

Your Rights and Protections Against Surprise Medical Bills

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

What is balance billing (sometimes referred to as surprise billing)?

When you see a healthcare provider, you may owe certain out-of-pockets costs, such as a copayment and/or deductible. You may have other costs or the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. The difference between what your plan agreed to pay and the full amount charged for a service is called balance billing. Surprise billing is an unexpected balance bill.

Emergency services

You are protected from balance billing for emergency services from an out-of-network provider or facility. The most the provider/facility may bill you is your plan's in-network cost-sharing amount. In connection with emergency services, you can't be balance billed. This includes services you may get after you're in stable condition unless you give written consent and give your protections.

Certain services at in in-network hospital or ambulatory surgical center

When you get services from an in-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 in-network cost-sharing amount. These out-of-network providers can't balance bill you and may not ask you to give up your protections.

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

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

You are only responsible for paying your share of the cost that you would pay if the provider or facility was in-network.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance
- Cover emergency services by out-of-network providers
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provide or facility and who that amount in y our explanation of benefits
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit

If you think you've been wrongly billed, contact your provider. If unresolved, you may contact the US Department of health and Human Services (HSS) or your State Insurance Department.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.