

## **What You Should Know About Out-of-Network Claims For Your Onpoint Health Benefits Plan**

This summary explains how your **Onpoint Health Benefits Plan (Onpoint)** pays for covered services that you receive from out-of-network providers as well as additional expenses that you may incur for care rendered by non-participating providers. This summary does not relate to payments Onpoint makes for the services of participating, or in-network providers.

### **What are out-of-network services?**

Health care services rendered by hospitals, physicians and other providers who are not contracted with us and are not participants in our provider panel are considered "out-of-network" or "non-participating." These out-of-network, non-participating providers and facilities are not obligated to accept our health plan's allowable expense and may bill members for the difference between what the provider or facility charges and what we pay. As a result, there are routinely higher out-of-pocket costs for members who obtain care from a nonparticipating provider or facility.

Within our service area, the vast majority of the hospitals and local physicians do participate in our network. How does the health benefit plan determine the rates that it will pay for out-of-network provider services? In general, our benefit plan pays for non-emergency services of an out-of-network provider based on the amount that is the lower of:

- The provider's actual charge;
- A negotiated amount;
- The amount set by our Claims Administrator or one of the other POMCO plans.

### **Who is responsible for paying the out-of-network provider for services?**

Typically, the member pays for the services and is reimbursed by the health care plan. Occasionally, the plan may need to pay the non-participating provider directly. The amount that is ultimately paid or reimbursed to the member is reduced by any co-insurance and/or deductible that is owed by the member, which also known as "cost sharing." Members who receive care from out-of-network providers or facilities are always at greater risk of incurring higher out-of-pocket expenses since the non-participating providers or facilities may also bill members for the balance of their total charges – beyond what the health plan pays. This is known as "balance billing." For example, where a non-participating provider charges \$120 for out-of-network services, the pricing formula above may produce a rate of \$100. After applying the member's 20% co-insurance or cost sharing of \$20, the benefit plan would pay \$80. The provider would then bill the member for the \$20 co-insurance plus the remaining \$20 "balance bill," which is the difference between the plan and member payments and the provider's total charge.

### **How can out-of-pocket health care expenses be reduced?**

In order to minimize out-of-pocket expenses associated with your health care, we strongly encourage you to obtain care from an in-network provider or facility whenever possible.

### **How can I locate participating providers? What if I have questions?**

If you have questions about this information, please contact your dedicated service representative at 1-866-543-0291. Representatives can help you find a participating provider. Or, visit [www.mypomco.com](http://www.mypomco.com)