

What You Need to Know about Balance Billing



Network providers agree to accept the State Health Plan’s negotiated rate, or allowed amount, as their total fee. It is better to stay in network if possible. An out-of-network provider may bill you the difference in its cost and the allowed amount.¹ This is known as a balance bill. A balance bill does not count toward your annual deductible or coinsurance maximum, and will increase your out-of-pocket expenses. Out-of-network payments go directly to the participant and not the provider. Learn more about balance billing in the [Insurance Benefits Guide](#).

Find a network provider online at statesc.southcarolinablues.com or via the My Health Toolkit mobile app. The following examples assume the member has not yet met his deductible.

Standard Plan

In-network provider	
Billed charge	\$4,000
Allowed amount	\$1,800
Office visit copayment	- \$14
Allowed amount after copayment	\$1,786
Annual deductible	- \$490
	\$1,296
	× 20%
Coinsurance (applies to in-network maximum) ²	\$259.20
Office visit copayment	\$14
Annual deductible	+ \$490
Coinsurance	+ \$259.20
Your total payment	\$763.20

Out-of-network provider	
Billed charge	\$4,000
Allowed amount	- \$1,800
Balance bill	\$2,200
Allowed amount	\$1,800
Office visit copayment	- \$14
Allowed amount after copayment	\$1,786
Annual deductible	- \$490
	\$1,296
	× 40%
Coinsurance (applies to out-of-network maximum) ²	\$518.40
Office visit copayment	\$14
Annual deductible	+ \$490
Coinsurance	+ \$518.40
Balance bill	+ \$2,200
Your total payment	\$3,222.40



Savings Plan

In-network provider	
Billed charge	\$5,000
Allowed amount	\$4,000
Annual deductible	<u>- \$3,600</u>
	\$400
	<u>× 20%</u>
Coinsurance (applies to in-network maximum) ²	\$80
Annual deductible	\$3,600
Coinsurance	<u>+ \$80</u>
Your total payment	\$3,680

Out-of-network provider	
Billed charge	\$5,000
Allowed amount	<u>- \$4,000</u>
Balance bill	\$1,000
Allowed amount	\$4,000
Annual deductible	<u>- \$3,600</u>
	\$400
	<u>× 40%</u>
Coinsurance (applies to out-of-network maximum) ²	\$160
Annual deductible	\$3,600
Coinsurance	+ \$160
Balance bill	<u>+ \$1,000</u>
Your total payment	\$4,760

¹Out of network, you will pay 40 percent coinsurance, and your coinsurance maximum is different.

²There is an in-network coinsurance maximum of \$2,800 for individuals and \$5,600 for families with the Standard Plan. There is an out-of-network coinsurance maximum of \$5,600 for individuals and \$11,200 for families with the Standard Plan. There is an in-network coinsurance maximum of \$2,400 for individuals and \$4,800 for families with the Savings Plan. There is an out-of-network coinsurance maximum of \$4,800 for individuals and \$9,600 for families with the Savings Plan.