

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?

A maximum reimbursable charge is determined in one of two ways:

1. Using a percentage (selected by your employer) of a fee schedule developed by Cigna using a methodology similar to the one used by Medicare.
2. For some covered services, a fee schedule is not available. In these cases, 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 on 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.

Together, all the way.®

Under the requirements of the Patient Protection and Affordable Care Act (PPACA), the maximum amount your plan will pay for covered out-of-network emergency services is the greater of the following, not to exceed the billed charge:

- › The maximum reimbursable charge.
- › The median contracted rate of in-network doctors and facilities.
- › The amount payable under Medicare.

You are responsible for paying your in-network deductible, copay or coinsurance on this amount. Out-of-network doctors and facilities can balance bill you for any amount above the plan maximum. You are also responsible for paying this amount. This payment is not applied to your deductible or plan out-of-pocket maximum.

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 you may need 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.



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

The examples below compare costs for typical services.¹

DOCTOR OFFICE VISIT	IN-NETWORK	OUT-OF-NETWORK
Covered charges	Billed charge: \$280 Cigna discounted charge: \$170	\$270
Maximum reimbursable charge under your plan	N/A	\$160
Amount above maximum reimbursable charge	N/A	\$120 ³
Your coinsurance obligation ²	20% of \$170 = \$34	40% of \$160 = \$64
Your total cost	\$34	\$184³
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 ³
Your coinsurance obligation ²	20% of \$2,740 = \$548	40% of \$2,590 = \$1,036
Your total cost	\$548	\$6,186³
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 ³
Your coinsurance obligation ²	20% of \$6,815 = \$1,363	40% of \$7,108 = \$2,843
Your total cost	\$1,363	\$9,363³
EMERGENCY SERVICES	IN-NETWORK	OUT-OF-NETWORK
Covered emergency charges	Billed charge: \$3,000 Cigna discounted charge: \$1,200	\$3,000
Maximum reimbursable charge under your plan	N/A	\$1,350
Amount above maximum reimbursable charge	N/A	\$1,650 ³
Your coinsurance obligation ⁴	20% of \$1,200 = \$240	20% of \$1,350 = \$270
Your total cost	\$240	\$1,920¹

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 20% for in-network services and 40% 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.

4. Assumes 20% coinsurance for both in-network and out-of-network emergency services.



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.

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