

KEEPING COSTS DOWN: CHOOSE AN IN-NETWORK PHYSICIAN OR HOSPITAL

WANT TO MAKE SURE YOU'RE GETTING THE MOST OUT OF YOUR HEALTH PLAN WHILE SAVING MONEY?

Choosing a physician or facility that is in your health plan network is the simplest way to do it.

THINGS TO CONSIDER BEFORE SCHEDULING YOUR NEXT DOCTOR VISIT:



Use the Find a Doctor or Hospital tool on Wellmark.com to make sure your provider is in your Wellmark health plan network.

IF YOU WOULD RATHER CALL US, use the Wellmark customer service number on your ID card.



2 Check to see if the hospital, surgery center or medical facility where you're planning a procedure is in-network or out-of-network.

IF THE FACILITY IS OUT-OF-NETWORK, consider asking your physician to refer you to one that's in-network to avoid extra costs.



3 If the doctor or facility is out-of-network, ask if you will be billed for the difference between what Wellmark allows and your full charge for the service.

IF THE PROVIDER SAYS NO, make sure to get it in writing. If yes, you may want to consider finding a provider that's in-network. Just visit Wellmark.com.

DID YOU KNOW? If you see an in-network provider, you won't ever have to pay the difference between what Wellmark allows for covered services and what the provider charges. Wellmark works with providers to get discounts on charges and make sure our payment is accepted in full (except your deductible and coinsurance or copay) for services. Amounts you have to pay out-of-network providers above what Wellmark allows don't go toward your out-of-pocket maximum.



Understanding the out-of-network claim process

When you must see an out-of-network provider:



Ask your provider to submit the claim to Wellmark or a local Blue Cross and Blue Shield plan if you're outside lowa and South Dakota.



IF YOU HAVE TO SUBMIT THE CLAIM YOURSELF, go to Wellmark.com and select "Forms."



You may have to pay the full charge upfront.



Once the claim is submitted and processed, you will get one or more of the following:



EXPLANATION OF BENEFITS (EOB) from
Wellmark. An EOB is
a recap of what your
insurance has paid for.



CHECK(S) FROM WELLMARK for the services that may have been covered. You may get multiple checks for multiple services. Use these checks to pay for a portion of what you owe your provider.



BILL FROM YOUR PROVIDER. You must pay the full amount, unless you have negotiated other terms with the provider.









Review your **EOB(S)**, compare them with the **CHECK(S)** you may have received from Wellmark and **PAY THE PROVIDER** the negotiated amount.

Negotiate with out-of-network providers

Wellmark can't negotiate with out-of-network providers on your behalf, but you may be able to negotiate directly before you see the doctor or get the service. Two helpful hints:

- > IF YOU GET A CHECK FROM WELLMARK FOR THE SERVICES THAT MAY HAVE BEEN COVERED, offer to sign it over to the provider. Ask if the provider will accept the check as payment in full, or discount the amount that wasn't paid by Wellmark.
- IF THE PROVIDER ACCEPTS THE CHECK AND DISCOUNTS THE AMOUNT YOU OWE, don't sign over the check until the provider agrees to monthly payments for the amount that is left for you to pay, if needed.

Still have questions?

We want to help! Call Wellmark Customer Service at the phone number on your ID card.



myWellmark — your source for in-network providers, plus much more

Wellmark has tools and resources to help you navigate the health care system, and get the most from your benefits.

Go online to myWellmark at Wellmark.com and choose:



Find a Doctor or Hospital to find an in-network provider near you



Patient Review of Providers to share your experience with your provider, and review feedback from other patients



Health Care Cost Estimator to see how much it will cost you for a particular procedure or service



My Benefits to understand which services are covered under your plan



Wellmark Drug List (Price & Save Tool) to get the most out of your prescription drug spending.

