

know. compare. choose.

Cost estimate FAQ

What are cost estimates?

Cost estimates can help you predict your out-of-pocket expenses. They reflect the discounted costs we pay providers like doctors, hospitals and specialists for our members' care.

When you compare cost estimates, you can choose doctors or locations that offer lower costs for the services you need, potentially saving you money.

What do cost estimates include?

Cost estimates include doctor costs, and in some cases, facility costs. For example, let's say you need an MRI on your knee. The estimate will include fees to both run and interpret the test.

If you find out that you need knee surgery, the estimate will include fees for the facility, the surgeon, the anesthesiologist and others caring for you from check in to check out.

Keep in mind, cost estimates don't include any medications processed through your drug coverage.

What is a cost estimate range?

A cost estimate range shows you a scale – from low to high – of what different facilities in your area have charged for the procedure or service you're researching. The estimates are based on actual patient data and take into account the different approaches doctors have taken when providing those patients with care.

Are cost estimates 100% accurate?

No. They're simply estimates. While they're based on the costs we negotiate with each provider, your actual cost might differ.

Here are some reasons why your cost might differ from your estimate to your claim:

- The care you needed was more complex than what your doctor initially thought. Sometimes patients need additional care, like more procedures during surgeries. Using estimate ranges can take some of the guesswork out. They're based on past patient scenarios, which account for unplanned services and other variables, so you can stay prepared.
- The procedure you received was different from the one you looked up. Maybe you looked up an estimate for an MRI without contrast when what you really had was one with contrast. Talking with your doctor to know the exact service you'll need ahead of time will help your estimate be as accurate as possible.

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- The estimate you researched was for someone else on your plan. With many plans, the out-of-pocket cost can change based on which family member is receiving care. If you're not sure if this applies to you, log in to your Blue Cross account online or through the BCBSM mobile app to view your plan. You can also call the customer service number on the back of your Blue Cross ID card.
- You received additional services since you estimated your cost. The amount you owe is based on the claims we've processed during your plan year. You can see them by visiting the "Claims" section of your online member account.
- You have coverage from another insurance plan in addition to Blue Cross. Our cost estimates assume you only have coverage from us.
- The cost estimate changed prior to your care. We negotiate costs with providers. That means sometimes, those costs will change. When that happens, our cost estimates change too. For the most accurate estimates, we recommend checking close to when you'll be receiving care.

Why do cost estimates vary for different doctors or locations?

In many cases, we negotiate discounted costs with each provider, so the estimates you see can differ from one provider to the next.

Comparing estimates from different providers can help you see which ones will cost you less, so you can potentially save money. This might be a consideration when you decide where to get care.

A good rule of thumb, although not absolute, is that seeing a doctor in an office usually costs less than seeing one in a hospital. The same is true for certain tests. For example, having an MRI done at a freestanding center will typically cost less than in a hospital setting. Oftentimes, *where* you get care affects your cost more than which doctor you see.

Does a higher cost estimate mean a patient will receive better care?

No. Estimates don't reflect the quality of care you receive. They reflect the discounted costs we negotiate with providers, which vary.

Let's say you saw a higher cost estimate for a hospital than for an outpatient surgery center. That doesn't necessarily mean the hospital provides better quality. In fact, outpatient surgery centers must meet the same quality standards as a hospital to be one of our in-network providers.

If you're evaluating your care options, and aren't sure where to go, check with your primary care physician (PCP). They're a great resource for discussing your healthcare needs.

Do you have to go to a provider that your doctor recommends, or can you compare costs for other options?

Even if your primary care physician gives you a referral for a specific provider, you can still compare cost estimates for others. Your PCP may be able to refer you to a different provider that costs less – like a non-hospital setting if you need an MRI, for example.

In general, we always recommend talking your options through with your doctor. This is especially important if you have an HMO or another plan that requires you to get a referral for further care.

Are there cost estimates that take into account *all* the care a patient would need before, during and after surgery?

When it comes to complex procedures like surgeries, Blue Cross offers cost estimates for your entire journey of care.

For example, you might see estimates that include doctor visits before your scheduled surgery, any services for your hospital stay and treatments you might need afterwards, like physical therapy. We also offer timeframes for when you might need that care, so you can stay prepared.

Are there any other resources to help estimate costs?

Our customer service team is here to help. If you have any further questions about cost estimates, give us a call. The phone number is on the back of your Blue Cross ID card

