

# 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 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 Cigna, they are considered "out-of-network" and can charge you full price. It's usually much higher than the 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:** When you use a doctor or facility that is out-of-network, your deductible and other out-of-pocket costs may be much higher than the in-network cost. Review your plan materials for details on your specific medical plan.

**Together, all the way.®**



**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 bills 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 discounted rate	\$0	
Deductible	\$0	\$1,000	Deductible	\$500	
Coinsurance	\$5,400 (60% of remaining \$9,000)	\$3,600 (40% of \$9,000)	Coinsurance	\$1,900 (20% of \$9,500)	
Estimated total cost for out-of-network care: \$9,600			Estimated total cost for out-of-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 your TPA at the number on your 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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