


IN-NETWORK vs OUT-OF-NETWORK vs NON-PARTICIPATING

It's important to know which questions to ask when selecting a health care provider. For example, some medical providers may accept your insurance, but they aren't in-network, resulting in a steeper prices and surprise bills in the mail. Let's look at these three terms that are used every day, but not always understood.

IN-NETWORK



In-network refers to health care providers who are contracted with your insurance carrier.

These providers have generally agreed to accept the discounted amount as negotiated by your insurance carrier.

You end up paying less money out of your pocket when you receive medical services or supplies from an in-network provider.

OUT-OF-NETWORK



Out-of-network refers to health care providers who are not under contract with your insurance provider to offer health care at negotiated prices.

These providers will still accept your insurance, but the level of coverage for services is usually lower than services rendered in-network.

When you receive medical services or supplies from an out-of-network provider, you may be billed a non-discounted amount for any amount your insurance plan does not cover.

NON-PARTICIPATING



Non-participating refers to providers who have declined entering into a contract with your insurance carrier, usually because the fee offered by your carrier is less than what they are willing or able to accept.

Because non-participating physicians don't have an agreement with your insurance provider, they may no longer accept any insurance or even Medicare. Therefore, you could pay all costs or services out of your own pocket.

TIP

Avoid asking providers if they take your insurance. Instead, ask specifically if they are contracted as a participating provider with your insurance carrier. The best way to check is to call the customer service telephone number on the back of your insurance card to verify a provider's network status.