

It's more important than ever to

# Choose an in-network provider

Your health plan has changed the way it pays for services you get from out-of-network providers, which means you may pay more than before when you use these providers. This change is important to keep healthcare affordable and sustainable.

The amount of an out-of-network provider's total charges that is considered "allowable" may now be smaller, so the plan may pay less of the total bill.<sup>1</sup> And because out-of-network providers often bill you for the difference between the allowable charge and their total charge (called balance billing), you may have to pay substantially more for services from out-of-network providers.

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## What has changed:

- > Because the out-of-network allowed amount may be lower, the amount the plan pays for the same service from the same provider may be less.
- > If your out-of-network provider charges you for the difference between the allowed amount and the amount the provider charges, the amount you pay will be more because the difference is greater.

## What hasn't changed:

- > Allowed amounts for in-network providers: If you get the service from an in-network provider, you will pay the same now as you did before.
- > Your benefit plan: The percentage the plan pays has not changed. If it was 80 percent of the allowed amount for in-network and 60 percent for out-of-network providers before, it's the same now.

Here's an example of how this change might affect you.<sup>2</sup>

Total Bill	\$1,200
Allowed Amount Before Change <sup>2</sup>	\$1,000
Allowed Amount After Change <sup>2</sup>	\$500
Out-of-network Plan %	60%

	Plan Pays	You Pay	Balance Bill
After Change	\$ 300	\$ 200	\$ 700
Before Change	\$ 600	\$ 400	\$ 200



## To choose an in-network provider

Getting services from an in-network provider will always be the better deal for you. Premera has the largest network of providers in Alaska. To find an in-network provider, log in at [premera.com](http://premera.com) and use the Find a Doctor tool. Or call Customer Service at the number on your member ID card.

You can also get virtual care anytime, anywhere by phone or online video from Teladoc® for the same cost share you pay for an in-network office visit. Register at [teladoc.com/premeraAK](http://teladoc.com/premeraAK) or call 855-332-4059. Then when you need care, you can contact a U.S. board-certified physician who can diagnose, recommend treatment, and prescribe medication when appropriate.<sup>3</sup>

<sup>1</sup> The allowable charges for out-of-network providers are now based on 125 percent of what the federal Medicare program pays providers for these services. This updated policy is for specific groups under self-funded plans.

<sup>2</sup> This is an example only. Your costs and percentages will vary depending on your plan's coverage and the service you need. The figures in this example assume you have met your deductible and have not reached your out-of-pocket maximum.

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