



## **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 should not be charged more than your plan's copayments, coinsurance and/or deductible.**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like 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 isn't in your health plan's network.

Out-of-network means that the providers and/or the facility has 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 "balanced 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. This may happen when you have an emergency or when you schedule a visit to an in-network facility but are unexpectedly treated by an out-of-network provider or vice-versa.

### **Your protected from balance billing for:**

1. 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 plans in-network costs sharing amount such as copayments, coinsurance, and deductibles. You cannot be balance billed for these emergency services. This includes services you may receive after you are in stable condition unless you give written consent and give up your protections to not be balanced billed. In addition to federal law, the state of Florida prohibits balance billing for emergency services for those individuals covered by PPO and HMO health plans licensed in the state of Florida. Insured persons in PPO or HMO health plans are not liable for out-of-network emergency services except for applicable copayments, coinsurance, and deductibles.
2. Certain services at an in-network hospital or ambulatory surgical center – When you receive services from an in-network hospital or ASC, certain providers may be out-of-network. In these cases, the most providers can bill you is your plans in-network cost sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, lab, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections to be balance billed. If you get other types of services at these in-network facilities, out-of-network providers cannot balance bill you unless you give written consent to give up your protections.
3. You are never required to give up your protection from balance billing. You also are not required to get out-of-network care. You can choose a provider or facility within your plan's network. The State of Florida also prohibits all balance billing of members covered by Florida-licensed HMOs including in non-emergency settings. Per Florida law, insured persons enrolled in a PPO may not be balance billed for nonemergency services if the insured person is at an in-network facility but does not have ability or opportunity choose a participating provider.

### **Your Protections**

You are only responsible for paying your share of the cost (like 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. Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as “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 and 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 in-network deductible and out of pocket limit.

If you think you have been wrongly billed, the federal contact number for information and complaints is 1-800-985-3059. The Florida State contact number is 1-877-693-5236. Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law. Visit [www.myfloridacfo.com/division/consumers/needour](http://www.myfloridacfo.com/division/consumers/needour) help for more information about your rights under Florida law.