

Your Blue Access plan

What's the Difference Between In-Network and Out-of-Network Doctors?

One of the many valuable benefits of your Blue Access plan is its list, or network, of preselected healthcare professionals. The doctors, hospitals, pharmacies, labs, and other healthcare providers in your plan's network have partnered with your plan to offer you the best possible rates they can for your healthcare.

Using doctors and other healthcare professionals in your plan generally means your care will be more affordable—you won't end up paying more than you should.

Doctors in your plan are often called in-network providers, participating providers or preferred providers.

What Is an Out-of-network Doctor?

- They are doctors who haven't partnered with your plan and might not offer you the most affordable costs.
- Providers outside your plan can charge you as much as they want and may not accept the usual amount you're responsible for through your plan as payment in full.
- Charging you for amounts in addition to your insurer's contribution, plus your copay or coinsurance is known as "balance billing." This practice can prove costly for you if you use doctors outside your plan.
- Another disadvantage is that doctors outside your plan may not help you request preapprovals when they're customary or file benefits claims for you.

Staying In Your Plan Saves You Money

- Suppose you visit a doctor and his or her fee for services is \$250. Here's how your costs may break down, depending on whether the doctor was in your plan or not.
- If the doctor is in your plan, you and your insurer would pay your portions of your doctor's negotiated rate. If that rate was, for example, \$175 and your copay was \$35, you'd pay \$35 and your plan would pay \$140.
- If the doctor was outside your plan, your plan would still pay the same \$140, but you'd be responsible for your \$35 copay, plus the additional \$75. Instead of just \$35, you'd pay \$110.

Going Outside Your Plan Can Be Costly

- Some healthcare plans only cover services from doctors in the plan. If you have this type of coverage, you are usually financially responsible for the costs incurred from any doctor or healthcare provider not in the plan.
- Other plans cover services for both in-plan and out-of-plan providers, but the amount they pay may be different. In these cases, doctors in your plan will typically be less expensive for you.

Which Providers Are in Blue Access?

Doctors who say they "accept" your coverage aren't necessarily in your plan.

It's easy to find one online. The **Find Care** tool helps you locate healthcare providers in your plan by searching under the **Blue Access (Employer-Sponsored)** plan.

Got to:
empireblue.com/find-care

The screenshot shows a search interface with three dropdown menus and a 'Continue' button. The first dropdown is set to 'New York'. The second dropdown, labeled 'What type of plan do you want to search with?', is set to 'Medical Networks'. The third dropdown, labeled 'Select a plan/network', is set to 'Blue Access (Employer-Sponsored)'. A blue 'Continue' button is at the bottom right.



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