

## Out-of-Network Liability and Balance Billing

As a valued member it is important to understand what your financial responsibility will be for out-of-network services.

When you use out-of-network providers, you will be responsible for the total cost of services provided.

By using network providers, you maximize your benefits and avoid paying for the total charge billed by an out-of-network provider. This amount can be substantial.

Knowing that certain situations can be unexpected, there are exceptions to out-of-network liability, such as emergency services.

Emergency care services provided by an out-of-network provider are based on the following criteria:

Medically necessary and medically appropriate health care services and supplies provided in a hospital emergency department that are required to determine, evaluate, and/or treat an emergency until such condition is stabilized, as directed or ordered by the practitioner or hospital protocol.

You or your dependent(s) are responsible for all deductible, co-pay, and/or co-insurance amounts. Cost-sharing for applicable out-of-network emergency care services will be the same as cost-sharing for emergency care services received in-network. However you and your dependent(s) are also responsible for any disallowed amounts that are over the maximum allowable charge for each procedure.

An *emergency* is defined as a sudden and unexpected medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect to result in:

- a. Serious impairment of bodily functions; or
- b. Serious dysfunction of any bodily organ or part; or
- c. Placing the prudent layperson's health in serious jeopardy.

Examples of emergency conditions include: (1) severe chest pain; (2) uncontrollable bleeding or (3) unconsciousness.