

Community Health Choice Transparency in Coverage

3.1 (a) Out of Network liability and balance billing

Other than the exceptions noted below, services a Member receives from Non-Participating Physicians or Providers are Non-Covered Services. In general, Community does not issue claims payment for Non-Covered Services which may result in the Member being directly responsible for payment to the Non-Participating Physician or Provider.

However there are exceptions for which Community may approve the Member's receipt of Covered Services by a Non-Participating Physician or Provider, issue payment for the Covered Services, and thereby potentially eliminate any payment liability for the Member, other than out-of-pocket costs as may be defined in the Member's Benefit Plan. The exceptions are as follows: (1) Member is in active course of treatment upon enrollment, or (2) Member received Covered Services on an **Emergency basis**, or (3) Covered Services are not available within Community's Participating Physician and Provider network, or (4) the service is being provided at a Participating Hospital Provider by a Non-Participating Physician or Provider, e.g. Hospital-Based Physicians such as an Anesthesiologist, Radiologist, or Pathologist.

Excluding instances when Community negotiates a Single Case Agreement (SCA), if payment is less than the total billed charges associated with a claim, a Non-Participating Physician or Provider may elect to bill Member for any remaining balance up to Physician's or Provider's full billed charges (balance-billing).