

Maximum Reimbursable Charge

Understanding our out-of-network claims

Out-of-network care

Under your plan, you can visit doctors and other health care professionals who do not participate in the CIGNA network. When you receive non-emergency, out-of-network medical care, it's important to remember two things:

- Your share of the costs (e.g. coinsurance and deductibles) will be *higher* compared with what you'd pay for in-network care.
- You'll also be responsible for all charges above the **maximum reimbursable charge**.

What is a maximum reimbursable charge?

When you receive **out-of-network medical care** from a **non-participating doctor or other health care professional**, there's a limit to the amount of money that will be reimbursed. For example, your doctor might charge \$100 for treatment, but the most your plan will pay is \$80. This amount is called the **maximum reimbursable charge**.

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 reimbursement schedule is not available. In these cases, the maximum reimbursable charge is based on what other doctors in your area typically charge for the same service.

Staying in-network: a cost-effective option

When you receive in-network care, your doctor and CIGNA have already agreed on a fee that will be covered under your plan, so payment is not limited to the maximum reimbursable charge.

What if my doctor charges more than the maximum reimbursable charge?

When you or your doctor files a medical claim and we determine the doctor's fee exceeds the maximum reimbursable charge:

- You are responsible for paying any charges *above* the maximum reimbursable amount. These charges don't apply to your out-of-pocket maximum or deductibles.
- Your costs for out-of-network covered services could be high.

Know before you go

It makes sense to plan ahead. If you'd like to know *in advance* whether a proposed charge is within the CIGNA maximum reimbursable amount, call the toll-free number on the back of your ID Card. Please make sure you have the following information when you call:

1. The doctor's name and tax ID number
2. The place of service (zip code)
3. The doctor's procedure code

Choosing a CIGNA doctor

To find a participating doctor that best meets your needs, use the directory on myCIGNA.com. There, you'll find complete profiles, including education, languages spoken, hospital affiliations and detailed maps with directions. Online tools will also help you find estimated average cost ranges for common procedures, medical services and conditions.



If you choose out-of-network care...

- **Know your coverage.** Check your plan materials to verify that you have out-of-network coverage. Make sure you understand the details of your plan, including your deductible and coinsurance.
- **Know what you may be required to pay.** Even a simple trip to the doctor's office can cost you hundreds of dollars. Ask the doctor or facility about their billed charges for the services you may need.
- **Ask if price is negotiable.** Many doctors and hospitals offer discounts on their services. Ask if they're willing to negotiate the charges. Think about getting a second opinion and another price.
- **Consider payment alternatives.** Ask if the doctor or facility is willing to work out a payment schedule with you. If you have a Flexible Spending Account, apply that money toward out-of-network expenses.

We're here for you 24/7/365. For answers to all your questions and concerns, call the toll-free number on

the back of your CIGNA ID card whenever it's convenient for you. Remember, some services may require precertification, so be sure to call if you're unsure.

Cost Comparison: In-network vs. Out-of-network

The examples below compare costs for typical services. For specific expenses under your plan, please see your plan materials.

When you receive non-emergency covered services from out-of-network doctors/facilities:

- Your share of the costs (e.g. coinsurance and deductibles) is higher when compared with what you pay for in-network care.
- Charges above your maximum reimbursable amount are not covered. The out-of-network doctor/facility can bill you, and you are responsible for any amount above that maximum. You'll also pay applicable deductible and coinsurance amounts.

Doctor office visit	In-Network	Out-of-Network
Covered doctor charges	Billed charge: \$270, CIGNA discounted charge: \$108	\$270
Maximum reimbursable charge under your plan	N/A	\$147
Amount above maximum reimbursable charge	N/A	\$123
Your coinsurance obligation ¹	20% of \$108 = \$22	40% of \$147 = \$59
Your total cost	\$22	\$182*
Outpatient services (Assuming plan deductibles have been met)	In-Network	Out-of-Network
Covered hospital charges	Billed charge: \$3,401, CIGNA discounted charge: \$1,701	\$3,401
Maximum reimbursable charge under your plan	N/A	\$1,000
Amount above maximum reimbursable charge	N/A	\$2,401
Your coinsurance obligation ¹	20% of \$1,701 = \$340	40% of \$1,000 = \$400
Your total cost	\$340	\$2,801*
Inpatient services (Assuming plan deductibles have been met)	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
Your coinsurance ¹	20% of \$6,815 = \$1,363	40% of \$7,108 = \$2,843
Your total cost	\$1,363	\$9,363*

¹ Assumes coinsurance of 20 percent for in-network services and 40 percent for out-of-network services.

* The doctor or facility may bill you for the difference between the maximum reimbursable charge and the billed charges.

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