

Understanding In-Network vs. Out-of-Network Benefits

When going out-of-network,
be aware of

Balance Billing

What is Balance Billing?

Because out-of-network providers don't have a pricing agreement with PEHP, they may charge you more than the "Allowed Amount" PEHP has established with in-network providers. If you go out-of-network, you'll be billed the full amount the provider charges above the Allowed Amount. This is called "balance billing."

Understanding Allowed Amount

» Doctors and facilities contracted with your network — in-network providers — have agreed not to charge more than PEHP's Allowed Amount (AA) for specific services. Your benefits are often described as a percentage of the AA.

» With in-network providers, you pay a predictable amount of the bill: the remaining percentage of the AA. For example, if PEHP pays your benefit at 80% of AA, your portion of the bill generally won't exceed 20% of the AA.

How to Avoid Balance Billing

» Use PEHP's online Cost & Quality Tools to find what doctors in your network charge for your procedure. Then use those figures to negotiate with your doctor to avoid balance billing.



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