BlueCross BlueShield of Texas

UT CONNECT
Extraordinary Service for Your Health Care Needs

Know Your Network

for Behavioral Health Services

Knowing how your health plan works can help you save money and get appropriate care.

You have a choice of where to go for behavioral health care. Choosing a provider in your plan's network can help you take advantage of the cost savings that come with your plan.

In-Network or Out-of-Network: What's the Difference?

Network Providers	Out-of-Network Providers
Meet Blue Cross and Blue Shield of Texas (BCBSTX) standards for quality. We check education, training, licenses and/or quality of care.	Are not checked to meet BCBSTX standards for quality, education, training or licenses.
Accept an agreed-upon, discounted rate for BCBSTX members.	Set their own prices, which may be higher than network provider costs. Charges above the network rate may not apply to your deductible. This can also make the total cost to you higher.
May not bill you for more than your share of the agreed-upon rate.	May bill you for any costs over what your plan allows.
Have agreed to file claims so you don't have to. Generally preauthorize necessary services.	Might require you to pay the full cost before you get service and file your own claims.

Tips to Remember

Knowing how your plan works can help you avoid surprise charges.

- **Preauthorization from BCBSTX may be required** before getting certain tests or services. Your provider may call the number on the back of your member ID card to request preauthorization for you.
- **You may be responsible** for the cost of any services that were not approved.
- **If you get care from an out-of-network provider**, it is important to call BCBSTX before your service to make sure it has been preauthorized.
- **Services may be approved for a set number of visits**. If your provider decides you need care beyond that, another approval will be needed.

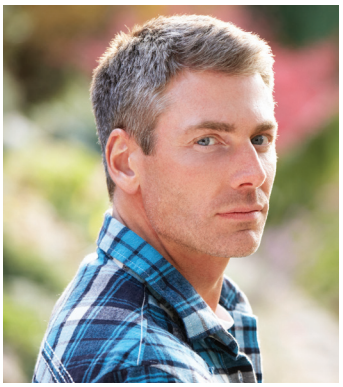
We're Here to Help!

Log in to Blue Access for Members℠ at **bcbstx.com/utconnect**, click **Find Care** to access Provider Finder® and then **Find a Doctor or Hospital**. You may also call the UT CONNECT team at **888-399-8889**. if you need help to:

- **Understand** your behavioral health benefits
- **Find** a behavioral health professional in your network
- **Learn** if a service needs to be preauthorized

Examples

If you visit providers in your network, you usually pay less for care. Take a look at some examples.[1]



Robert has been feeling stressed and sad since his divorce six months ago.

These feelings don't seem to be getting better, and he'd like to see a mental health professional. Robert is thinking of calling an out-of-network counselor that a friend suggested.

Robert's Plan Benefits

- In-network deductible: $250 per person
- In-network office visits: $35 copay
- Out-of-network deductible: not covered

Robert will pay more for the same service if he goes out-of-network.

Mary's 17-year-old son, Daniel, is struggling with a substance use disorder.

Daniel is covered under Mary's health plan. Daniel's doctor suggests a 28-day residential treatment program.[2] He recommends a nearby center with a good reputation that's in the plan's network. But Mary has found an out-of-state facility online. This facility's ad promises free airfare to the site and luxury features. She's not sure which treatment center she should choose.

Mary's Plan Benefits

- In-network deductible: $750 per family
- In-network treatment: $0 copay, then 20% coinsurance
- Out-of-network: not covered

The plan does not include care received out of network, except for medical emergencies.

1. Examples are for illustration only. No real member or provider information has been used. Plan designs and costs will vary. Check your benefits information for details about your specific plan benefits.
2. Residential treatment services must be medically necessary to be covered.