

Out-of-Network Costs for Members in Connecticut Insurance Plans

What is an out-of-network provider?

An out-of-network provider is a doctor, health care professional, or facility (like a hospital or ambulatory surgery center) who isn't part of your network. You may pay more for services you get from out-of-network providers.

What happens when I use an out-of-network provider?

Your costs may be higher.

How can I get information on out-of-network costs?

Your plan reimburses health care providers for covered services at varying rates dependent on a number of factors, such as: health plan benefits, services received, billed amounts from provider, our reimbursement policies, etc. There may be differences in reimbursement amounts between emergency care and release, emergency care with in-patient admission, and non-life threatening urgent care. For questions about potential out-of-network costs, please contact the provider for the amount they will bill you for their services before receiving treatment and your health plan using the contact information on the back of your membership card to determine your estimated responsible costs.

Information on out-of-network costs for other healthcare procedures and services can be found using FAIRHealth. Please see the information below on how to access FAIRHealth.


FAIRHealth

You can determine the anticipated charge for out-of-network services by contacting your provider for the amount that he/she will charge, or by using the link below to determine the usual and customary cost for these services in your geographic area or zip code.



[Click here](https://www.fairhealthconsumer.org) to estimate how much doctors and dentists in your area charge for services

www.fairhealthconsumer.org 

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