

UNDERSTANDING YOUR OUT-OF-NETWORK BENEFITS

If your Health Net plan includes out-of-network benefits, you have the choice of getting covered services from either Health Net participating providers or providers outside of our network. However, your out-of-pocket costs may be higher if you receive care from out-of-network providers. Here is more information to help you understand your benefits and manage your costs.

Use an In-Network provider. You can find a doctor or hospital in our network by:

- Going online to www.healthnet.com.
- Calling the toll-free number listed on your Health Net ID card.

Typical Out-Of-Network care costs: Benefits for covered services of out-of-network providers are based on Maximum Allowable Amounts (MAA) or Usual, Customary and Reasonable (UCR) rates.¹ These amounts are usually less than the provider's billed amount and the out-of-network provider can charge you for the difference. In addition, your out-of-network expenses may include a deductible, coinsurance and fixed dollar amounts (or percentages) for certain services that you might not incur with in-network services. Examples found later in this article illustrate how these costs can add up.²

Before you receive Out-Of-Network care:

- Read your Health Net Evidence of Coverage (EOC)³ to understand the details of your out-of-network coverage.
- Know what you might be required to pay. Ask the doctor or facility about their charges and if they will negotiate a discounted rate with you. Ask if they will allow you to have a scheduled payment plan. Consider using Flexible Spending Account money if you have one.
- Think about getting a second opinion and a price comparison from another doctor or facility.
- Call Health Net to verify your benefits and let us know about the care you are going to receive. Some services require notification or approved prior authorization in order to be eligible for coverage.

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¹Some plans use MAA for reimbursement and others use UCR. Your EOC states which basis for reimbursement is used.

²These examples are for educational purposes only and are not intended to be an exact calculation of claim payment and individual financial responsibility that may result from the services an enrollee receives.

³The Evidence of Coverage (EOC) is a document containing detailed statements to which members are contractually entitled. In some cases the EOC is also known as the "Certificate of Coverage," "Certificate of Insurance" or "Plan Contract."

In-Network versus Out-Of-Network costs

Here is a basic example showing how costs can compare when receiving care from in-network and out-of-network providers.²

DOCTOR OFFICE VISIT CLAIM

	IN-NETWORK CLAIM	OUT-OF-NETWORK CLAIM
PROVIDER'S BILLED CHARGES	\$200	\$200
REIMBURSABLE AMOUNT	\$160 (HEALTH NET CONTRACTED AMOUNT)	\$140 (MAA/UCR)
COPAY	\$15	N/A
COINSURANCE	N/A	\$28 (20% OF MAA/UCR)
ADDITIONAL MEMBER RESPONSIBILITY	N/A	\$60* (DIFFERENCE BETWEEN BILLED CHARGES AND MAA/UCR)
MEMBER FINANCIAL RESPONSIBILITY	\$15	\$88

* Differences between billed charges and MAA/UCR are the member's responsibility and do not apply to the annual out-of-pocket maximum accumulation.

INPATIENT HOSPITAL CLAIM

	IN-NETWORK CLAIM	OUT-OF-NETWORK CLAIM
PROVIDER'S BILLED CHARGES	\$5,597.40	\$5,597.40
REIMBURSABLE AMOUNT	\$5,020.20 (HEALTH NET CONTRACTED AMOUNT)	\$4,945.40 (MAA/UCR)
COPAY	N/A	N/A
COINSURANCE	\$1,004.04 (20% OF HEALTH NET CONTRACTED AMOUNT)	\$1,483.62 (30% OF MAA/UCR)
ADDITIONAL MEMBER RESPONSIBILITY	N/A	\$652.00* (DIFFERENCE BETWEEN BILLED CHARGES AND MAA/UCR)
MEMBER FINANCIAL RESPONSIBILITY	\$1,004.04	\$2,135.62

* Differences between billed charges and MAA/UCR are the member's responsibility and do not apply to the annual out-of-pocket maximum accumulation.