Your Network Book

How your Tiered Custom PPO provider network works—and how you can save money

BlueCross
Northeastern Pennsylvania

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Know how your provider network works

The doctors and hospitals you use have a big impact on your costs. There are more costs for health insurance than just your monthly premium.

Each health insurance plan has its own set of deductibles, copays and coinsurance you have to pay when you have covered medical care and services. And each plan uses a different network of doctors and hospitals.

Choosing doctors and hospitals within your Tiered Custom PPO plan’s network of providers will help lower your health care costs and maximize your benefits. Because your health insurance plan’s network of providers and who you choose to see for care impact your costs, it’s important to understand how your plan’s Tiered Custom PPO network works.

Our networks include doctors, hospitals, labs, radiology centers, radiologists, anesthesiologists and licensed therapists, to name just a few.
More doctors—the best value

96% of all U.S. hospitals

92% of all U.S. doctors are in Blue networks nationwide

Blue Cross of Northeastern Pennsylvania has the largest networks of health care providers, close to home and anywhere you travel. 96% of all U.S. hospitals and 92% of all U.S. doctors are in Blue networks nationwide—including more board-certified doctors than any other health insurance company.*

Blue members save money. In-network doctors and hospitals have agreed to see our members at a discounted rate, known as the “allowable charge.”

The allowable charge will be considered as payment in full by Blue Cross of Northeastern Pennsylvania network doctors and hospitals. This is the most an in-network provider can charge you for care.

Because in-network doctors and hospitals charge our members less than their normal rate for care, your care will, in most cases, cost less because you have a health insurance plan from Blue Cross of Northeastern Pennsylvania.

*BlueWebPortal.bcbs.com, May 2014

Being the biggest is important. But quality really matters.

Our network providers are respected professionals, who must meet rigorous standards in order to participate in our networks. They are reviewed on a regular basis to ensure you get the highest quality of care.

Use in-network doctors and hospitals, and save

The Tiered Custom PPO network divides in-network providers into 2 tiers.

- Your cost for care will be the lowest when you use doctors, hospitals and providers in tier 1
- This network includes a 2nd tier to cover care from local doctors, hospitals and providers that charge a “facility fee.” You will pay more out of your own pocket when you use in-network/tier 2 doctors and hospitals
- BlueCard PPO doctors and hospitals are out of your Tiered Custom PPO plan’s network. You can use BlueCard PPO providers, but at a higher out-of-pocket cost for care
- You have coverage for care out of the Tiered Custom PPO network, but you’ll pay the highest out-of-pocket costs for care
Let’s talk about out-of-pocket costs

Your health insurance plan covers most of the cost for your care. But you also have to pay a share of the costs when you have care. How much you'll pay depends on your health insurance plan. This page defines some key terms and explains what to expect.

Out-of-pocket costs include copays, deductibles and coinsurance. This is how much you have to pay when you receive care. How much you have to pay and when each applies differs by plan. Your plan’s network of doctors and hospitals—and who you choose to see for care—also impact your out-of-pocket costs.

Copay — How much you must pay for covered medical care (such as office visits and prescription drugs).

For example, if your plan has a $20 copay for office visits, you will pay $20 each time you see your doctor.

Deductible

Individuals — How much you must pay when you get care (such as lab services, X-rays and physical therapy), before your health insurance will start to pay for covered medical care. Once you’ve paid up to your deductible amount in care costs, you won’t pay any more toward your deductible that year.

Families — If you have family members covered on your plan, all family members contribute to a family deductible—typically double the amount of the individual deductible. This means that if you and your family members combined, pay for care to an amount that reaches the family deductible, no one in your family has to pay anything more toward their individual deductible for the rest of the year.

• The higher the deductible, the lower your monthly premium will be

• Deductibles for care from in-network doctors will always be lower than deductibles for care out of the network

• No family member will ever pay more than his/her individual deductible while contributing to the family deductible

Coinsurance — This is your share (%) of the cost for covered medical care (such as hospital stays and outpatient services).

For example, your health insurance may cover 80% of the charges for a hospital stay. You have to pay the other 20%. This 20% is your coinsurance.

• Coinsurance for care from in-network doctors will always be lower than coinsurance for care out of the network

Be sure to see your Outline of Coverage for your specific out-of-pocket costs
Out-of-pocket maximum

**Individuals**—This is the most you have to pay out of your own pocket for covered services within the year. This means that once the amount you spend on copays, deductibles and coinsurance combined, reaches the maximum amount, you will NOT have to pay for covered medical care. Your care will be covered at 100% for the rest of the year.

**Families**—If you have family members covered on your plan, this is the most you and all your covered family members combined, have to pay out of pocket for covered services within the year. This amount is typically double the individual out-of-pocket maximum. This means that once the amount you and covered family members spend on copays, deductibles and coinsurance combined, reaches the family maximum, you and all covered family members will NOT have to pay for covered medical care for the rest of the year—even if individual family members have not yet met their individual out-of-pocket maximum.

- The out-of-pocket maximum for care from in-network doctors will always be lower than the out-of-pocket maximum for care from doctors out of your plan’s network
- No family member will ever pay more than his/her individual out-of-pocket maximum while contributing to the family out-of-pocket maximum
Your Tiered Custom PPO network

These plans use the Tiered Custom PPO network: myBlue Care and AffordaBlue™

Your plan uses the Tiered Custom PPO network. The Tiered Custom PPO network divides in-network providers into 2 tiers. Your cost for care is the lowest when you use in-network/tier 1 doctors and hospitals. Tier 1 includes the First Priority Life® (FPLIC) PPO network providers and care from Blue Distinction Centers for Transplants® and several hospitals and their participating doctors, located just beyond our 13-county service area.

This network includes a 2nd tier to cover care from local doctors, hospitals and providers that charge a “facility fee.” You will pay more out of your pocket when you use in-network/tier 2 doctors and hospitals.

BlueCard PPO doctors and hospitals are out of the network with your Tiered Custom PPO plan. You can use BlueCard PPO providers, but at a higher out-of-pocket cost for care.

You have coverage for care outside of the Tiered Custom PPO network, but at a higher out-of-pocket cost. Doctors and hospitals out of the Tiered Custom PPO and BlueCard PPO networks do not accept our discounted “allowable charge” as payment in full. They may bill you for a bigger share of the cost for your care.

In-network providers/tier 1

The Tiered Custom PPO provider network includes:
• All of First Priority Life’s (FPLIC) PPO network providers, PLUS
• Blue Distinction Centers for Transplants, PLUS
• Several hospitals and their participating doctors, located just beyond our 13-county service area:

<table>
<thead>
<tr>
<th>PA</th>
<th>Columbia County</th>
<th>Berwick Hospital Center</th>
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<tbody>
<tr>
<td>Lehigh County</td>
<td>Lehigh Valley Hospital, Allentown</td>
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<tr>
<td></td>
<td>St. Luke's University Hospital, Allentown Campus</td>
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<tr>
<td>Northampton County</td>
<td>St. Luke's University Hospital, Bethlehem Campus</td>
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<td></td>
<td>St. Luke's University Hospital, Anderson Campus, Easton</td>
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<td></td>
<td>Lehigh Valley Hospital-Muhlenberg, Bethlehem</td>
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<tr>
<td>Schuylkill County</td>
<td>St. Luke's University Hospital, Miners Campus, Nesquehoning</td>
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<tr>
<td>Union County</td>
<td>Evangelical Community Hospital, Lewisburg</td>
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</tbody>
</table>

| NY | Orange County | Bon Secours Community Hospital, Port Jervis  |
|    |              | This hospital is in-network. Not all doctors affiliated with this hospital are in-network. |

In-network providers/tier 2

This network includes a 2nd tier to cover care from local doctors, hospitals and providers that charge a “facility fee.” You have coverage for care from providers that charge a “facility fee,” but will pay higher out-of-pocket costs. Since you may not know who charges the fee, ask the doctor, hospital or provider before receiving care. Or call Customer Service at the number on the back of your ID card.

Out-of-network providers

• BlueCard PPO national network providers
• Any other non-participating providers

Providers out of the Tiered Custom PPO and BlueCard PPO network do not agree to accept Blue's discounted “allowable charge” as payment in full. They may bill for a bigger share of the cost for care.
A quick comparison of costs by network

<table>
<thead>
<tr>
<th>Tiered Custom PPO network</th>
<th>Out-of-pocket costs for care</th>
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</thead>
<tbody>
<tr>
<td>Tier 1—FPLIC PPO network and some providers just outside our 13-county service area are in-network</td>
<td><strong>Lowest</strong> costs (deductibles, copays and coinsurance) for care from in-network tier 1 providers</td>
</tr>
<tr>
<td>Tier 2—Local doctors, hospitals and providers that charge a “facility fee” are in-network</td>
<td>Providers that charge a facility fee can be seen at a <strong>higher</strong> out-of-pocket cost</td>
</tr>
<tr>
<td>BlueCard PPO network providers are out-of-network</td>
<td>BlueCard PPO network providers can be seen at a <strong>higher</strong> out-of-pocket cost</td>
</tr>
<tr>
<td>All other providers are out of the network</td>
<td>Providers <strong>NOT</strong> in the BlueCard PPO network can be seen at the <strong>highest</strong> out-of-pocket cost</td>
</tr>
</tbody>
</table>

Emergency care

If you need emergency care, get treatment immediately. Go to the nearest hospital ER. Emergency services are available 24 hours a day, 7 days a week, and are covered when the services meet the conditions of emergency care, as defined in your policy.

Urgent care

Urgent care centers give unscheduled, walk-in care for a sickness or injury, when your primary care physician is not available. These facilities are staffed by doctors, nurses, physician assistants and other medical professionals. For the lowest out-of-pocket costs for care, you should use one of the 3 in-network urgent care centers:

- MedExpress, 677D Kidder Street, Wilkes-Barre 570.825.2046
- MedExpress, 276 West Side Mall, Edwardsville 570.283.0791
- MedExpress, 1953 East Third Street, Williamsport 570.323.4072

You can use other urgent care centers, but you may pay higher out-of-pocket costs for care.

If you use other urgent care centers in our 13-county service area, you will pay for your care according to how the center bills the visit. For example, it may be billed as an ER visit, outpatient visit or office visit.

If you use a BlueCard network urgent care center outside of our 13-county service area, you will pay for your care according to your plan’s BlueCard coverage and out-of-pocket costs.

Keep in mind, urgent care centers may still cost you less than if you get treated in the ER for non-emergency care. For more information on out-of-pocket costs for care from ERs and urgent care centers in and out of the network, see your Outline of Coverage.

The Blue Cross difference

BlueCard—coverage anywhere, worldwide

Your plan not only offers the largest local provider network, but you also have access to BlueCard PPO network providers across the U.S. and worldwide. Since BlueCard PPO providers are out of the Tiered Custom PPO network, you will pay more out of your pocket for care when you use BlueCard PPO providers. However, you will pay less for care from BlueCare PPO network providers than from other out-of-network providers because BlueCard PPO providers agree to charge Blue plan members less for care.

When you are away from home, remember to carry your ID card and show it to any BlueCard PPO participating provider.

In an emergency, ALWAYS go to the nearest hospital.

Blue Distinction Centers

The hospital you select can impact your care, your results and your costs. But finding “the right” hospital can be a challenge. You deserve peace of mind when making these important health care decisions with your doctor. That’s why Blue Cross® and Blue Shield® developed the Blue Distinction Centers and Blue Distinction Centers+™ recognition programs to identify hospitals with proven expertise in delivering specialty care.

There are several Blue Distinction Centers, including Blue Distinction Centers for Transplants, within our Tiered Custom PPO provider network. To find a Blue Distinction Center, visit bcnp.co/bdc.
Important information about our network providers

In-network providers cost less $ 

myBlue Care and AffordaBlue give you the freedom to choose from the largest Tiered Custom PPO network of providers. For the lowest out-of-pocket costs, be sure that your doctors and hospitals are in the Tiered Custom PPO network. To find in-network doctors and hospitals:

- Use our Doctor/Hospital Finder at findadoctor.bcnepa.com

Call Customer Service weekdays, between 8 a.m. and 5 p.m., at the number on the back of your ID card

Providers out-of-network cost more $$ $$ $$

You can use a BlueCard PPO doctor or hospital for care, but you will pay more out of your own pocket because BlueCard PPO doctors and hospitals are out-of-network. You will pay the highest out-of-pocket costs when you use doctors and hospitals out of the Tiered Custom PPO and BlueCard PPO networks.

Provider responsibilities

To be included in our network, doctors and hospitals:

- Maintain high quality standards and meet our strict credentialing criteria
- Arrange prior approvals for services, for you, when needed
- Accept what we pay them (the allowable charge) as payment in full (except for the deductibles, copays and coinsurances you must pay)

Providers can request prior approval. If your in-network doctor believes you need care from an out-of-network provider, prior approval is required. The request will only be approved when First Priority Life:

- Determines that the service is medically necessary
- Does not have an in-network provider who can provide the service

In most cases, your doctor will arrange prior approval of services for you, when needed.

Ask if your provider is in your plan’s network. Make sure that all providers who are treating you are in-network. When scheduling appointments or checking into a hospital, ask to be sure your doctor is in-network and uses in-network providers and hospitals for your care.

Even though a hospital may be in our network, not every doctor providing services in that hospital is in the network.

For example: If you are having surgery, make sure that all of your providers, including surgeons, anesthesiologists and radiologists, are in-network.
**When in-network providers stop participating**

If you are receiving care from a doctor or hospital who stops participating with us, don’t worry. You will have access to other in-network providers with equal training and experience.

If we end our agreement with a network provider for cause (breach of contract, fraud, criminal activity or posing a danger to a member or the health, safety or welfare of the public) and you receive services from that provider **AFTER** the date our agreement ends, we will **NOT** pay for those services.

**Provider termination**

If a provider is termed, and no longer part of our network, the following applies:

- **If you are in the middle of a treatment plan**, you may continue an ongoing course of treatment with an out-of-network provider for a transitional period of up to 90 days.

- **If you are pregnant**, in the second or third trimester (3-month period) on the effective date of your coverage, you can continue care with an out-of-network doctor through delivery and postpartum care related to your delivery.

Your doctor must agree to continue your care, and he/she must also agree not to bill you for charges above what we agree to pay. Call Customer Service to learn more, weekdays, between 8 a.m. and 5 p.m., at the number on the back of your ID card.

**Find in-network doctors and hospitals**

- To find in-network doctors and hospitals, use our online provider directory at **findadoctor.bcnepa.com**. The directory can help you find the best doctors and hospitals for your specific needs.

- If you need more information about doctors within our Tiered Custom PPO network or want to see if your doctor is part of our Tiered Custom PPO network, call Customer Service weekdays, between 8 a.m. and 5 p.m., at the number on the back of your ID card.

- And since we know both quality and cost are important to consider, sign up for Self-Service on **bcnepa.com**. Our Self-Service site:
  - Gives you access to compare care and quality standards for our providers.
  - Allows you to read and write reviews about in-network doctors and hospitals.
  - Gives estimated costs for hospital procedures and detailed ratings for in-network hospitals, including clinical outcomes for specific procedures, quality of care for avoiding in-hospital complications and quality of care for various treatment types.

Remember: Services that are not medically necessary, except covered preventive services and those required by law, are not covered.
Examples of costs in and out of the network

Here are examples of what you’ll pay out-of-pocket for care when you use in-network providers and out-of-network providers. As you will see, your cost for care will be the lowest when you use in-network doctors and hospitals. Your Outline of Coverage, included with this handbook kit, lists exactly what is covered and how much you have to pay when receiving medical care and services.

Care in-network/tier 1

Lawrence has myBlue Care coverage with Blue Cross of Northeastern Pennsylvania (BCNEPA). He has knee surgery. The cost for services is $10,000, but his in-network doctor agrees to the allowable charge and bills only $8,500 for Lawrence’s care.

Lawrence’s plan has a $1,000 deductible when he sees tier 1 providers. Since Lawrence had no other medical expenses this year, he had nothing applied to his annual deductible. This means Lawrence has to pay $1,000, the full amount of his deductible, towards this bill, before his health insurance will pay.

Besides the deductible, Lawrence’s insurance requires 10% coinsurance. This means that, after the deductible is met, Lawrence will pay only 10% toward his medical care costs. His Blue Cross coverage will pay the rest.

Care in-network/tier 2

If Lawrence used a tier 2 provider, his deductible would increase and his insurance now requires a 30% coinsurance. Once his deductible was met and he paid his coinsurance, his Blue Cross® coverage will pay the rest.

These examples are for illustrative purposes only. They do not reflect any actual situations or payments involving Blue Cross members.
Care out of the network

If Lawrence used an out-of-network doctor for his knee surgery, Blue Cross of Northeastern Pennsylvania would have paid only a small share of the bill, leaving Lawrence to pay most of the cost for his care.

Lawrence saved $5,500 by using an in-network tier 1 provider.

Receipt for surgical services

<table>
<thead>
<tr>
<th>Knee surgery, out-of-network</th>
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</thead>
<tbody>
<tr>
<td>Cost of service</td>
<td>$10,000</td>
</tr>
<tr>
<td>BCNEPA's allowable charge</td>
<td>$8,500</td>
</tr>
<tr>
<td>Lawrence pays his annual out-of-network deductible</td>
<td>-$6,000</td>
</tr>
<tr>
<td>Balance due</td>
<td>-$2,500</td>
</tr>
<tr>
<td>Lawrence pays a 50% coinsurance</td>
<td>-$1,250</td>
</tr>
<tr>
<td>BCNEPA pays the rest</td>
<td>-$1,250</td>
</tr>
<tr>
<td>Lawrence's cost using an out-of-network doctor</td>
<td>$7,250</td>
</tr>
</tbody>
</table>

BCNEPA will pay only up to the allowable charge. There are no discounts offered from providers out of the network.

Lawrence’s deductible and coinsurance are higher when using providers out of the network.

Need some help? Call us

The answers to most of your questions can be found at bcnepa.com/Members/MyCoverage.aspx.

- **Register/logon** to Self-Service at bcnepa.com to see your coverage, claims details and out-of-pocket costs, anytime.
- **Send a secure email** to Customer Service from Self-Service.
- **Download** our Self-Service mobile app to access information anytime, anywhere from bcnepa.com/mobile.
- **Call Customer Service**. We’re here to help you, weekdays, between 8 a.m. and 5 p.m., at the number on the back of your ID card.

We also offer language interpretation services for members who do not speak English.

Get the most from your health insurance

We are committed to giving you and your family the resources and support you need to get the most from your health insurance. We value your satisfaction and look forward to meeting insurance needs now and in the years to come.

That’s the Blue Cross difference.

Your Network Book was developed to give you a basic understanding of how to use doctors and hospitals in your plan’s network. Also included in this handbook kit is Your Member Handbook, Your Blue Book, Your Wellness Book, Your Service Book and your Policy, which are just as important to read.

Learn more about Tiered Custom PPO network providers and how you can save money with the map included with this handbook kit.
Blue Distinction® Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Blue Distinction® Centers+ (BDC+) also met cost measures that address consumers’ need for affordable healthcare. Individual outcomes may vary. National criteria is displayed on www.bcbs.com. A Local Blue Plan may require additional criteria for facilities located in its own service area. For details on Local Blue Plan Criteria, a provider’s in-network status, or your own policy’s coverage, contact your Local Blue Plan. Each hospital’s Cost Index is calculated with data from its Local Blue Plan. Hospitals in CA, ID, NY, PA, and WA may lie in two Local Blue Plans’ areas, resulting in two Cost Index figures; and their own Local Blue Plans decide whether one or both Cost Index figures must meet BDC+ national criteria. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for damages or non-covered charges resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

myBlue Care and AffordaBlue are offered through First Priority Life Insurance Company®, a licensed affiliate of Blue Cross of Northeastern Pennsylvania.

First Priority Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.

Self-funded group benefits may differ from the benefits and services described here. See your Summary Plan Description for complete details of your coverage.

Blue Cross of Northeastern Pennsylvania is a Qualified Health Plan issuer in the Federally Facilitated Marketplace.

Blue Cross of Northeastern Pennsylvania administers health insurance plans for Blue Cross of Northeastern Pennsylvania, Highmark Blue Shield, First Priority Health® and First Priority Life Insurance Company®.