

KNOW BEFORE YOU GO

How to avoid surprise bills.

Is there a medical procedure in the near future for you or a loved one? If so, you'll want to get the most out of your Blue Cross and Blue Shield Service Benefit Plan coverage. That means choosing an in-network provider for your care.

IN-NETWORK VS. OUT-OF-NETWORK

Preferred (in-network) providers

agree to accept our payment as payment in full for their services, so you will only be responsible for:

- Your deductible (if you have Standard Option)
- Your copay and/or your share of our allowance (known as coinsurance)

Non-preferred (out-of-network) providers do not agree to these terms. A visit with these providers will cost you more.



PLANNING A VISIT TO A HOSPITAL OR SURGERY CENTER?

Sometimes there are doctors who work in a Preferred facility who don't contract with us. This means that they're not part of the Preferred network even if the hospital itself is. If you're going to the hospital, it's best to call your local Plan to make sure all doctors are in your network.

These types of hospital-based doctors are sometimes not part of our Preferred network:



Anesthesiologists



Emergency room (ER) doctors



Neonatologists (doctors who care for newborns who need special attention or care)



Pathologists (doctors who use lab work to study and diagnose diseases)



Radiologists (doctors who use imaging to diagnose and study diseases)



These kinds of doctors may be involved in your care without you knowing they're Non-preferred.

That may mean higher out-of-pocket costs for you. Avoid this by calling the customer service number on the back of your member ID card before receiving care. You can ask us if the doctors are in-network.

SETTING UP YOUR CARE APPOINTMENT

No one likes surprise bills. Avoid the unexpected by following these steps before your next appointment:

1 Review your benefits	Visit fepblue.org/brochure to make sure your service is covered before scheduling an appointment.
2 Find a Preferred hospital	Use our directory online at fepblue.org/provider or via the fepblue app. Download it on the App Store or Google Play.
Make sure that only Preferred doctors will be treating you	Call the customer service number on the back of your member ID card to confirm.
4 Get prior approval	Plan ahead since some services, such as inpatient hospital stays, require approval before benefits are paid.
5 Ask questions	Contact our customer service representatives with any questions about potential out-of-pocket costs.



In a life-threatening situation, always call 911 or go to your nearest emergency room.Don't worry about the network because your health and safety always come first.



If you need health advice, call the 24/7 Nurse Line at 1-888-258-3432.



PREPARE FOR YOUR NEXT MEDICAL VISIT OR SURGERY

Call the local customer service number on the back of your member ID card to confirm whether your doctor is in our network.







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This information is not meant to substitute the advice of your doctor or any other healthcare professional. You should speak to your doctor before starting a new diet or exercise routine.

This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (Standard Option and Basic Option: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación. 請撥打您ID卡上的客服號碼以尋求中文協助。