
Policy: Out-of-Network Liability and Balance Billing- Individual Product

Principles:

Health Plans - Individual Product

Purpose:

It is the policy of University of Utah Health Plans to provide enrollees with information related to out-of-network liability and balance billing.

Scope:

University of Utah Health Insurance Plans

A. Commercial

Description:

Out-of-network services are from doctors, hospitals, and other health care professionals that have not contracted with the plan. A health care professional who is out of the health plan network can set a higher cost for a service than professionals who are in the health plan network. Depending on the health care professional, the service could cost more or not be paid for at all by the plan.

Balance billing occurs when a member receives services from an out-of-network provider and are billed for the outstanding charges. It is important to review the Summary of Benefits and Coverage or Outline of Coverage as well as our Provider Directory so that members fully understand what services are covered as part of the plan as well as what providers are participating in our network. Depending on the plan, the member may or may not have out of network benefits.

If a member receives services from any out-of-network providers, they could be balance billed. Depending on the plan, there may be exceptions including ground and air ambulance, Urgent Care, Emergency Room hospital services, and non-emergency services from an out-of-network provider at an in-network facility. We, as the issuer, do not include specific dollar amounts for out-of-network liability or balance billing. We encourage members to call the provider office if they receive a bill and have questions.

Current Approval Date:

6 May 2021