のお客様が対象。通訳がご利用でき、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、IDカードに記載の電話番号、またはCigna医療・歯科サービス担当：1-800-244-6224、またはメンタルヘルス・薬物使用のための担当：1-866-421-8629までご連絡ください。その他のお問い合わせは、HMO Help Center：1-888-466-2219、またはNon-HMOプラン（例：PPO「優先医療給付機構」）については、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 **Japanese**

Бесплатные услуги перевода для клиентов, проживающих на территории штата Калифорния, а также для тех клиентов, которые проживают за его пределами и имеют страховую полис, выданный в штате Калифорния. Вы имеете право воспользоваться услугами устного переводчика. Вам могут прочесть ваши документы, а также выслать перевод некоторых из них на вашем языке. Чтобы получить помощь, позвоните нам по номеру, указанному в вашей идентификационной карте; по вопросам получения медицинских/стоматологических услуг, оказываемых Cigna, позвоните по номеру 1-800-244-6224, по вопросам психического здоровья/употребления наркотиков — 1-866-421-8629. Для получения дополнительной помощи обращайтесь либо в Центр поддержки HMO по телефону 1-888-466-2219 либо обращайтесь в Министерство страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357 для получения информации в отношении не HMO планов (например PPO). **Russian**

Անվճար Հեզվական Օգնություններ անդամների համար, ովքեր բնակվում են Կալիֆոռնիայում և անդամների համար, ովքեր բնակվում են Կալիֆոռնիայից դուրս բայց ապահովագրված են Կալիֆոռնիայում տրված ապահովագրությամբ: Դուք կարող եք թարգմանիչ ձեռք բերել: Դուք կարող եք փաստաթղթերը ձեր լեզվով ընթերցել տալ ձեզ համար և նրանց մի մասը ստանալ ձեր լեզվով: Օգնության համար, զանգահարեք մեզ ձեր ինքնության (ID) տոմսի վրա նշված համարով կամ՝ 1-800-244-6244, Cigna-ի բժշկական/առտամբուսական ծրագրի համար կամ՝ 1-866-421-8629 վարքային առողջապահական ծառայությունների համար՝ հոգեկան առողջության/թմրանյութերի օգնագործման դեպքում: Լրացուցիչ օգնության համար զանգահարեք կամ HMO-ի Օգնության կենտրոն 1-888-466-2219 համարով կամ՝ Ոչ-HMO ծրագրերի համար (օրինակ՝ PPO) զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք 1-800-927-4357 համարով: **Armenian**

Cov Kev Pab Txhais Lus Uas Tsis Tau Them Nqi rau cov qhua uas nyob hauv xeev California thiab cov qhua uas nyob tawm Xeev California uas tau muaj kev pov fwm los ntawm California. Koj yeej muaj tau tus neeg txhais lus. Koj hais tau kom muab cov ntawv nyeem rau koj mloog thiab kom muab qee cov ntaub ntawv txhais ua koj hom lus xa rau. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-244-6224 rau Cigna chaw pab them nqi kho mob/kho hniav los sis 1-866-421-8629 rau thov kev pab cuam kev noj qab haus huv fab kev coj cwj pwm los ntawm rau kev coj cwj pwm/kev siv yeeb tshuaj. Yog xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Muab Kev Pab ntawm tus xov tooj 1-888-466-2219 los sis rau cov chaw pab them nqi kho mob uas Tsis Koom HMO (piv txwv li yog PPO) hu rau CA Lub Tuam Tsev Tswj Xyuas Txog Kev Tuav Pov Hwm ntawm 1-800-927-4357. **Hmong**

कैलिफ़ोर्निया और कैलिफ़ोर्निया के बाहर रहने वाले कैलिफ़ोर्निया में जारी पॉलिसी के तहत कवर किये गए ग्राहकों के लिए निःशुल्क भाषा सेवाएं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप इन दस्तावेजों को किसी से पढ़वा सकते हैं और कुछ दस्तावेजों को अपनी भाषा में प्राप्त कर सकते हैं। Cigna स्वास्थ्य/दंत के लिए अपने ID कार्ड पर सूचीबद्ध नंबर 1-800-244-6224 पर या मानसिक स्वास्थ्य/नशे के उपयोग संबंधी सहायता के लिए 1-866-421-8629 पर कॉल करें। अधिक सहायता के लिए, HMO सहायता केंद्र पर 1-888-466-2219 पर कॉल करें या गैर-HMO योजनाओं (उदा. PPO) के लिए 1-800-927-4357 पर CA बीमा विभाग (CA Dept. of Insurance) को कॉल करें। **Hindi**

บริการภาษาโดยไม่เสียค่าใช้จ่าย สำหรับลูกค้าที่อาศัยอยู่ในรัฐแคลิฟอร์เนีย และที่อาศัยอยู่นอกรัฐแคลิฟอร์เนียที่ได้รับ การคุ้มครองภายใต้กรมธรรม์ที่ออกในรัฐแคลิฟอร์เนีย คุณสามารถขอล่ามแปลภาษาได้ คุณสามารถขอให้อ่านเอกสารให้ คุณฟัง และขอให้ส่งเอกสารบางส่วนถึงคุณเป็นภาษาของคุณ หากต้องการความช่วยเหลือ โปรดโทรศัพท์ถึงเราตาม หมายเลขที่ระบุไว้บนบัตรประจำตัวของคุณ หรือหมายเลข 1-800-244-6224 สำหรับบริการของ Cigna ด้านการรักษา พยาบาล/ทันตกรรมของ Cigna หรือ 1-866-421-8629 สำหรับบริการของ ด้านสุขภาพจิต/การใช้สารที่มีผลต่อจิตประสาทในทางที่ผิด หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึงศูนย์ช่วยเหลือสำหรับแผนการรักษาพยาบาลแบบ HMO ที่หมายเลข 1-888-466-2219 หรือสำหรับแผนการรักษาพยาบาลที่ไม่ใช่ HMO (เช่น PPO) โปรดโทรศัพท์ถึง Dept. of Insurance ของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 **Thai**