



In-Network Versus Out-of-Network Benefits

What does in-network and out-of-network mean?

A network is a group of healthcare providers (provider) such as doctors, facilities, and pharmacies. In-network refers to a provider whose services are accepted by your health insurance plan. Out-of-network refers to a provider whose services are not accepted by your health insurance plan.

What is the difference between in-network and out-of-network?

In-Network	Out-of-Network
<ul style="list-style-type: none"> Lower cost share Contracted providers Provider is responsible for obtaining Prior-Authorization 	<ul style="list-style-type: none"> Higher cost share Balance Billing Non-contracted providers You are responsible for making sure a Prior-Authorization is obtained

What is balance billing?

If you visit a provider that is outside of Aetna’s Choice POS network (i.e., out-of-network), you may be balance billed. Balance billing occurs when providers bill patients for the difference between the amount the provider charges and the amount the Plan allows. Balance billing does not apply if the provider is in-network.

Since the Fund covers out-of-network benefits under the PPO plan, the Plan will pay the provider based on the usual, customary, and reasonable (UCR) amount. If you receive services from an out-of-network provider, the Plan will only pay 60% of the UCR amount, unless it is a claim that falls within the No Surprises Act. You will be responsible for the remaining 40% of the UCR amount and the billed amount above the UCR amount.

Out-of-network claims that fall within the No Surprises Act must be subject to cost-sharing as if the services were obtained in-network. Claims that fall within the No Surprises Act are (1) out-of-network emergency services, (2) non-emergency services performed by out-of-network providers at participating facilities, and (3) air ambulance services furnished by nonparticipating providers of air ambulance services.

Example

Please refer to the balance billing example below for an explanation of how the cost to you will likely be lower if you choose an in-network provider rather than out-of-network:

Example	In-Network Provider	Out-of-Network Provider
Charged Amount: \$1,500 Allowed Amount /UCR: \$1,000	Plan Pays: 80% of \$1,000 or \$800 You Pay: 20% of \$1,000 or \$200	Plan Pays: 60% of \$1,000 or \$600 You Pay: 40% of \$1,000 or \$400 <u>AND</u> the difference between the Charged and UCR amounts or \$500, for a total of \$900

Please refer to <http://www.aetna.com> to determine if a healthcare provider is in-network or out-of-network under the Aetna Select (Open Access) plan. You can also find this link on the Plan’s website at <http://laundryfund.org/other-links.shtml>

For a complete list of in-network healthcare providers, please visit the links above. You can also contact the Administrative Office at 1-800-524-8687.