

## Your rights and protections against surprise medical bills

When you get emergency care or are treated by an out-of-network provider at a network hospital or ambulatory surgical center, you are protected from surprise billing. In these cases, you shouldn't be charged more than the State Health Plan's [copayments](#), [deductible](#) and [coinsurance](#).

### What is surprise billing?

Surprise billing happens when you receive a bill for a service when you can't control who is involved in your care, like when you have an emergency or when you schedule a visit at a network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from surprise billing for the following services:

#### 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 the State Health Plan's network cost sharing amount, such as copayments, deductibles and coinsurance. You **can't** be charged more than the Plan's allowed amount 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 against being charged more than the Plan's allowed amount for these services.

#### Certain services at a network hospital or ambulatory surgical center

When you get services from a 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 the State Health Plan's network cost sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers **can't** charge you more than the Plan's allowed amount and may **not** ask you to give up your protections against surprise billing.

If you get other types of services at these network facilities, out-of-network providers **can't** charge you more than the Plan's allowed amount unless you give written consent and give up your protections.

**You are never required to give up your protections from surprise billing. You also are not required to get out-of-network care. You can choose a provider or facility in the State Health Plan's network.**

### When you are protected against surprise billing, you also have these protections:

- You're only responsible for paying your share of the cost. This cost includes the copayments, deductibles and coinsurance you would pay if the provider or facility was in network. The State Health Plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, the State 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 a network provider or facility and show that amount in your Explanation of Benefits.
  - Count any amount you pay for emergency or out-of-network services toward your in-network deductible and out-of-pocket coinsurance maximum.

**If you think you've been wrongly billed**, contact the United States Department of Health and Human Services at 888.393.2789. The toll-free phone number for information and complaints is 800.985.3059.

You may also receive help through an applicable state consumer assistance program. Visit [www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/consumer-assistance-programs.doc](http://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/consumer-assistance-programs.doc) for contact information by state.

Visit [www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act](http://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act) for more information about your rights under federal law.

*Note: If you choose to use an out-of-network provider, the provider may bill you the difference in its cost and the allowed amount. This is known as a balance bill. Learn more about [balance billing online](#).*