



Learn More – Module 2

What Happens If You Go Out of Network

Some plans pay *no benefits* if you use a doctor or hospital outside the preferred provider network, while others pay *reduced benefits* for out-of-network care. Still other plans pay the *same benefits* whether the provider is in a network or not. The following is based on typical plans. Your plan may be different. **To find out if a provider is in-network, call the number on your medical plan ID card or visit the plan website.**

If Your Plan Pays **Reduced** Benefits for Out-of-Network Care...

- You'll probably have to meet a **separate deductible** before benefits are payable for out-of-network care. There may be exceptions in a true medical emergency.
- An out-of-network provider's **charges are almost always higher** than in-network, since there is no discount arrangement.
- Since out-of-network benefits paid by your plan are lower, **you'll pay a higher percentage** of those already-higher charges. There may be exceptions in a true medical emergency.
- In addition, you may have to pay any **charges in excess of the usual and customary (U&C) or reasonable and customary (R&C)** amount.
- These are the amounts your plan determines to be typical and/or acceptable, based on what providers in a given geographic area usually charge. Some providers charge more than the U&C or R&C amount, others charge less. If you go out-of-network and face excess charges, you may be able to negotiate with your provider to reduce your balance due. One resource to check out: www.mymedicalcontrol.com.
- Amounts you pay for out-of-network care usually **don't count toward your in-network deductible** or out-of-pocket maximum.
- Amounts you pay for out-of-network care **can be reimbursed from an FSA** (flexible spending account) or HSA (health savings account).
- **Some doctors who practice at in-network hospitals may be out-of-network providers.** For example, the radiologist or pathologist may be independent of the hospital and bill you separately. Just because you are at an in-network facility doesn't guarantee all doctors working there are in-network. If you charged higher, out-of-network rates, contact your benefits representative. In some cases – but not always – they may be able to negotiate on your behalf.
- **Even at an in-network office visit**, the doctor may use an out-of-network lab. Ask your doctor which lab service he or she uses, so you can call your plan and find out whether it's in-network. If it isn't, ask your doctor if you can have a prescription for the needed lab tests, which you can then take to an in-network lab.

If Your Plan Pays **No** Benefits for Out-of-Network Care...

- You are responsible for paying the full charge. There may be exceptions in a true medical emergency.
- Amounts you pay for out-of-network care **don't count toward your deductible or out-of-pocket maximum.**

- Amounts you pay for out-of-network care **can be reimbursed from an FSA** (flexible spending account) or HSA (health savings account).

If Your Plan Pays the Same Benefits for In-Network and Out-of-Network Care...

- You can still save money by comparing providers' charges *before* you receive care. For example, let's say you pay 20% coinsurance. One hospital charges \$5,000 for a procedure (your cost: \$1,000), vs. another hospital that charges only \$3,000 (your cost: \$600). Of course, price isn't everything – you also want the best outcome! So be sure to consider how much experience the doctor and hospital have in your particular procedure, as well as their quality ratings.