

Out-of-Network Providers and Balance Billing

Definition:

Out-of-Network Provider: A healthcare provider or facility that does not participate in Alliant's network. Alliant pays out-of-network providers at Maximum Allowable Cost (MAC).

Balance billing: When an out-of-network provider bills a member for charges not covered by the plan. This is an amount that does not include the member's co-payment, co-insurance and/or deductible.

For Example:

For the purposes of explaining the basics of this concept, here's a simple illustration of balance billing, which does not take into account the member's cost share (co-payment, co-insurance and/or deductible).

Jane chooses to see Dr. X who is out of network. Alliant pays its portion of Dr. X's bill at the MAC and then sends Jane an Explanation of Benefits (EOB) showing her how much it paid to Dr. X. Dr. X sends Jane a bill for the balance amount of the visit that Alliant did not pay.

Dr. X's out-of-network charge: \$100.00

Alliant's MAC payment : \$ 40.00

Dr. X **balance bills** Jane \$ 60.00

Member Responsibility:

Q: What happens if I use an out-of-network provider?

A: If you choose to see an out-of-network provider, you will usually have a greater financial responsibility for that visit. An out-of-network provider is not a part of Alliant's network and, therefore, is paid at Alliant's MAC.

Q: What is my financial responsibility as a member if I choose to use an out-of-network provider?

A: If you choose to see an out-of-network medical provider, your financial responsibility is determined by the specifics of your plan design.

In general, your financial responsibility may include any of the following for a covered medical benefit provided by an out-of-network provider:

- an amount towards your out-of-network deductible;
- co-insurance after your deductible limit has been met;
- the balance amount billed by the provider that is not covered by the MAC.

Q: Are there any exceptions when I will NOT have additional financial liability for using an out-of-network provider?

A: If you have a medical emergency, you will pay the same co-pay amount as if you had seen an in-network provider.

Q: Am I responsible for the balance billed amount from a provider?

A: In-network provider - You are not responsible for the balance billed amount from an in-network provider. If an in-network provider sends you an invoice for a balance-billed amount (other than member cost share amount), please call customer service at 1-800-811-4793 or email at customerservice@alliantplans.com

Out-of-Network provider – If you receive an invoice for a balance-billed amount from an out-of-network provider, you may be responsible for this amount. Please call customer service at 1-800-811-4793 or email at customerservice@alliantplans.com to assist you with questions specific to your situation.

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

እርስዎ፣ ወይም እርስዎ የሚረዳዎት ሰጠ Alliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በድንቁቅ እርዳታና ማረጋገጫ ማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي انودن م لكفغلب هيروضلا ات امولع مل او ءدع بل مل املع لولحل ايف قحل الفيل دلف ، Alliant Health Plans مرونجب قلعنن ا ءدع بل مل مصلن شى دل و ائفي دل ن كن ا هيرت امجرت م عمث دحلل . قلكف (800) 811-4793 ب لرت ا

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخن لبز هبت اع الطاع وكك هك هير اد ار ني اقح تيش لب نقش اد ، Alliant Health Plans دروم ردل اوس ، نيركي كك و اب اش هكويرك لي ، اش رگا هيرت امجرت م عمث دحلل . قلكف (800) 811-4793 هيرت امجرت م عمث دحلل . قلكف

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。