

Cigna Helpful Tips & Links

Provider Nomination

How to nominate an out of network provider with Cigna. Your Provider can call 800.88Cigna to speak with contracting. You can also fill out the form located on this [link](#). The form can be mailed, faxed or emailed to the following:

Cigna Healthcare

Attention: Medical Recruitment Team

730 Cool Springs Blvd, Suite 500

Franklin, TN 37067

Fax: 860-318-3729

Email: MedicalHCPEnrollment@cigna.com

To check the status of your request, please call the customer service number on your ID card and the customer service representative can verify whether the provider has been added to the network.

Balance Billing

If you receive a bill for a different amount than what is reflected on your Cigna EOB, Cigna is available to answer questions and provide support. You can reach out

- 1) Call Cigna **Customer Service** (phone number on the back of ID card), or
- 2) Use the **click-to-chat** feature on myCigna

Super Bill

For out of network claims you can submit your expense for reimbursement on **myCigna** or click on the following [medical](#) or [pharmacy](#) link. Once you've filled out the claim form, include your itemized expenses and mail it to the Cigna address listed on your ID card.



CIGNA MEDICAL NETWORK PROVIDER RECOMMENDATION FORM

Let's grow our quality provider
network, together.

To recommend a provider to the Cigna Medical network, simply complete and return the form below.

PROVIDER FIRST AND LAST NAME: _____

PROVIDER SPECIALTY: _____

ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____

TELEPHONE: (_____) _____

YOUR NAME (optional): _____

YOUR EMPLOYER (optional): _____

Submit your completed form in the way that is most convenient for you.



Mail

Attention: Medical Recruitment Team
4616 U.S. Highway 75 South
Denison, TX 75020



Email

MedicalHCPEnrollment@cigna.com



Fax

860.318.3729

Please know that we value your input and will do our best to expand our provider network based on your suggestion. However, submission of this form does not guarantee your provider will be added to the network due to several recruitment limitations.* To check the status of your request and verify whether your provider has been added to the Cigna network, call the customer service number on your ID card anytime.

Together, all the way.®



* Recruitment limitations may include, but are not limited to, the following:

- Providers must meet all credentialing and quality guidelines.
- Providers must have admitting privileges to a contracted hospital.
- Providers need to accept our standard fee schedule offered to other providers in their area.
- We may not be able to contract with a provider due to exclusivity provisions in another agreement or promises that we would not contract with every provider in their specialty in the service area.
- Cigna has national agreements in place for certain services and will not be able to recruit the following specialties: Laboratory Services, Home Health Services, Home Infusion Services, Durable Medical Equipment, Prosthetics and Orthotics, High-Tech Radiology, and Audiology.

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How your voluntary out-of-network claims are paid.

Maximum reimbursable charge.

Out-of-network care

Your health plan provides coverage for services from providers 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 provider 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 using a percentage (selected by your employer) of a fee schedule developed by Cigna HealthcareSM using a methodology similar to the one used by Medicare.

Types of Out-of-Network Care

Per federal law, 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 provider or facility.

Voluntary services are those rendered by an out-of-network provider in circumstances where you, the customer, chose to go out-of-network.

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 provider or facility about the cost of the services before you receive them.
- **Ask if the price is negotiable.** Some providers and facilities are willing to negotiate charges.
- **Ask about setting up a payment schedule.** If you have a flexible spending account, a health saving account or a health reimbursement arrangement you may be able to 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.



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

The examples below compare costs for typical services.¹

PROVIDER OFFICE VISIT	IN-NETWORK	OUT-OF-NETWORK
Covered charges	Billed charge: \$280 Cigna Healthcare SM discounted charge: \$170	\$280
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 Healthcare 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 Healthcare 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

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 Healthcare 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.



Doctors and facilities who participate in Cigna Healthcare's network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna Healthcare. All plans and insurance policies have exclusions and limitations which are set forth in the applicable plan documents.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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