

BENNINGTON COLLEGE

UNDERSTANDING THE DISTINCTION BETWEEN IN-NETWORK AND OUT-OF-NETWORK PROVIDERS/FACILITIES

This notice is being provided to assist employees participating in the College’s medical plans, offered through Blue Cross and Blue Shield of Vermont, to:

- a) help you understand the distinction between in- and out-of-network providers and facilities;
- b) highlight the benefit of utilizing in-network providers to ensure the richest benefit level and,
- c) clarify that the process of determining if a facility or provider is considered in-network. *In the State of Vermont, this process is different from other states.*

Blue Card Program

All Bennington College medical plan participants (enrolled under the PPO 1000 Plan or the Comprehensive Consumer-Directed Health Plan - paired with an HSA) have access to the BCBS National [BlueCard® Program](#).

- [BlueCard® Program](#) enables members of one Blue Plan to obtain health service benefits while traveling or living in another Blue Plan’s service area. The Blue Card Program links participating health care providers with the various Blue Cross and Blue Shield plans across the U.S. and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement.
- Care delivered by participating [BlueCard® Program](#) health care providers and facilities is covered at your plan’s “**In-Network**” level of benefits. Please refer to page 3 for a high level comparison of In-Network and Out-of-Network benefit levels.

Determining In-Network Providers

The process of determining if a facility or provider is ‘in-network’ in the State of Vermont is different from other states.

Vermont	All “ <u>In-Network</u> ” facilities and providers in Vermont are considered “ <u>In-Network</u> ” for all plan options (i.e., PPO and CDHP plans).
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New York and other States	Facilities and providers can be “ <u>In-Network</u> ” for some plans (such as PPO), and “ <u>Out-of-Network</u> ” for other plans (such as Consumer Directed Health Plan).
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IMPORTANT NOTE: In order to ensure the highest level of coverage, a member should first confirm that a provider is considered ‘in network’ under his/her medical plan. Each time a participant seeks medical services from a provider, it is recommended that the member confirm benefits through both the provider and Blue Cross. Please note, if member sees an “out-of-network” provider they may be balance billed for charges above the allowed amount.

Finding Providers

Bennington employees enrolled in a BCBS medical plan can search for “**In-Network**” facilities & providers in three ways:

1. **Online** through the Member Resource Center site (where you register and set up a user name and password)
2. **Online** by going to www.bcbsvt.com and accessing the Find a Doctor tool (please see instructions below).
3. **By calling the 800#** on the back of your ID card and talking to a Customer Service Representative at BCBSVT.

Online Instructions

Visit www.bcbsvt.com. From the Home page, select “Find a Doctor”

- For a Vermont provider or hospital, click on [Providers and Hospitals in the Vermont Service Area](#).
- For states other than Vermont, click on [National and International Providers and Hospitals](#) link. This will bring you to the Blue Cross Association’s [National Doctor and Hospital Finder](#) tool, click on [National Doctor and Hospital Finder](#).

- Enter the member ID number prefix (this is the 3-digit code preceding your member ID number – see designation below to determine if it matches your ID card) into the designated field of the National Doctor and Hospital Finder to obtain valid/accurate information on an individual provider.

ZID for the PPO (PPO/EPO)

ZIA for the CDHP (BlueCard Traditional)

- Enter the name or specialty of the provider or type of procedure you are looking for OR
- By location within a certain number of miles
- There are also other search filters you can choose
- If the provider is not in the member's network, no result will be returned. You will receive the message "No results found."
- If the provider is in the member's network, a result will be returned and you will receive a list of provider names. When the results appear you can select "Create a Directory" and either print the results or save them to your computer

Partial List of In-Network and Out-of-Network benefit levels.

Please click on the plan type to view the Summary of Benefits and Coverage. In the event of any discrepancy, Your Contract materials - the SBC, Outline of Coverage and Certificate govern your benefits. Please refer to your Contract materials for full details.

Plan Type	Union Plan Consumer-Directed Health Plan (CDHP)	Non-Union Plan PPO Freedom 1000 Plan	Non-Union Plan Consumer-Directed Health Plan (CDHP)
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Plan Coinsurance	100%	80%	90%
Deductible	\$2,500 Individual / \$5,000 Family	\$1,000 Individual / \$2,000 Family	\$2,500 Individual/ \$5,000 Family
Coinsurance Limit/Out of Pocket Maximum (OOPM)	\$2,500 Individual / \$5,000 Family	\$3,500 Individual / \$7,000 Family	\$3,500 Individual/ \$7,000 Family
Retail Pharmacy	100%; after deductible OOPM for drugs are limited to \$1,350 individual /\$2,700 family	After \$100 deductible: \$15/\$30/\$30 Generic \$30/\$60/\$60 Preferred \$45/\$90/\$90 Non-Preferred	90%; after deductible OOPM for drugs are limited to \$1,350 individual /\$2,700 family
Routine Well Visits, including Women's Health	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit	100%; after deductible	\$25 copay	90%; after deductible
Specialist Office Visit & ER Physicians	100%; after deductible	\$40 copay	90%; after deductible
Diagnostic Labs, Exams	100%; after deductible	80%; after deductible	90%; after deductible
Inpatient Hospital	100%; after deductible	80%; after deductible	90%; after deductible
Outpatient Hospital Expenses	100%; after deductible	80%; after deductible	90%; after deductible
Emergency Room	100%; after deductible	80%; after deductible	90%; after deductible

	OUT-OF-NETWORK	OUT-OF-NETWORK	OUT-OF-NETWORK
Plan Coinsurance	100%	70%	90%
Deductible	\$2,500 Individual / \$5,000 Family	\$2,000 Individual / \$4,000 Family	\$2,500 Individual / \$5,000 Family
Coinsurance Limit	\$2,500 Individual / \$5,000 Family	\$4,500 Individual / \$9,000 Family	\$3,500 Individual/ \$7,000 Family
Retail Pharmacy	Not Covered	Not Covered	Not Covered
PCP & Spec. Office Visit	100%; after deductible	70%; after deductible	90%; after deductible
Inpatient & Outpatient Hospital	100%; after deductible	70%; after deductible	90%; after deductible
Emergency Room	100%; after deductible	80%; after deductible	90%; after deductible