

Your Rights and Protections against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is balance billing (or surprise billing)?

Health insurance plans typically cover a portion of medical bills that occur **in-network** (within a group of providers and facilities).

When you need **out-of-network** care unexpectedly, your insurance company may ask you to pay the difference between in-network and out-of-network costs (called **balance billing**). This bill might not count toward your annual out-of-pocket limit. Balance billing has been called “surprise billing,” because you may receive a bill unexpectedly.

Protections against balance billing

Laws are in place to protect you from being billed more for out-of-network services than your in-network cost sharing amount (copay, coinsurance or deductible).

Emergency care from an out-of-network provider or facility

The most you can be billed for emergency services is your plan’s in-network cost-sharing amount. This includes services you may get after you’re in stable condition, **unless** you sign a written consent allowing us to balance bill you for those services.

In-network hospitals and surgery centers

You can only be billed your plan’s in-network cost-sharing amount if you:

- Saw an out-of-network assistant surgeon, hospitalist or intensivist.
- Received out-of-network services for anesthesia, pathology, radiology, laboratory, neonatology or emergency care.
- Did not know that the provider you saw was out of your network or an in-network provider was not available.
- Didn’t anticipate needing the services you received.
- An in-network provider has taken a specimen from you for testing and sent it to an out-of-network testing facility without your written consent.

For services not listed above, your out-of-network provider must have your written consent to balance bill you. Signing the consent gives up your protection not to be balance billed. The provider can’t ask you to give up this protection.

- FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la’aan ah. So wac 612-273-3780.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.
- We comply with applicable federal and state civil rights laws, including the Minnesota Human Rights Act. We do not discriminate because of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex.

Other protections

When balance billing isn't allowed, you are only responsible for paying your share of the cost (such as copayments, coinsurance or the deductible that you would pay if the provider or facility was in-network.)

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 your cost sharing-for emergency services on what it would pay an in-network provider or facility. This amount must be shown 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.

You aren't required to get care out-of-network; you can choose a provider or facility in your plan's network.

You're never required to give up your protections from balance billing.

Words to know

A **network** is a group of health care providers (doctors, surgeons, specialists, etc.) and facilities (hospitals, clinics, surgery centers, etc.) that have agreed to work with a health insurance plan.

Out of network describes providers and facilities that haven't signed a contract with the health plan. An out-of-network visit likely costs more than the same visit done in-network. It also might not count toward your annual out-of-pocket limit.

Balance billing is when your health care provider bills you unexpectedly for out of network costs not covered by insurance.

Cost sharing is when your health insurance charges you a copay fee or coinsurance for your visit.

For more information

If you believe you've been wrongly billed, you may contact 1-800-985-3059.

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

Visit www.ag.state.mn.us/consumer/health/default.asp for more information about your rights under Minnesota law.