

Your Rights and Protections Against Surprise Medical Bills

When you get 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")?

Balance billing is when a provider bills you for services that your health plan doesn't cover. This can happen when you receive care from an out-of-network provider at an in-network facility. For example, if you have an in-network health plan and you go to an in-network hospital, but you are treated by an out-of-network specialist, the specialist may bill you for the services they provided. This is called balance billing. You may also hear it called "surprise billing" because you didn't expect to be billed for services that your health plan doesn't cover.

You're protected from balance billing for:

Emergency services

When you receive emergency services, you are protected from balance billing. This means that you can't be billed for services that your health plan doesn't cover. For example, if you go to an in-network hospital and you receive emergency services from an out-of-network provider, you are protected from balance billing. You only have to pay your copayment, coinsurance, and deductible for those services.

Ohioans who get health insurance through plans regulated by the Ohio Department of Insurance are also protected from receiving surprise medical bills under Ohio law. Ohio law provides the following protections when you receive unanticipated out-of-network care:

- No balance billing for emergency services, including emergency services provided by an ambulance, even if they're provided out-of-network.
- No balance billing by out-of-network providers at an in-network facility when you're unable to choose an in-network provider.
- Your cost-sharing amounts, such as copayments, coinsurance, and deductibles, are limited to the amount you would pay for in-network services.

Health plans regulated by the state of Ohio should have the letters "ODI" clearly denoted on your insurance identification card. You can find additional information at <https://insurance.ohio.gov/consumers/surprise-billing>

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 these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

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 deductible 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 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 in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the federal phone number for information and complaints is 1-800-985-3059. The state contact information can be found at: <https://insurance.ohio.gov/consumers/surprise-billing>

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Visit <https://insurance.ohio.gov/consumers/surprise-billing> for more information about your rights under Ohio state laws.