



YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you receive 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. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")? When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a healthcare facility that is not in your health plan's network. "Out-of-network" describes providers and facilities that have not signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays, and the full 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 plan's deductible or annual out-of-pocket limit. "Surprise billing" is an unexpected balance bill. This can happen when you cannot control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

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 they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance and deductibles). You cannot 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 balance billed for these post-stabilization services.

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

When you receive 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 can bill you is your plan's in-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 receive other types of services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to receive 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 (like the copayments, coinsurance and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.



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- Generally, your health plan must:
 - » Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - » 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 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 think you have been wrongly billed, contact the Employee Benefits Security Administration at 1-866-444-3272 or visit their website (<https://www.dol.gov/agencies/ebsa>) for more information about your rights under federal law.

You may also contact the Department of Health and Human Services if you believe you have been inappropriately billed at 1-800-985-3059 or at <https://www.cms.gov/nosurprises>.

You may also contact the Ohio Department of Insurance if you feel you have been wrongly billed:

Ohio Department of Insurance ATTN: Consumer Affairs
50 West Town Street, Suite 300, Columbus, OH 43215
800-686-1526 / 614-644-2673
614-644-3744 (fax)
614-644-3745 (TDD)

Contact ODI Consumer Affairs:

<https://insurance.ohio.gov/about-us/divisions/consumer-services>

File a Consumer Complaint:

<https://insurance.ohio.gov/about-us/complaint-center/file-a-consumer-complaint>

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