# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-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 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—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.

## You're 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 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.

**Certain services at an 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 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 get other types of services at an in-network hospital or ambulatory surgical center, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

## Estimate of Charges:

You may ask for an estimate of the amount that you will be charged for a non-emergency medical service provided by a health care facility or practitioner. Indiana law requires that an estimate be provided within 5 business days of request for an estimate for a scheduled, ordered, or referred a non-emergency health care service. In addition, if you are uninsured or intending to pay for the service out-of-pocket, federal law requires that a provider or facility provide you with an estimate for all scheduled non-emergency health care services at least 1 business day before the services are to be performed.

***You're 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're 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 cost, to out-of-network providers and facilities directly.
- Generally, your health plan must:
    - o Cover emergency services without requiring you to get approval for services in advance also known as (prior authorization).
    - o Cover emergency services by out-of-network providers.
    - o 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.
    - o 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***, you may contact the Indiana Department of Insurance at **https://www.in.gov./idoi** or **1-317-232-8582**.

Visit **https://www.cms.gov/nosurprises/consumers** for more information about your rights under federal law or **1-800-985-3059**.

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