

For Immediate Release
February 20, 2014

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A CLOSER LOOK AT HEALTH PLAN PROVIDER NETWORKS

The New York State Conference of Blue Cross and Blue Shield Plans (NYSCOP) today released an infographic titled, "[A Closer Look at Health Plan Provider Networks](#)," which details the benefits and disadvantages of in-network and out-of-network health insurance coverage.

"Concerns related to affordable health care are being discussed by many families and small business owners across New York," said Deborah Fasser, spokeswoman for NYSCOP. "One topic of particular concern is understanding your health plan's doctor and hospital network."

According to the NYSCOP analysis, when a provider is "in network" they agree to receive "payment in full" from the health plan; when a provider is not in a plan's network, they are free to charge a consumer any amount they wish. This results in consumers paying more for coverage, and oftentimes not knowing the amount until care has already been provided.

Likewise, requiring plans to include an out-of-network benefit may not be in the best interest of the consumer as it will only increase costs.

"Required or "mandated" benefits always increase the cost of health insurance premiums," said Fasser. "This is especially the case with out-of-network coverage. Forcing health plans to offer out-of-network benefits will increase health insurance premiums for all consumers by an estimated 28 percent. This is something the public should be aware of."

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The New York State Conference of Blue Cross and Blue Shield Plans (NYSCOP) is a partnership of Rochester-based Excellus Blue Cross Blue Shield and New York City-based Empire Blue Cross Blue Shield. Together, the two health insurance plans provide comprehensive health coverage for an estimated seven million New Yorkers.

For more information, please visit NYSCOP at: www.nysblues.org.