



Know Your Network for Behavioral Health Services

Knowing how your health plan works can help you save money and get appropriate care.

You have a choice of where to go for behavioral health care. Choosing a provider in your plan's network can help you take advantage of the cost savings that come with your plan.

In-Network or Out-of-Network – What's the Difference?

IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Meet Blue Cross and Blue Shield of Illinois (BCBSIL) standards for quality. We check education, training, licenses and/or quality of care.	Have not been checked by BCBSIL for quality, education, training or licenses.
Accept an agreed-upon, discounted rate for BCBSIL members.	Set their own prices, which may be higher than in-network provider costs. Charges above the network rate may not apply to your deductible. This can also make the total cost to you higher.
May not bill you for more than your share of the agreed-upon rate.	May bill you for any costs over what your plan allows.
Have agreed to file claims so you don't have to.	Might require you to pay the full cost before you get service and file your own claims.

Tips to Remember



Knowing how your plan works can help you avoid surprise charges.

- **Preauthorization from BCBSIL may be required** before getting certain tests or services. Your provider may call the number on the back of your member ID card to request preauthorization for you.
- **You may be responsible** for the cost of any services that were not approved.
- **If you get care from an out-of-network provider**, it is important to call BCBSIL before your service to make sure it has been preauthorized.
- **Services may be approved for a set number of visits.** If your provider decides you need care beyond that, another approval will be needed.

We're Here to Help!



Call a Benefits Value Advisor (BVA) at 800-325-0320 if you need help to:

- **Understand** your behavioral health benefits
- **Find** a behavioral health professional in your network
- **Learn** if a service needs to be preauthorized

BVAs are available Monday - Friday, 8 a.m. to 6 p.m. CT. Or, log in to Blue Access for MembersSM at bcbsil.com/itw, and click *Doctors & Hospitals* to locate a network provider.

Need help comparing your options? Call a Benefits Value Advisor weekdays 8 a.m. to 6 p.m. CT at 800-325-0320.

Examples

If you visit providers in your network, you usually pay less for care. Take a look at some examples.¹



Robert has been feeling stressed and sad since his divorce six months ago.

These feelings don't seem to be getting better, and he'd like to see a mental health professional. Robert is thinking of calling an out-of-network counselor that a friend suggested.

Robert's PP01 Plan Benefits

- In-network office visits: \$25
- Out-of-network deductible: \$500
- Out-of-network office visits: 40% coinsurance, after deductible

	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Charges	\$90 per visit for 10 visits, total \$900	\$200 per hour for 10 hours, total \$2,000
Ineligible Amount	\$300	\$1,400 ²
Amount Covered	\$600	\$600
Applied to Deductible	Does not apply to office visits	\$500
Copay /Coinsurance	\$25	\$40
BCBSIL Plan Pays	\$350	\$60
Robert's Responsibility	\$250 (\$25 copay x 10 visits)	\$1,940 (deductible + coinsurance + ineligible amount)

Robert may pay almost eight times the cost for the same service if he goes to an out-of-network provider.



Mary's 17-year-old son, Daniel, is struggling with a substance use disorder.

Daniel is covered under Mary's PPO health plan. Daniel's doctor suggests a 28-day residential treatment program.³ He recommends a nearby center with a good reputation that's in the plan's network. But Mary has found an out-of-state facility online. This facility's ad promises free airfare to the site and luxury features. She's not sure which treatment center she should choose.

Mary's HealthSaver Plan Benefits

- In-network deductible: \$1,900
- In-network coinsurance: 20%, after deductible
- Out-of-network deductible: \$3,800
- Out-of-network coinsurance: 40%, after deductible

	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
	Network provider licenses are already checked.	Services not covered if provider does not have appropriate licenses to provide the services.
Charges	\$800 per day, total \$22,400	\$1,500 per day, total \$42,000
Ineligible Amount	\$5,400	\$25,000 ²
Amount Covered	\$17,000	\$17,000
Applied to Deductible	\$1,900	\$3,800
Coinsurance	\$3,000	\$5,280
BCBSIL Plan Pays	\$12,080	\$7,920
Mary's Responsibility	\$4,900 (deductible + coinsurance)	\$34,080 (deductible + coinsurance + ineligible amount)

Mary will pay almost \$30,000 more if she chooses the out-of-network provider.

¹ Examples are for illustration only. No real member or provider information has been used. Plan designs and costs will vary. Check your benefits information for details about your specific plan benefits.

² The out-of-network provider can balance bill for the ineligible amount.

³ Residential treatment services require preauthorization and must be medically necessary to be covered.