

## Out-of-network liability and balance billing

- Balance billing occurs when an out-of-network provider bills a member for charges other than copayments, coinsurance or any amounts that remain on a deductible.
- Members must get preauthorization for non-emergency services on plans that do not offer out-of-network coverage. If preauthorization is not received and the member gets care from an out-of-network provider, the claim will be denied, and the provider may bill the member for the charges.
- On plans that do have out-of-network coverage, members may choose to get care outside of the network and will be responsible for any deductible, copayment, coinsurance, and charges in excess of the plan's maximum allowable charge.
- Emergency services received out-of-network will have the members in network cost share applied. These services will not be subject to balance billing.