Patient Advocate Foundation Presents

A series to educate and empower

It Matters
Empowerment Pathways

The Ins and Outs of Seeking Out-of-Network Care

Going out of network means you're seeing a provider who doesn't have an agreement in place with your insurance company for payment terms. Some health plans, like HMOs or EPOs, do not reimburse out-of-network providers at all. This means that with these plans, you could be responsible for the full amount charged by your doctor if you choose to go out-of-network for care.

HMO: HEALTH MAINTENANCE ORGANIZATION

These plans require you to choose a primary care physician who will refer you for care to the specialized providers that are within your network.

PPO: PREFERRED PROVIDER ORGANIZATIONS

These plans have a network of providers, but they will still pay towards out-of-network care, but at a lower rate. You do not need a referral to go to a specialist under this plan.

EPO: EXCLUSIVE PROVIDER ORGANIZATION

These plans do not require you to choose a primary care physician or obtain a referral to see a specialist, but often have a very limited network of providers, and there is no out-of-network benefit.

POS: POINT OF SERVICE

These plans resemble HMOs but are less restrictive because you can get coverage for out-of-network care in certain circumstances. But, like HMOs, most POS plans require you to get a referral from you primary care physician for specialized care.

IS OUT-OF-NETWORK THE BEST OPTION? EMERGENCIES

In an emergency situation, you must go to the hospital or urgent care facility that is closest to you. Most plans will make an exception for out-of-network care in the case of a true emergency. It's important to that you or a loved one contact your insurance company as soon as possible in the event of an urgent situation and inform them that you had to seek out-of-network care.

IS OUT-OF-NETWORK THE BEST OPTION? DISTANCE ISSUES

If you live in a rural area and there is no network specialist close by, you may need to utilize an out-of-network doctor. Contact your insurance company if this is the case and they may be able to negotiate with a non-participating doctor for your care. In these cases, many health plans will cover the cost at an in-network rate.

IS OUT-OF-NETWORK THE BEST OPTION? SPECIALIST CARE

If you have a rare condition, specialists can be limited, so out-of-network care may be your only option. Or if your treating specialist leaves your insurance network, you may choose to continue that care by going out-of-network. Depending on your plan, you may need to appeal for continued in-network coverage, if only for a period of time or a set number of visits.

IS OUT-OF-NETWORK THE BEST OPTION? OUT-OF-TOWN CARE

If you need medical care while away from home, you may have to visit a doctor not connected with your plan. If it's **not** an emergency, it's a good idea to call your health plan first to find out if there are any in-network doctors in the area. Sometimes insurers handle your visit to a non-participating provider as if it were in network.

Here's an example of how the same plan may pay for in-network and out-of-network care	**In-Network** Plan pays 80%, you pay 20%	**Out-Of-Network** Plan pays 50%, you pay 50%
Provider's retail charge	$5,000	$5,000
Amount allowed by health plan (maximum amount the health plan will allow the provider to bill)	$3,000	$3,000
Total member pays to provider	20% of allowed charge $3,000 x 20% = $600	50% of allowed amount ($1,500) plus the difference between the billed amount and allowed amount ($2,000) $1,500 + $2,000 = $3,500

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