

Navigating Networks

What is a Network?

A network is a group of doctors, hospitals, labs, and other providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.



In-Network



Out-of-Network

What is Balance Billing?

Balance billing is a medical bill from an out-of-network healthcare provider for the difference between the total cost of services being charged and the amount the insurance pays. Providers that are in-network have agreed to accept the insurance payment as payment in full and are not allowed to balance bill the patient. However, balance billing is allowed if the provider is not in your insurance network. If you see an out-of-network provider and they balance bill, you will be responsible for the balance bill costs in full. Not all out-of-network providers balance bill, but it is a possibility.

Let's Talk Savings Example Charges

You visit an in-network provider who charges \$1,000 for a service. Your insurance company has contracted with them to discount this service to \$500. If your insurance company covers 80%, you would be responsible for paying \$100.

Compare this with an out-of-network provider who also charges \$1,000 for a service. Without the discounted rate, your cost will remain \$1,000. For out-of-network providers, your insurance may only cover 50%, making your responsibility \$500. If your provider balance bills, you may be responsible for an additional \$500, which is the difference between the total cost of service and the amount that insurance paid.

In-Network		Out-of-Network	
Charge	\$1,000	Charge	\$1,000
Network discount	- \$500	Network discount	- \$0
	= \$500		= \$1,000
Insurance covers 80%	- \$400	Insurance covers 50%	- \$500
Balance billing	N/A	Balance billing*	Up to \$500
Your responsibility	\$100	Your responsibility	\$500-\$1000

***Please note:** Your provider may not balance bill, but you should be aware of the possibility and potential costs associated with it.

What About Emergencies?

Many plans cover some portion of emergency care no matter where you are, even if you are out of their network area. You should refer to your plan documents for more information.



Two Common Reasons Patients Go Out-of-Network

1. Your primary care physician refers you to an out-of-network specialist

Do not assume your physician knows all the details of your plan. Make sure you confirm the referral is in your network.

2. You have surgery at an in-network hospital

While the hospital may be in-network, some providers at the hospital, such as anesthesiologists, may not be.

How Do I Find Out Who the Providers in My Network Are?

You should check to see if a provider is in your network before you receive services. To locate/ verify in-network providers, visit BCBSIL.com, or call the member services number on the back of your medical ID card.



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