What happens when I use out-of-network doctors?

Using doctors and facilities outside of the UnitedHealthcare network could cost you a lot more money. Using network providers whenever possible could help lower your health care costs. Out-of-network providers may charge more for their services. Plus, they may bill you for what your health plan didn't pay for (called balance billing).

What is an out-of-network provider?

An out-of-network provider is a doctor, health care professional or facility (like a hospital or ambulatory surgery center) that isn't part of your health plan's network.

What happens when I use an out-of-network hospital or provider?

Your out-of-pocket costs (like co-payments, co-insurance and deductibles) are usually higher. The reason is that out-of-network providers do not have a contract with UnitedHealthcare to provide services at lower rates.

If I go to a network hospital, will all of the providers there be in the network?

Not always. For example, if you go to a network hospital to get an X-ray, the doctor reading the X-ray may not be in the network. That doctor may charge more for the X-ray than a network provider.

What if I have an emergency?

In a true emergency, you should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, the charge for services may be greater than from a network provider. And, you may be billed for the difference in costs.

What is an eligible expense?

An **eligible expense** (sometimes called the allowable charge or allowed amount) is a health care service that your health plan covers. The plan may pay for or reimburse you for the full cost or only part of it.

What is balance billing?

Balance billing is when a provider bills you for the difference between their charge and what your health plan will pay. For example, let's say an out-of-network doctor charges $100 to review your X-ray. But your plan will only pay for $70. The doctor may bill you for the remaining $30. **Note:** Any balance bill you may pay for will not apply to your out-of-pocket limit.

Find definitions for these useful terms on the last page

- Balance billing
- Co-insurance
- Co-payment
- Deductible
- Out-of-Pocket Limit

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Here is an example of non-emergency surgery, using an out-of-network anesthesiologist which may mean higher out-of-pocket costs for you. Using network providers whenever possible could help lower your health care costs. Check your health plan documents for your benefits and levels of coverage.

Example 1 - Sally has surgery

Situation:
Non-emergency

Doctor:
Out-of-network

Facility:
Network

Sally has scheduled non-emergency surgery. She chooses a network hospital and a network surgeon, but her anesthesiologist is out-of-network. See how much more she may have to pay compared to a network provider.

	Network doctor	Out-of-network doctor
A. Billed charge amount	$1,000	$1,000
B. Eligible expense	$300*	$300
C. Sally's responsibility** (Network co-insurance is 20% of row B)	$60	$60
D. Net paid by UnitedHealthcare	$240	$240
E. Potential balance bill from the provider to Sally (difference between rows A & B for out-of-network)	N/A	$700
Total Potential enrollee responsibility rows (C + E)	**$60**	**$760**

In this example, Sally would owe $700 more* for the services provided by an out-of-network anesthesiologist.**

When you use out-of-network doctors, health care professionals or facilities, your costs may be higher, and you may be balance billed. You can talk to the out-of-network facility or doctor to see if the provider will lower the charges or set up a payment plan. Any balance bill you may pay for services from an out-of-network provider does not apply to your out-of-pocket limit.

* The amount negotiated between network providers and UnitedHealthcare for this service

** This example assumes that the deductible has been met.

*** Your potential member responsibility will vary based on the provider type, services rendered and where services are provided.

This is an example only. Be sure to check your health plan documents for your benefits and levels of coverage.

Here is another example of balance billing, which may mean higher out-of-pocket costs for you. Using network providers whenever possible could help lower your health care costs. Check your health plan documents for your benefits and levels of coverage.

Example 2 - John has surgery

ER | **Situation:** Emergency

Doctor: Out-of-network

Facility: Out-of-network

John severely cuts his leg and goes to the closest emergency room (ER). The ER doctor is out-of-network. See how much more he may have to pay compared to a network provider.

Emergency room doctor	Network doctor	Out-of-network doctor
A. Billed charge amount	$2,000	$2,000
B. Eligible expense	$600*	$600
C. John's responsibility** (Network co-insurance is 20% of row B)	$120	$120
D. Net paid by UnitedHealthcare	$480	$480
E. Potential balance bill from the provider to John (difference between rows A & B for out-of-network)	N/A	$1,400
Total Potential enrollee responsibility rows (C + E)	**$120**	**$1,520**

In this example, John would owe $1,400 more*** for the services provided by an out-of-network doctor in the emergency room.

Try to use UnitedHealthcare network providers when possible. If you receive services from an out-of-network provider, you may be balance billed, which may mean higher out-of-pocket costs for you.

* The amount negotiated between network providers and UnitedHealthcare for this service

** This example assumes that the deductible has been met.

*** Your potential member responsibility will vary based on the provider type, services rendered and where services are provided.

This is an example only. Be sure to check your health plan documents for your benefits and levels of coverage.

What can I do to help keep my costs down?

Use network doctors and facilities.

If you don't have a network doctor, you can use myuhc.com® to find network doctors near you. The UnitedHealthcare national network has more than 768,000 doctors and health care professionals and more than 5,600 hospitals across the country. This means there's a good chance that a network doctor is near you.

Facilities in the UnitedHealthcare network may have out-of-network physicians or health professionals providing services at the facility. You can visit the "Find Physicians & Facilities" section of the **myuhc.com** member website to determine whether the network facility you are considering has network anesthesiologists, emergency room physicians, pathologists, and radiologists providing services at the facility.

Talk to your doctor.

Before you have a health care procedure, be sure to talk to your doctor. Ask your doctor about the facility and other specialists who may be involved so that you can make sure they participate in the network. If you are balance billed by an out-of-network doctor, you can also contact that doctor directly to ask if they will lower the charges or if you can set up a payment plan.

Understand your benefits.

You should review your health plan documents to fully understand your coverage and benefits. Most members can find their coverage details online at myuhc.com. Click on the "Benefits & Coverage" menu, and then click on "Coverage Documents." If you cannot find your coverage details online, you can get a free, printed copy by calling the Customer Care phone number on your health plan ID card.

Useful Terms

▸ **Balance billing** When a provider bills you for the difference between the provider's charge and the allowed amount (allowed amount may also be referred to as eligible expense). A network provider may not balance bill you for covered services.

▸ **Co-insurance** The amount you pay (calculated as a percentage of eligible expenses) each time you receive certain covered health services.

▸ **Co-payment** A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

▸ **Deductible** The amount you owe for covered services before your health plan begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered services. The deductible may not apply to all services.

▸ **Out-of-Pocket Limit** The most you pay during a policy period (usually a year) before your health plan begins to pay 100%. This limit never includes your premium, health care services your plan doesn't cover, or any balance bills you pay to out-of-network providers.

We know that health care and health insurance terms can be difficult for anyone. For help with any terms used in this document, please visit **JustPlainClear.com**.

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Always refer to your health plan documents to view the details of your specific coverage and learn how your plan works.