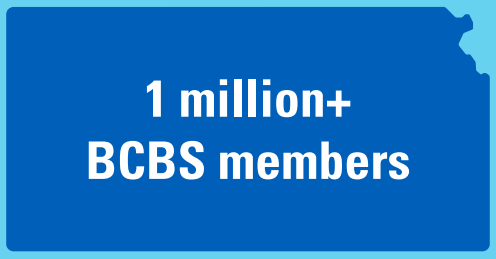
# FEP Members: What to do if your local hospital or provider leaves the Blue Cross and Blue Shield of Kansas network

If your hospital or provider decides to leave the Blue Cross and Blue Shield of Kansas (BCBSKS) network, you can still receive in-network care through the end of the calendar year. At the start of the next calendar year, your regular care and services will be considered out-of-network. The billing and payment process will be different and may cost more. NOTE: This does not apply to Medicare or any BCBSKS Medicare products, or any emergency services.

## Current Process Through **Dec. 31**

- Who?




### When you visit your local hospital or provider

- Pay member out-of-pocket.
- Provider/Hospital will submit insurance claim to BCBSKS for the service or care you receive.

## Process Beginning **Jan. 1**

- Who? BCBS members, excluding Medicare*

### When you visit your local hospital or provider

- Provider/Hospital will submit insurance claim to BCBSKS.
- BCBSKS will send a check for the allowed reimbursement, after benefits have been applied (deductibles/coinsurance), directly to the policy holder.
- You will send the reimbursement to the provider/hospital and pay any remaining balance.
- For members currently undergoing treatment for serious and complex conditions, BCBSKS will allow services to be covered as in-network for up to 90 days.**

**As part of the Consolidated Appropriations Act. Contact our customer service center to see if this applies to you.

Emergency care will always be covered by BCBSKS, with no out-of-pocket penalties. Unsure if you should visit the ER, urgent care or doctor's office?

Learn more about ER care:

## Any questions?

Call our award-winning BCBSKS Customer Service staff: **1-800-432-0379** (toll-free) or **785-291-4181** (in Topeka)
8 a.m. – 5 p.m., Mon. – Fri.

BlueCross BlueShield Kansas

1133 SW Topeka Blvd, Topeka, KS 66629

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An independent licensee of the Blue Cross Blue Shield Association.