Your Rights and Protections Against Surprise Medical Bills

This disclosure does not apply to patients who are uninsured or who are insured through a federal government program *(like Medicare or Medicaid).*

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you're 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.

This is also called "surprise billing" because the balance bill may be unexpected. 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 the provider or facility may 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.

To the extent Illinois law applies to the insurer, provider, and item or service involved, Illinois also offers protection against surprise medical billing if you receive emergency department services at an in-network facility from an out-of-network provider. In such a situation, the provider cannot charge you more than the out-of-pocket costs that would have been incurred by you if you received services at an in-network provider. While these protections exist under state law, the scope is not as broad as the federal protections.

To the extent Missouri law applies to the insurer, provider and item or service involved, Missouri also offers protection against surprise medical billing if you receive services for an emergency medical condition at an in-network facility from an out-of-network provider. In such a situation, the provider can only charge you the in-network deductible and out-of-pocket maximum cost-sharing amount. While these protections exist under state law, the scope is not as broad as the federal protections.

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 may 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 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 care out-of-network. You can choose a provider or facility in your plan's network.

To the extent Illinois law applies to the insurer, provider and item or service involved, Illinois also offers protection against surprise medical billing if you receive radiology, anesthesiology, pathology or neonatology services at an in-network facility from an out-of-network provider. In such a situation, the provider cannot charge you more than the out-of-pocket costs that would have been incurred by an in-network provider. While these protections exist under state law, the scope is not as broad as the federal protections.

When balance billing isn't allowed, you also have the following 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 out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (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 deductible and out-of-pocket limit

If you believe you've been wrongly billed, you may contact one of the below entities, based on the state in which your medical services were provided:

- Missouri Department of Insurance: 800-726-7390
- Illinois Department of Insurance: 877-527-9431
- Kansas Department of Insurance: 800-432-2484 (in-state callers); 785-296-7829 (out-of-state callers)
- Louisiana Department of Insurance: 800-259-5300
- Oklahoma Department of Insurance: 800-522-0071 (in-state callers); 405-521-2828 (out-of-state callers)
- Arkansas Department of Insurance: 844-355-3262

Visit **mercy.net/NoSurprise** for more information about your rights.