Choosing doctors, hospitals and other providers out of Humana’s network can cost you more money. Using providers in the Humana network whenever possible can help keep your healthcare costs lower. When you use an out-of-network provider, they may charge you more and they could bill you (where permitted) for the difference your Humana plan doesn’t cover. That’s called balance billing.

**What is an out-of-network provider?**
An out-of-network provider is a doctor, care professional (nurse practitioner, anesthesiologist, etc.) or facility (hospital, lab processing facility, ambulatory surgery center, etc.) that isn’t part of your health plan’s network.

Humana negotiates with healthcare providers and facilities to provide services at lower rates, and that’s how doctors and hospitals become part of the network. Out-of-network providers do not have contracts with Humana.

**What happens when I use an out-of-network hospital or provider?**
Your out-of-pocket costs (like copayments, coinsurance and deductibles) will be higher. That’s because you’re charged the full price for a service, and not the lower, negotiated rate you’d pay through the Humana network.

**I’ve gone to an in-network hospital. All of the providers there are in network, right?**
Not necessarily. For example, if you go to a network hospital to get an MRI, the doctor reading the MRI may not be in the network. That doctor may charge the full price for the service, not the lower negotiated rate allowed for a network provider.

**What if I have an emergency?**
In a true emergency, you should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, your costs may be more than they would be from a network provider. And, you may also be billed for the difference between what the provider charged and what your Humana plan allows.

**What is an allowable charge?**
An allowable charge (sometimes called the allowed amount) is the amount Humana allows for a covered healthcare service. The amount Humana allows an out-of-network provider to charge Humana for a covered service is called a maximum allowable fee (MAF).*

**What is balance billing?**
Balance billing is when an out-of-network provider bills you for the difference between their charge and what your Humana health plan will allow. For example, let’s say an out-of-network doctor charges $100 to review your MRI, but your plan will only allow for $70. The doctor may bill you for the remaining $30 in addition to what you may owe for your deductible or coinsurance.

**Note:** Any balance bill you may pay will not apply to your deductible or maximum out-of-pocket limit for the plan year.

*Referred to as “usual and customary” amount in some products.
How can I avoid extra costs?

Talk to your doctor
Before you have a healthcare screening or procedure, be sure to talk to your doctor. Ask him or her about the facility and any other specialists who may be involved so that you can make sure they participate in the network before you receive care.

What if I receive a balance bill from an out-of-network doctor or facility?
You can contact that doctor or facility directly to ask if they will lower the charges or if you can set up a payment plan.

Understand your benefits
You should review your Summary Plan Description to make sure you fully understand your health plan benefits. You can access it by:

1. Sign in – MyHumana at Humana.com
2. Click – “Coverage, Claims & Spending”
4. Scroll down – click “Coverage Details”
5. Download – your Summary Plan Description

Use network doctors and facilities
You can use Find a doctor or pharmacy at Humana.com to find in-network:
• Doctors
• Pharmacies
• Hospitals or facilities
• Urgent care centers

You can access Find a doctor or pharmacy by signing in to MyHumana, your secure online account at Humana.com. You can also call the number on the back of your Humana member ID card to check if a provider is in network.
### Elizabeth has an emergency

Elizabeth was in a car accident and had to be taken to an emergency room (ER). The ER and the doctor are out of network.

<table>
<thead>
<tr>
<th></th>
<th>Network doctor</th>
<th>Out-of-network doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Billed charge amount</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>B. Allowable charge</td>
<td>$600*</td>
<td>$600</td>
</tr>
<tr>
<td>C. Elizabeth’s cost** (network coinsurance is 20% of row B)</td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td>D. Amount paid by Humana</td>
<td>$480</td>
<td>$480</td>
</tr>
<tr>
<td>E. Potential balance bill from the provider to Elizabeth (difference between rows A and B for out of network)</td>
<td>N/A</td>
<td>$1,400</td>
</tr>
<tr>
<td>Elizabeth’s total potential cost (rows C + E)</td>
<td>$120</td>
<td>$1,520</td>
</tr>
</tbody>
</table>

In this situation, Elizabeth would owe $1,400 more*** for the service provided by the out-of-network doctor AND she could also be billed by the out-of-network emergency room.

*The amount negotiated between network providers and Humana for this service.
**This example assumes that the deductible has been met.
***Your potential member cost will vary based on the provider type, services received and where services are provided.

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### Juan has a non-emergency surgery

He chose a network hospital, a network surgeon, but his radiologist was out of network.

<table>
<thead>
<tr>
<th></th>
<th>Network doctor</th>
<th>Out-of-network doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Billed charge amount</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>B. Allowable charge</td>
<td>$300*</td>
<td>$300</td>
</tr>
<tr>
<td>C. Juan’s cost** (network coinsurance is 20% of row B)</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>D. Amount paid by Humana</td>
<td>$240</td>
<td>$240</td>
</tr>
<tr>
<td>E. Potential balance bill from the provider to Juan (difference between rows A and B for out of network)</td>
<td>N/A</td>
<td>$700</td>
</tr>
<tr>
<td>Juan’s total potential cost (rows C + E)</td>
<td>$60</td>
<td>$760</td>
</tr>
</tbody>
</table>

Juan would owe $700 more*** for the services provided by an out-of-network radiologist in this example.

*The amount negotiated between network providers and Humana for this service.
**This example assumes that the deductible has been met.
***Your potential member cost will vary based on the provider type, services received and where services are provided.

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This is an example only. Be sure to check your health plan documents for your benefits and levels of coverage.
Discrimination is against the law

Partners in Primary Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Partners in Primary Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Partners in Primary Care provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate, in addition to free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-2188 or if you use a TTY, call 711.

If you believe that Partners in Primary Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Civil Rights/LEP/ADA/Section 1557 Compliance Officer, 500 W. Main Street -10th floor, Louisville, Kentucky 40202

If you need help filing a grievance, call 1-877-320-2188 or if you use a TTY, call 711.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services


## Partners in Primary Care


ملحوظة: إذا ك تتحدث اذكر اللغة، فإننا نقدم خدمات اللغة المجانية، كالمباين. انصف لرقم 1-877-320-2188.


**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-2188 (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-2188 (ATS : 711).


**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-2188 (TTY: 711).