Your Rights and Protections Against Surprise Medical Bills

You are protected from surprise billing or balance billing when you get emergency care or get treated by an out-of-network provider at an in-network hospital, ambulatory surgical center, or an air ambulance provider.

What is "balance billing" (sometimes called "surprised billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

- "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be allowed to bill you for the difference between what your health plan agreed to pay, and the total amount charged for a service. This is called "**balance billing"**. This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

- 'Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care. Examples are when you have an emergency or schedule a visit with an in-network facility but are unexpectedly treated by an out-of-network provider.

When Balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost, such as the copayments, coinsurance, and deductibles, that you would pay if the provider or facility was in-network. Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
  - ✓ Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - ✓ Cover emergency services by out-of-network providers.
  - ✓ Based on what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanations of benefits (EOB).
  - ✓ Count any amount you pay for emergency or out-of-network services toward your deductible and out-of-pocket limit.

You are protected from balance billing for:

- **Emergency Services**

  If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost sharing amount. This includes copayments, deductibles, and coinsurance. You **can't** be balanced billed for these emergency services. This includes services you may get after you are in stable condition. The exception is if you give written consent and give up your protections not to be balanced bill for these post-stabilization services.

- **Certain services performed by an out-of-network provider at an in-network hospital or ambulatory surgical center.**

  When you get services from certain out-of-network providers at an in-network hospital or ambulatory surgical center, those out-of-network providers may not balance bill you or ask you to a sign a written notice and consent form that allows balance billing. You pay only your plan's in-network cost-sharing amount. This applies to anesthesia, assistant surgeon, emergency medicine, hospitalist, intensivist service, laboratory, neonatology, pathology, or radiology.

  If you get **other services from any other out-of-network providers** at an in-network hospital or ambulatory surgical center. These out-of-network providers **can't** balance bill you, unless you sign a written notice and consent form that allows balance billing and are provided with a good faith estimate of your costs from the hospital or ambulatory surgical center before services are given. If you sign the notice and consent form, you can be balance billed for out-of-network services. **You are not required to sign the notice and consent form. You may seek care from an available in-network provider.**

- **Air Ambulance**

  When you receive medically necessary air ambulance services from an out-of-network provider, your cost share will be the same amount that you pay if the service was provided by an in-network provider. Any coinsurance or deductible will be based on rates that would apply if the service were provided by an in-network provider.

If you believe you've been wrongly billed, please visit the Department of Health & Human Services No Surprises Act website by visiting www.cms.gov/nosurprises/consumers or call the Health & Human Services No Surprises Help Desk at 1-800-935-3059 for more information and for complaints.