

Out-of-network costs

With more than 50 percent of Kansans delaying visiting a doctor due to costs, it is essential for Kansans to have affordable health care options. One way to keep costs down is to stay in-network with your care. Blue Cross and Blue Shield of Kansas (BCBSKS) uses statewide rates to reimburse providers the same for like services across the state to help you, our members, save money. These providers are “in our network.” While our network features nearly 100 percent of providers, you may want to visit a provider that is not in network. Some plans may not offer out-of-network coverage, meaning you will pay 100 percent of costs. For plans that do cover out-of-network care, you’ll usually pay more than if you stayed in the network. **Please review your Summary of Benefits and Coverage (SBC) for your plan’s specific information.**

Health plans that do pay for out-of-network services pay based on an “allowed” amount. Below is an example of how out-of-network and in-network costs are calculated for the same care. Copayments may also factor into your cost at the time of service. **Costs, percentages and coverage may vary by plan and the below is an example of how the process may work. Consult your plan for specific details.**

Example: If deductible has not been met

Breakdown	In network	Out of network (OON)
Your doctor’s bill	The doctor’s bill is \$425. For doctors in-network, we’ve contracted \$300 for this type of visit. This is all the doctor can collect. They are not able to balance bill you for the \$125 differential in price, so you have already saved \$125.	The contracted amount is \$300. When you utilize a non-contracting provider, the contracted amount is reduced by 20%. An additional 20% non-PPO penalty up to \$2,000 per person, \$4,000 per family per benefit period also applies. After penalties, the contracted amount becomes \$192. The doctor can ask you to pay the rest – in this case \$233. That amount is your responsibility and is called balance billing.
Your cost so far:	\$0	\$233 (\$425-\$192)
Your deductible	You have a \$1,000 deductible remaining that you have not met. You will owe 100 percent of the contracted price.	You have a \$1,000 deductible remaining that you have not met. You will owe 100% of the allowed amount of \$192.
Your Total Cost	\$300	\$425 (\$233+\$192)

How does going out of network affect out-of-pocket limits?

An out-of-network doctor can charge any amount they wish as they have not agreed to a contract price for the covered service. In this case, the doctor is charging \$425. Not all of that money counts toward your out-of-pocket limit.

- Your out-of-network deductible counts toward your out-of-pocket limit.
- Your coinsurance and copay count toward your out-of-pocket limit.
- The extra amount the doctor can bill (\$233) does not count toward your out-of-pocket limit.



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