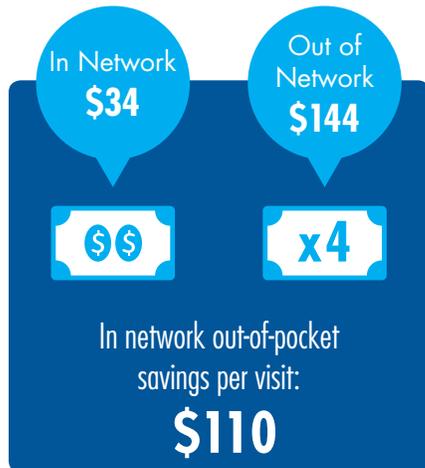


Big Cost Savings with In-Network vs. Out-of-Network Care

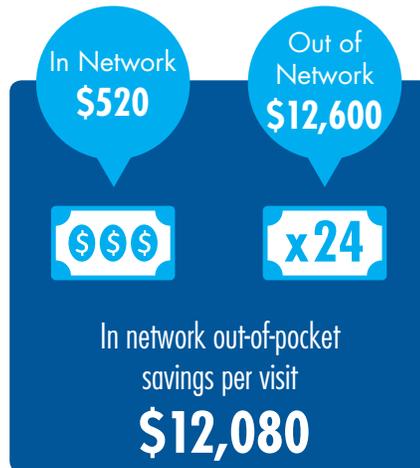


In-network (or PPO) physicians and hospitals are contracted to offer prices that are generally lower than non-network providers. In-network providers agree to accept the contracted rate or fee as payment in full. The cost difference with using out-of-network can be fairly substantial.

Example 1: Cost for Office Visit, Established Patient, High Severity



Example 2: Cost for Outpatient Surgery at an Ambulatory Surgery Center



The illustration is based on the Starmark average experience across all networks and self-funded groups administered by Starmark over the past 12 months from paid claims data as of 2015.

The best way to avoid unexpected costs is to:

- Know what your benefit plan pays for in-network and out-of-network care in advance of any care received
- Maximize use of in-network physicians and facilities by contacting the provider to verify if they are contracted and/or use the network's online directory via the Starmark website

Plan design availability and/or coverage may vary by state.

Self-funded plans are administered by Starmark, and stop-loss insurance coverage is provided by Trustmark Life Insurance Company.

How Out-of-Network Care Costs More

1 You do not get network discounts.

When there is no contracted rate with the provider, there is no control on the prices charged and it's likely the fees charged are much higher than the negotiated in-network rate.

2 You may be subject to "balance billing."

Out-of-network providers may charge more than what your health benefit plan will pay for a particular service and the responsibility falls to you as the patient to pay the difference (a practice known as "balance billing"). In contrast, in-network providers are contracted to accept the contracted rate and are prohibited from balance billing for services covered by the health benefit plan. Moreover, balance billed amounts are not covered by your plan or applied to your deductible or coinsurance.

3 Your cost share is higher.

Your cost share for out-of-network coverage under your health benefit plan is usually higher because you must satisfy a separate out-of-network deductible and coinsurance which do not apply to the in-network deductible and coinsurance maximum. In addition, in-network providers will accept copays.