

Your Rights and Protections Against Surprise Medical Bills

The No Surprises Act was passed to protect consumers from surprise medical bills. Starting January 1, 2022, when you receive emergency care or get treated by an out-of-network provider at an in-network facility, you are protected from surprise billing (also called balance billing).

What is “surprise billing”?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as copayments, coinsurances, and/or deductibles. You may have additional costs or be responsible for the entire bill if you see a provider or visit a health care facility that isn't participating with 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 bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**surprise billing.**”

Surprise billing may happen when you can't control who is involved in your care. For example, if you go to the emergency room or schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from surprise billing for:

Emergency services

If you go to the emergency room and receive services from an out-of-network provider, the most you may be billed is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You will not receive a surprise bill for these emergency services. This includes services you may need after you're in stable condition, unless you give written consent and give up your protections not to be surprise billed for these post-stabilization services.

Certain services at an in-network facility

When you get services at an in-network facility, certain providers 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** surprise bill you and may **not** ask you to give up your protections not to be surprise billed.

If you get other services at these in-network facilities, out-of-network providers **can't** surprise bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from surprise billing for services covered under the No Surprises Act. You also aren't required to get care

from an out-of-network provider. You can choose a provider in your plan's network.

If you believe you've been wrongly billed, you may contact the Centers for Medicare & Medicaid Services (CMS).

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.