

# 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<br>(60% of remaining \$9,000) | \$3,600<br>(40% of \$9,000) | Coinsurance                                       | \$7,600<br>(80% of remaining \$9,500) | \$1,900<br>(20% of \$9,500) |
| Estimated total cost for out-of-network care: \$9,600      |                                       |                             | Estimated total cost for in-network care: \$2,400 |                                       |                             |
| <b>Savings if you choose an in-network doctor: \$7,200</b> |                                       |                             |   |                                       |                             |

\* 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](http://myCigna.com). Or call our 24/7/365 customer service center at the toll-free number on your Cigna ID card.

**On the go and need to know? Get to myCigna.com from your mobile device. Download the myCigna Mobile App today.**



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