



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 see a network provider if possible. If you choose to use an out-of-network provider, they may bill you the difference in their 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 it 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 at statesc.southcarolinablues.com or via the My Health Toolkit mobile app. The following examples assume the member has not yet met their deductible.

Standard Plan

In-network provider	
Billed charge	\$4,000.00
Allowed amount	\$1,800.00
Office visit copayment	- \$15.00
Allowed amount after copayment	\$1,785.00
Annual deductible	- \$515.00
Remaining allowed amount	\$1,270.00
	× 20%
Coinsurance²	\$254.00
Applies to coinsurance maximum	
Copayment	\$15.00
Annual deductible	+ \$515.00
Coinsurance	+ \$254.00
Your total payment	\$784.00

Out-of-network provider	
Billed charge	\$4,000.00
Allowed amount	- \$1,800.00
Balance bill	\$2,200.00
Allowed amount	\$1,800.00
Office visit copayment	- \$15.00
Allowed amount after copayment	\$1,785.00
Annual deductible	- \$515.00
Remaining allowed amount	\$1,270.00
	× 40%
Coinsurance²	\$508.00
Applies to coinsurance maximum	
Copayment	\$15.00
Annual deductible	+ \$515.00
Coinsurance	+ \$508.00
Balance bill	+ \$2,200.00
Your total payment	\$3,238.00

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

2 There is a network coinsurance maximum of \$3,000 for individuals and \$6,000 for families with the Standard Plan. There is an out-of-network coinsurance maximum of \$6,000 for individuals and \$12,000 for families with the Standard Plan.

Savings Plan

In-network provider	
Billed charge	\$6,000.00
Allowed amount	\$5,000.00
Annual deductible	<u>- \$4,000.00</u>
Remaining allowed amount	\$1,000.00
	<u>× 20%</u>
Coinsurance¹	\$200.00
Applies to coinsurance maximum	
Annual deductible	\$4,000.00
Coinsurance	<u>+ \$200.00</u>
Your total payment	\$4,200.00

¹ There is a network coinsurance maximum of \$3,000 for individuals and \$6,000 for families with the Savings Plan. There is an out-of-network coinsurance maximum of \$6,000 for individuals and \$12,000 for families with the Savings Plan.

Out-of-network provider	
Billed charge	\$6,000.00
Allowed amount	<u>- \$5,000.00</u>
Balance bill	\$1,000.00
Allowed amount	\$5,000.00
Annual deductible	<u>- \$4,000.00</u>
Remaining allowed amount	\$1,000.00
	<u>× 40%</u>
Coinsurance³	\$400.00
Applies to coinsurance maximum	
Annual deductible	\$4,000.00
Coinsurance	+ \$400.00
Balance bill	<u>+ \$1,000.00</u>
Your total payment	\$5,400.00