IT PAYS TO KNOW YOUR PLAN

Save money by staying in-network.

Understanding how your health plan works can help you improve your health and save on costs. It starts by knowing the ins and outs of your plan's network.

In-network equals savings for you.

Stay in-network for your health care or mental health provider or substance use facility and you could enjoy significant savings.

In-network vs. out-of-network: What's the difference?

To help you save money, your health plan provides access to a network of health care providers. These include:

> Doctors

> Hospitals

> Labs

> Treatment centers

> Mental health providers

To be a part of a plan's network, these providers and facilities agree to accept a discounted rate for covered services under the health plan. These health care providers are considered "in-network." If a provider or facility has no contract with your health plan, they are considered "out-of-network." That means they can charge higher rates.

Find out if your provider is really in-network.

Just because a doctor's office, lab, hospital or other facility says they take your insurance doesn't mean they are in your plan's network. To get your plan's discounted rate, always contact the number on the back of your card to confirm that the provider or facility is contracted with your plan's network before you make your appointment.

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.** Your plan doesn't have a contract with out-of-network doctors and facilities. This means we can't negotiate the price they charge for their services. They can charge whatever they want – and it's typically higher than the discounted in-network rate.

> **You may be billed for the difference between the provider's bill and what your plan will pay.** If an out-of-network provider or facility charges more than your plan is required to pay – they can bill you for the difference.[1]

Together, all the way.®

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Staying in-network could mean considerable savings.

Share of costs is different for out-of-network services and will likely cost more.

Here are two examples of what the average customer could save when receiving care from an in-network provider or facility.[2]

Inpatient Mental Health Stay			Intensive Outpatient Mental Health Care		
	OUR RATE[3]	OUT-OF-NETWORK RATE[3]		OUR RATE[3]	OUT-OF-NETWORK RATE[3]
Inpatient stay[4]	$8,713	$16,629	Intensive outpatient care [5]	$584	$1,216
Customer payment	Copay/ coinsurance	Coinsurance	Customer payment	Copay/ coinsurance	Coinsurance
Estimated out-of-pocket expense for inpatient 7-day stay	$838	$6,540	Estimated out-of-pocket expense for outpatient care per day/visit	$171	$781
In-network inpatient stay out-of-pocket savings per stay: **$5,702**			In-network outpatient stay out-of-pocket savings per admit: **$610**		

Inpatient substance use stay			Intensive outpatient substance use care		
	OUR RATE[3]	OUT-OF-NETWORK RATE[3]		OUR RATE[3]	OUT-OF-NETWORK RATE[3]
Inpatient stay[4]	$6,110	$23,738	Intensive outpatient care	$2,151	$19,876
Customer payment	Copay/ coinsurance	Coinsurance	Customer payment	Copay/ coinsurance	Coinsurance
Estimated out-of-pocket cost per stay	$669	$10,338	Estimated out-of-pocket cost	$200	$16,236
In-network inpatient savings per stay: **$9,668**			In-network outpatient savings: **$16,036**		

Before you make an appointment, contact us to confirm your provider or facility is in your plan's network.

To find an in-network mental health provider or facility:

Visit myCigna.com.

Select Find Care & Costs.

Call the number on the back of your ID card.

Customer Service Advocates are available 24 hours a day, seven days a week.

1. 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.

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

3. Cost estimates are national 2018 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.

4. Inpatient stay can include inpatient and residential care.

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

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