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## Your Rights and Protections Against Surprise Medical Bills

When you get **emergency care** or are treated by an out-of-**network provider** at a **network hospital** or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise 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 have to pay the entire bill if you see a **provider** or visit a health care **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 permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than **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—like when you have an **emergency** or when you schedule a visit at a **network facility** but are unexpectedly treated by an out-of-**network provider**.

You are protected from balance billing for:

1. **Emergency Care:** 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 **network** cost-sharing amount (such as **copayments** and **coinsurance**). You can’t be balance billed for these **emergency** services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
2. **Certain services at a network hospital or ambulatory surgical center:** When you get services from a **network hospital** or ambulatory surgical center, certain **providers** there may be out-of-**network**. In these cases, the most those **providers** may bill you is your plan’s **network** cost-sharing amount. This applies to **emergency** medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These **providers** can’t balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these **network**

**facilities**, out-of-**network providers** can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-**network**. You can choose a **provider** or **facility** in the **network**.

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

- a) You are only responsible for paying your share of the cost (like the **copayments**, **coinsurance**, and **deductibles** that you would pay if the **provider** or **facility** was in-**network**). The **medical plan** will pay out-of-**network providers** and **facilities** directly.
- b) The **plan** generally must:
  - Cover **emergency** services without requiring you to get approval for services in advance (**prior authorization** or **precertification**).
  - Cover **emergency** services by out-of-**network providers**.
  - Base what you owe the **provider** or **facility** (cost-sharing) on what it would pay a **network provider** or **facility** and show that amount in your explanation of benefits.
  - Count any amount you pay for **emergency** services or out-of-**network** services toward your **deductible** and **out-of-pocket limit**.

If you believe you've been wrongly billed and would like to submit a complaint regarding potential violations of your balance billing protections, you may contact the federal Department of Health and Human Services:

- Phone number for information and complaints: 1-800-985-3059
- Website: <https://www.cms.gov/nosurprises/consumers>

*Note, consumer functionality for complaints inquiry will be operational January 2022.*