

IN-NETWORK VS. OUT-OF-NETWORK: WHAT'S THE DIFFERENCE?

Helping you understand your plan's behavioral health benefits

Cigna is committed to helping you find the best resources to meet your specific needs, so you can get well (and stay well) in mind and body. That's why your health plan gives you the choice of using any behavioral doctor or facility – either “in” or “out” of your plan's network. Still, when it comes to lowering your health care bills, it's wise to start by understanding how your health plan works, and how your choices can affect what you'll pay out of your pocket.

The Cigna network

To help you save money and choose quality care, Cigna plans provide access to “networks” of doctors and facilities. These include hospitals, labs, and mental health or substance use treatment facilities. To be included in the Cigna network, doctors and facilities must meet certain credential requirements. They must also agree to accept a discounted rate for the services covered under the health plan. These health care professionals are considered “in-network.”

Why out-of-network care often costs more

If a doctor or facility has no contract with your Cigna health plan, they are considered “out-of-network.” When you go out of network, you will likely be required by the provider to pay up front. You will then also need to submit a claim for reimbursement on your own behalf. When you go in-network, there are no claim forms to submit. The network provider handles the claim for you.

There are many reasons you will probably pay more out-of-pocket when you go out-of-network for covered services:

You're charged full price. Because Cigna has no contracted relationship with out-of-network doctors and facilities, Cigna can't control what they charge for their services. They can charge their normal rate, which is usually quite a bit 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. Sometimes a doctor or facility will charge more than your plan is required to pay. When this happens, you could receive a bill to pay the difference.

Your plan may not cover out-of-network care. Some health plans only cover services received in-network. You can always choose to go out-of-network, but you'll pay all charges because your plan will not provide coverage (except in emergencies). You will have coverage for eligible in-network services under your plan.

Ask and save

Even if your doctor refers you to a lab, facility or specialist that's not in Cigna's network, you won't get Cigna's negotiated discounted rate. And that means you may be paying more than you have to for your care. Here are some questions to ask your doctor to help you save:

- ▶ Do I need any lab work or other screenings?
- ▶ Is the lab you are referring me to in my Cigna plan's network? Can you send me (or my samples) to a lab in my network?
- ▶ Will I need to see a specialist for follow-up care?
- ▶ Is the specialist you're referring me to in my Cigna plan's network? Can you refer me in-network instead?
- ▶ What hospitals, labs, mental health or substance use treatment facilities are you affiliated with/do you refer to? Are they in my Cigna plan's behavioral network?

Want to check if a doctor or facility is in the network? Call the number on the back of your Cigna ID card.

Together, all the way.®



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

877922 a 10/15

Glossary of cost terms

Copay: A copay is a preset amount you pay for covered health services at the time you receive in-network care. If your plan provides coverage and you use an out-of-network doctor or facility, there is no copay, but you are responsible for paying a percentage of the cost of covered services (the coinsurance) in addition to any costs that are higher than what your plan is required to pay. This is usually much higher than the in-network copay amount.

Coinsurance: Coinsurance is the percentage of the doctor/facility bill you must pay after your deductible has been met. This is usually higher for out-of-network care and does not include charges that are higher than what your plan covers, which are also your responsibility to pay.

Deductibles: The annual amount you must pay before your plan begins to pay a portion of covered services is known as your deductible. Many plans have different (and usually much higher) deductibles for out-of-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, it can mean hundreds or thousands of dollars more. **Here are two examples of what you may save for behavioral care when you receive care from an in-network facility or doctor:***

| INPATIENT MENTAL HEALTH STAY (7 DAYS) | CIGNA RATE* | OUT-OF-CIGNA-NETWORK RATE* |
|--|-------------------|----------------------------|
| Inpatient Stay (7 days)** | \$6,146 | \$8,351 |
| Customer Payment | Copay/Coinsurance | Coinsurance |
| Estimated out-of-pocket expense for Inpatient 7-day stay | \$924 | \$2,926 |

In-network Inpatient Stay out-of-pocket savings per episode: \$2,002

| BEHAVIORAL HEALTH OUTPATIENT CARE | CIGNA RATE* | OUT-OF-CIGNA-NETWORK RATE* |
|---|-------------------|----------------------------|
| Outpatient Care*** | \$93 | \$152 |
| Customer Payment | Copay/Coinsurance | Coinsurance |
| Estimated out-of-pocket expense for Outpatient care per episode/visit | \$14 | \$53 |

In-network Outpatient Care out-of-pocket savings per episode/visit: \$39

Remember: Just because a doctor's office says they "take" your Cigna coverage doesn't mean the doctor is in your Cigna plan's network. To get your plan's discounted rate, always confirm that the doctor or facility is contracted with your plan's network before you make your appointment. If they're not, be aware it can cost you more.

You can always find helpful information and in-network doctors and facilities by visiting myCigna.com or CignaBehavioral.com, or by calling the number on the back of your Cigna ID card.



* This is an example used for illustrative purposes only. Cost estimates are national 2013 averages of participating facilities. Actual covered charges and out-of-pocket costs will vary by plan, location, facility, and the type or level of services received. Refer to your plan documents or call the number on your ID card for actual copay/coinsurance amounts and other details about your specific medical plan.

** Inpatient stay can include residential and partial hospitalizations.

*** Outpatient care can include intensive outpatient care.

The listing of an in-network health care professional or facility does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan documents, or call the number listed on your ID card, for information about the services covered under your plan benefits. Doctors who participate in Cigna's network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC), GM6000 C1 et al (CGLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.