INSURED AMERICAN of FAMILY

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In-Network vs Out-of-Network

What happens when you leave the network, and the protections you have

In-network is where insurance does its best work. Out-of-network is where bills get scary.

WHAT IT IS

Your insurance has contracts with specific providers (**in-network**) who agree to specific prices. Providers **without** a contract are out-of-network, and they can charge whatever they want. Going out of network usually costs you more. Sometimes it happens accidentally, that's where the federal **No Surprises Act** (effective January 1, 2022) comes in.

IN-NETWORK

- Insurance has a **contracted rate** with the provider.
- You pay your normal deductible, copay, or coinsurance.
- The provider **cannot balance bill** you for amounts above the negotiated rate.
- Your in-network **OOP maximum** protects you from runaway costs.

OUT-OF-NETWORK

- Provider can **charge whatever they want**.
- Insurance may pay less, deny entirely, or apply a separate higher deductible.
- Provider can **balance bill** you for the difference (in most cases).
- Out-of-network OOP max is usually **much higher** than in-network, sometimes unlimited.

THE 3 THINGS PEOPLE GET WRONG

1. **"Emergency rooms are always in-network."**
   Not always. The hospital might be in-network, but individual doctors (ER physicians, radiologists, anesthesiologists) often aren't. The **No Surprises Act** now protects you in many of these situations.

2. **"If I accidentally go out of network, I'm stuck."**
   Often NO. Under the **No Surprises Act**, emergency services and most out-of-network care delivered at in-network facilities are protected from surprise billing.

3. **"Out-of-network and out-of-pocket are the same thing."**
   They're not. Out-of-network = provider isn't contracted with your plan. Out-of-pocket = what you pay regardless of provider.

WHAT THE NO SURPRISES ACT DOES (effective Jan 2022):

Bans surprise balance-billing for **emergency services**, no matter where you go for care.

Bans balance-billing for **out-of-network providers at in-network facilities** (the ER doctor, anesthesiologist, radiologist situation).

Bans balance-billing for **air ambulance services**.

Requires **good-faith cost estimates** for uninsured and self-pay patients before non-emergency care.

Bottom line: most accidental out-of-network bills from emergencies or in-network facilities are now protected. You still want to verify network BEFORE planned care, but the safety net is much stronger.

Got a surprise out-of-network bill?

Call or text Craig, I'll help find the best plan that fits your medical and financial needs.

Don't go underinsured when you can be Insured AF.

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