

LEHB ADVISORY

If you go to an “Out-of-Network” provider, YOU will be subject to pay:

1. A \$500.00 Deductible

-AND-

2. The difference between what the Provider bills and the Blue Cross payment which is 50% of the allowable amount, not the billed amount.

Independence Blue Cross has established a “Network” of Health Care Providers to ensure

- 1.) Quality of Service (which is monitored by IBC)
- 2.) Appropriate Cost Controls

Due to many instances of clearly excessive billing and lack of accountability on the part of the provider, effective April 1, 2016, LEHB and Independence Blue Cross will enact the following modification to the Covered Expenses:

Covered Expense

Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Facility Provider, "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator.
 - For Covered Services provided by an In-Network Facility or BlueCard PPO Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard PPO Provider.
 - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider's charges for Covered Services.
 - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator's proprietary fee schedule for the closest analogous Covered Service.
- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
 - For Covered Services by an In-Network Professional Provider or BlueCard PPO Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard PPO Provider;

- For an Out-of-Network Professional Provider, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.
- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
 - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard PPO Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard PPO Provider.
 - For Covered Services provided by an Out-of-Network Ancillary Service Provider, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.
- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Remember: The IBC/Blue Card Network works in your best interest to ensure Quality of Care and Controlled Costs