

IT PAYS TO KNOW YOUR PLAN



Your plan is designed to provide peace of mind — and savings.

Your coverage can help you improve your health — both mind and body. It may provide you with out-of-network coverage. So, you may have the choice of using any behavioral doctor or facility — either “in” or “out” of the plan’s network.

Lower your health care bills by staying in-network.

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. Stay in-network when using a health care or mental health professional or facility and you could enjoy substantial savings.

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

To help you save money, your Cigna health plan provides access to a network of health care professionals.

These include:

- › Doctors
- › Hospitals
- › Labs
- › Treatment centers
- › Mental health professionals

To be a part of a plan’s network, these doctors and facilities 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.” That means they can charge you full price. Which is usually much higher than the Cigna in-network discounted rate.

Did you know?

There are over 139,000 mental health professionals (and 3,740 facilities) in the Cigna network.

Find out if your health care professional is really in-network.

Just because a doctor’s office, lab, hospital or other facility says they “take” Cigna insurance doesn’t mean they are in your Cigna plan’s network. To get your plan’s discounted rate, always contact Cigna to 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.

Why does out-of-network often cost more?

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

- › **You’re charged full price.** Cigna has no contracted relationship with out-of-network doctors and facilities, so we can’t control what they charge for their services. They can charge whatever they want — and it’s 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.** If an out-of-network doctor or facility charges more than your plan is required to pay — they can bill you for the difference.* In-network doctors and facilities have agreed not to do that.

*Check your plan documents to see if your plan includes coverage for out-of-network services. Depending on your plan, you may need to pay for the full cost of care received out-of-network.

Together, all the way.®



Out-of-network costs can add up quickly, even for routine care.

Your share of costs is different for out-of-network services — and usually higher. If you or a family member has a serious illness, it can mean hundreds or thousands of dollars more for out-of-network care.

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

Coinsurance is the percentage of the doctor/facility bill you must pay after your deductible has been met.

A **deductible** is the annual amount you must pay before your plan begins to pay for covered services.

Here are two examples of what you may save when you receive care from an in-network doctor or facility.¹

Inpatient Mental Health Stay (7 days)			Behavioral Health Outpatient Care		
	CIGNA RATE ²	OUT-OF-NETWORK RATE ²		CIGNA RATE ²	OUT-OF-NETWORK RATE ²
Inpatient stay (7 days) ³	\$6,146	\$8,351	Outpatient care ⁴	\$93	\$152
Customer payment	Copay/coinsurance	Coinsurance	Customer payment	Copay/coinsurance	Coinsurance
Estimated out-of-pocket expense for inpatient 7-day stay	\$924	\$2,926	Estimated out-of-pocket expense for outpatient care per day/visit	\$14	\$53
In-network inpatient stay out-of-pocket savings per stay: \$2,002			In-network outpatient stay out-of-pocket savings per day/visit: \$39		

Before you make an appointment, contact Cigna to confirm your doctor or facility is in your Cigna network.

Get help finding an in-network mental health professional or facility.



Visit CignaBehavioral.com.
Select “Members,” then “Find a Therapist/Psychiatrist.”



Call the number on the back of your Cigna ID card.
Associates are available 24 hours a day, seven days a week.

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



1. This is an example used for illustrative purposes only.

2. 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.

3. Inpatient stay can include inpatient and residential care.

4. Outpatient care can include partial and intensive outpatient care.

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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.

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