

KNOW YOUR PLAN. IN AND OUT.



A good way to avoid unexpected medical bills is to know how your plan works. Certain choices you make can affect what you'll pay out of pocket.

In-Network vs. Out: What's the difference?

To help you save money, your Cigna health plan provides access to a network of providers. These include:

- › Doctors
- › Hospitals
- › Labs
- › Radiology centers
- › Surgical centers.

To be a part of the plan's network, these doctors and facilities must meet certain credential requirements and agree to accept a discounted rate for covered services under the health plan. These health care professionals are considered "in-network."

If a doctor or facility has no contract with your Cigna health plan, they are considered "out-of-network" and can charge you full price. It's usually much higher than the Cigna in-network discounted rate.

Why out-of-network care often costs more

You're probably being charged full price. We don't have a contracted relationship with out-of-network doctors and facilities. So we can't control what they charge for their services. And their rates may be higher than the discounted "in-network" rate.

You may be billed for the difference between the doctor's bill and what your plan will pay. Many health plans list an amount that is the most they'll pay for a certain service received out-of-network. If the doctor or facility charges more than your plan is willing to pay, you pay the difference. In-network doctors and facilities have agreed not to do that.

Your share of costs is different – and usually higher:

A **copay** is the amount you pay for covered health services at the time you receive care. There are no copays when you use a doctor or facility that is out-of-network. But you are responsible for paying a percentage of the total bill – the coinsurance. This may be much higher than the in-network copay amount.

Together, all the way.™



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Coinsurance is the percentage of the doctor/facility bill you must pay after your deductible has been met. It is usually higher for out-of-network care.

A **deductible** is the annual amount you must pay before your plan begins to pay for covered services. Many plans have different – and usually much higher – deductibles for out-of-network care versus in-network care.

You can win when you stay in

Out-of-network costs can add up quickly. Even for routine care. If you have a serious illness or injury, it can mean tens of thousands of dollars more. Here’s an example of doctor charges for a surgery*:

You choose an out-of-network doctor:			You choose an in-network doctor:		
Doctor charges \$15,000.			Doctor charges \$15,000.		
Your plan will cover \$10,000.			Your plan will cover \$10,000, the contracted rate.		
Doctor bills you for the \$5,000 difference.			Doctor is not allowed to bill you for the difference.		
Plan pays 60% of covered charges after deductible is reached.			Plan pays 80% of covered charges after deductible is reached.		

	Your Plan covers	You owe		Your Plan covers	You owe
Doctor charge	\$10,000 max	\$5,000	Doctor charge	\$10,000 discounted rate	\$0
Deductible	\$0	\$1,000	Deductible	\$0	\$500
Coinsurance	\$5,400 (60% of remaining \$9,000)	\$3,600 (40% of \$9,000)	Coinsurance	\$7,600 (80% of remaining \$9,500)	\$1,900 (20% of \$9,500)
Estimated total cost for out-of-network care: \$9,600			Estimated total cost for in-network care: \$2,400		
Savings if you choose an in-network doctor: \$7,200					

* This is an example used for illustrative purposes only. Actual covered charges and out-of-pocket costs will vary by plan. Refer to your plan documents or call the number on your ID card for details about your specific medical plan.

To find a list of doctors and facilities in your Cigna network, use the directory on myCigna.com. Or call our 24/7/365 customer service center at the toll-free number on your Cigna ID card.

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