

# 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.

The No Surprises Act provides rights and protections against surprise medical billing. The No Surprises Act does not apply to fee-for-service Medicare, Medicare Advantage plans or Medicaid managed care plans.

## **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](#), like a [copayment](#), [coinsurance](#), and/or a [deductible](#). You may have additional 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” means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. 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. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

## **You are 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 they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). 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 balance billed for these post-stabilization services.

*In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to your visit for emergency or non-emergency services. Additional information is available from your state government.*

*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 [Surprise Billing | Department of Insurance \(ohio.gov\)](https://www.ohio.gov/odisurprisebilling).*

*Michigan law protects patients from balance billing and requires that the patient pay only their in-network cost sharing amounts for: (i) covered emergency services provided by an out-of-network provider at an in-network facility or out-of-network facility; (ii) covered nonemergency services provided by an out-of-network provider at an in-network facility if the patient does not have the ability or opportunity to choose an in-network provider; and (iii) any healthcare services provided at an in-network facility from an out-of-network provider within 72 hours of a patient receiving services from that facility's emergency room.*

### **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.**

*In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to non-emergency services at an in-network facility.*

*For services provided in Ohio, the provider shall not balance bill the covered person unless: (a) the provider informs the covered person that the provider is out-of-network; (b) the provider provides to the covered person a good faith estimate of the cost of the services (containing a disclaimer that the covered person is not required to obtain the health care service at that location or from that provider); and the covered person affirmatively consents to receive the services.*

*For services provided in Michigan by an out-of-network provider at an in-network health facility, the provider shall not balance bill the covered person unless: (a) the provider informs the covered person that the patient's health plan may not cover all of the health care services the out-of-network provider is scheduled to provide; (b) the provider provides to the covered person a good faith estimate of the cost of the services; (c) the provider informs the covered person that the patient may request the health care services are performed by an in-network provider; and the covered person affirmatively consents to receive the services.*

*Additional information is available on your state's website, or you may call to speak with one of their representatives at the phone number in the chart at the end of this document. Your state website can be found at [www.\[enter your state name\].gov](http://www.[enter your state name].gov) and by searching "no surprises, balance billing or consumer 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 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 deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, contact your state or the Centers for Medicare and Medicaid Services at 1-800-985-3059. Your state website can be found at [www.\[enter your state name\].gov](http://www.[enter your state name].gov) and by searching "no surprises, balance billing or consumer protections". You may also use the appropriate state complaint form found at links below.

In addition, you may contact Paramount's Member Services Department at:  
 419-887-2525  
 Toll Free: 1-800-462-3589  
 TTY: 419-887-2526  
 TTY Toll Free: 1-888-740-5670

Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) for more information about your rights under federal law.  
 Visit the below website for more information about your rights under state law.

State	State Balance Billing Website	Surprise Billing or Department of Insurance
OH	<a href="https://insurance.ohio.gov/wps/portal/gov/odi/consumers/health/surprise-billing">https://insurance.ohio.gov/wps/portal/gov/odi/consumers/health/surprise-billing</a>	<a href="mailto:surprisebilling@insurance.ohio.gov">surprisebilling@insurance.ohio.gov</a> 800-686-1526
MI	<a href="http://michigan.gov/dif">http://michigan.gov/dif</a> <a href="https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html">https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html</a>	877-999-6442