

Tips to keep your costs down with your Blue Shield PPO plan

Go to any doctor or hospital you choose with your Blue Shield PPO plan, but keep in mind that seeing a network provider will keep your costs down, while you'll pay more to see a non-network provider. Here's the difference between network and non-network providers:

Network providers

Blue Shield of California negotiates contracts for specific rates with healthcare professionals and facilities. We call those doctors and hospitals network providers. As a Blue Shield plan member, when you receive covered services from one of our network providers, you pay less than you would for the same service from a non-network provider.

Along with lower out-of-pocket costs, receiving care from a network provider offers another advantage: convenience. You avoid having to worry about additional paperwork because network providers submit their claims to Blue Shield directly.

Choosing a network provider also means you're getting a provider that meets our credentialing standards. Our network providers include many of the most prestigious physicians and hospitals in California.

Non-network providers

Healthcare providers who do not have a contract with Blue Shield are not in our network. These non-network providers charge their usual rates for services. Blue Shield members who see non-network providers will also pay a larger portion of the costs after the deductible is met. Typically, you will have to pay a coinsurance amount as well as the difference between the non-network provider's cost and the amount Blue Shield allows for that service. This can be referred to as "balance billing."

Non-network providers will usually require payment in full at the time you receive service. Choosing non-network services not only costs more, it involves having to manage more paperwork. After you receive care, you will submit a claim form to Blue Shield. We will then reimburse you for a portion of the costs for covered services if you have met your plan's deductible.

The following charts present the difference between choosing a network provider and a non-network provider. To make these examples easier to follow, we've used an unspecified outpatient service procedure with rounded dollar amounts, and the assumption that you have met your plan's deductible. The cost-share percentage is based on your health plan's coinsurance rate. For a detailed description of coverage benefits and limitations, please see your plan's *Evidence of Coverage and Disclosure* form.

Save money with a network provider

Network provider's usual charge (the cost before Blue Shield's contracted rate is applied)	\$1,000
Blue Shield's contracted rate with the network provider	\$500
Your cost share, called coinsurance (this percentage rate is usually lower than that for services from non-network providers)	10% of the contracted rate (\$500 x 10%)
Blue Shield pays	90% of \$500 = \$450
Your total costs	10% of \$500 = \$50 (5% of provider's charge)

Pay more with non-network providers

Non-network provider's usual charge	\$1,000
Blue Shield's allowable amount	\$500
You pay	30% of the allowable amount (\$500 x 30%) plus the difference between the provider's charge and Blue Shield's allowable amount (\$1,000 - \$500) This is known as "balance billing"
Blue Shield pays	70% of \$500 = \$350
You pay	30% of \$500 = \$150 plus \$1,000 - \$500 = \$500
Your total costs	\$650 (65% of provider's charge)

More tips to keep your costs down

- Before you make an appointment with any new doctors, including specialists, ask them to verify that they are in Blue Shield's provider network.
- When your doctor refers you to a specialist, laboratory, X-ray lab, or other provider, ask if they are Blue Shield network providers.
- If you choose to go to a non-network provider, ask how much your charges will be before the visit. Then, refer to your plan's benefit booklet for the amount that you will be responsible for based on your plan's benefits.
- Wait until you receive the Explanation of Benefits (EOB) from Blue Shield to how much you need to pay. Sometimes a doctor's bill is generated automatically and arrives before the EOB. The amount on the provider's bill should match the EOB from Blue Shield. If the amounts do not match, call member services at the phone number on the back of your member ID card.

Stay in the network and save



To find network PPO providers, visit [blueshieldca.com/fad](https://www.blueshieldca.com/fad).



For any questions, please call your dedicated Blue Shield member services at the phone number on the back of your member ID card.