

# HOW YOUR OUT-OF-NETWORK CLAIMS ARE PAID



## Maximum reimbursable charge

### Out-of-network care

Your health plan provides coverage for services from doctors and facilities that are not in your plan's network. But if you receive covered out-of-network care, your share of the costs (i.e., deductibles, copays or coinsurance) will usually be higher than if you receive those services in-network.

### Maximum reimbursable charge

There's a limit to the amount your plan will pay for covered out-of-network services called the **maximum reimbursable charge (MRC)**.

An out-of-network doctor or facility can bill you directly for any amount above your plan's MRC. This is often referred to as "balance billing." You will be responsible for paying that amount and these payments do not apply to your deductible or out-of-pocket maximum.

### How is a maximum reimbursable charge determined?

The maximum reimbursable charge is based on the lesser of the normal charge for the service or a percentile of what other doctors or facilities in your area typically charge for the same service. These charges are based upon information from independent third-party databases.

### Emergency care

Emergency services are covered at the in-network cost sharing level (i.e., deductibles, copays or coinsurance) even when you receive care from an out-of-network doctor or facility.

### Before you choose out-of-network care

- › **Know your coverage.** Make sure your health plan has out-of-network coverage. Know your deductible, copay or coinsurance amounts.
- › **Know the cost.** Ask the doctor or facility about the cost of the services before you receive them.
- › **Ask if the price is negotiable.** Some doctors and facilities are willing to negotiate charges.
- › **Ask about setting up a payment schedule.** If you have a flexible spending account, you can also use it to help pay for eligible expenses.

See the next page for sample maximum reimbursable charge calculations. For complete details on how your plan determines maximum reimbursable charge, see your plan documents.

Together, all the way.®



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

571657 k 02/16

## Cost comparison: In-network vs. out-of-network

The examples below compare costs for typical services.<sup>1</sup>

DOCTOR OFFICE VISIT	IN-NETWORK	OUT-OF-NETWORK
Covered charges	Billed Charge: \$280 Cigna discounted charge: \$170	\$280
Maximum reimbursable charge under your plan	N/A	\$160
Amount above maximum reimbursable charge	N/A	\$120 <sup>3</sup>
Your coinsurance obligation <sup>2</sup>	10% of \$170=\$17	30% of \$160 is \$48
<b>Your total cost</b>	<b>\$17</b>	<b>\$168<sup>3</sup></b>
OUTPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Covered outpatient facility charges	Billed Charge: \$7,740 Cigna discounted charge \$2,740	\$7,740
Maximum reimbursable charge under your plan	N/A	\$2,590
Amount above maximum reimbursable charge	N/A	\$5,150 <sup>3</sup>
Your coinsurance obligation <sup>2</sup>	10% of \$2,740=\$274	30% of \$2,590=\$777
<b>Your total cost</b>	<b>\$274</b>	<b>\$5,927<sup>3</sup></b>
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Covered hospital charges	Billed Charge: \$13,628 Cigna discounted charge: \$6,815	\$13,628
Maximum reimbursable charge under your plan	N/A	\$7,108
Amount above maximum reimbursable charge	N/A	\$6,520 <sup>3</sup>
Your coinsurance obligation <sup>2</sup>	10% of \$6,815=\$681.50	\$30% of \$7,108=\$2132.40
<b>Your total cost</b>	<b>\$681.50</b>	<b>\$8,652.40<sup>3</sup></b>

1. This is an example used for illustrative purposes only. It assumes plan deductibles have been met. Actual covered charges and out-of-pocket costs will vary by plan. Refer to your plan documents or call the number on your Cigna ID card for details about your specific health plan.

2. Assumes coinsurance of 10% for in-network services and 30% for out-of-network services.

3. The out-of-network doctor or facility may balance bill you for the amount above the maximum reimbursable charge. You are responsible for paying this amount.



Doctors and facilities 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 plans and insurance policies have exclusions and limitations which are set forth in the applicable plan documents.

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., Cigna Health Management, 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.

571657 k 02/16 © 2016 Cigna. Some content provided under license.