Choosing a Cigna participating (in-network) provider is the best way for participants to access claim discounts and reduce out-of-pocket medical costs. However, if you choose to receive covered services from out-of-network providers, Cigna has secondary Cost Containment Programs that provide savings opportunities to help reduce out-of-pocket costs and eliminate balance billing. These programs are called Network Savings Programs, Bill Negotiation Services and Secondary Savings Program.

What is the Network Savings Program (NSP)?
This secondary program enables plan participants and their dependents to receive discounts for out-of-network services at practitioners, hospitals, and ancillary facilities nationwide.

Cigna's Network Savings Program supplements our current networks and delivers claim cost savings on many services provided by healthcare professionals and facilities not covered by our current networks. This is a partner network and is identified on your medical ID card with a distinctive logo.

What are Bill Negotiation services?
The Bill Negotiation Services (BNS) program is part of our Cost Containment Program and it uses various pricing techniques to maximize available discounts for out-of-network provider claims. The value of the program is to obtain discounts for the participant as well as protect them from balance billing when possible.

What is the Secondary Savings Program?
The Secondary Savings Program delivers claim cost savings through Cigna vendors’ contracted networks of health care professionals and facilities. Out-of-network claims are reviewed against the below vendor networks until a discount is achieved.

- Coalition America (NPPN)
- TCS Health (TC3)
- National Health Benefits Corporation (NHBC)
- Viant
- National Care Network (NCN)

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Your claim will funnel through these networks one-by-one in search of a possible discount. Because providers can move in and out of these networks, a discount found for one claim may be different for a similar claim that is filed and processed at a later time.

**My provider does not want to be a part of the above networks. Is there anything I can do?**

While many providers know they are not considered to be in-network with insurance companies (such as Cigna), many do not know that they are a part of these secondary networks. Due to the number of insurance carriers, networks, and discount arrangements, your provider may not recall signing an agreement with the secondary network. If your provider advises you they will not accept the discount that has been applied, either you or your provider should contact Cigna at 800-244-6224 for review.

If your provider wishes to opt-out of any discount program they should contact Cigna directly at 800-244-6224.

**What can you expect when submitting a claim for an out-of-network provider?**

Once a claim submission for out-of-network services is received, you can expect that it can take from 30-45 days to pend, pay, or deny your claim.

A claim must contain all necessary information in order to be processed in a timely manner. This information includes:

- Claim form completed in its entirety
- Itemized bill with date of service, itemized listing of diagnosis/service codes (charged amounts included), provider name, provider address & Tax Identification number.
- Proof of payment

If Cigna is missing any of this information, the claim will be pended and an Explanation of Benefits (EOB) along with a correspondence letter will be generated asking for this information. Please Note: Cigna will ask for this information every 30 days after the original pended date until the 90th day. At this time Cigna will then deny the claim until we receive the requested information.

Once Cigna has all required information then the claim will then be reviewed for possible opportunities to price to achieve a greater cost savings based on the discount type through our cost containment programs.

**What is the average turnaround time for claims that are sent through Cigna’s cost containment program?**

Claims that achieve a contracted price through our NSP discounts are returned within an average 1-3 days. Claims that utilize Bill Negotiation Services take an average of 7 to 8 business days and no more than 25 business days (maximum time allowed). Claims that utilize the Secondary Savings Program take an average of 30-45 days.

**What happens if my provider does not participate in a secondary network?**

The claim will be paid based on maximum reimbursable charges and the customer will more than likely be balance billed by the provider for the difference.

If assistance is needed or if you have questions about whether your doctor should be part of the Cigna network or the Secondary Cost Containment programs, you can contact Cigna member services at 1-800-CIGNA24.