



Your Rights and Protections Against Surprise Medical Bills

Medical billing can be hard to understand. We want you to understand your rights.

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.

Your Rights:

- No Surprise Billing
- No Balance Billing
- A Good Faith Estimate, if you do not have health insurance

Explaining “In-Network” and “Out-of-Network charges

To keep costs lower, your health plan makes agreements with providers and health facilities. If you use those services, your charges are less. This is called **in-network**.

Going to a provider or facility your health plan does not have an agreement with is called **out-of-network**. If you choose to use out-of-network care your charges will be higher.

No Surprise Billing

Surprise billing is an unexpected bill when you are treated and charged out-of-network costs but did not purposely choose out-of-network care. This may happen if you needed emergency care and were out of your area. It may also happen if you did not know a provider was out-of-network because you were treated at an in-network facility.

No Balance Billing

Balance billing is when you are charged for the difference between in-network and out-of-network costs for emergency care or out-of-network providers you did not agree to before care was provided. This charge is usually more than in-network costs. It may not count toward your deductible.

Good Faith Estimate

A Good Faith Estimate is a price quote based on what we know at the time the estimate is made. You have a right to a good faith estimate if you do not have insurance or if you self-pay for your medical care. Because treatment of your condition may change, we cannot guarantee the Good Faith Estimate will match the final cost of care.

Your Protections:

You are responsible to pay for **your share** of the cost of your medical care (copay, coinsurance, and deductibles).

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

You are not required to use out-of-network care.

Your health plan generally must:

- Cover emergency services without needing advanced approval
- Cover emergency services by out-of-network providers and bill as in-network unless you give written consent
- Count any amount you pay for emergency care or out-of-network services toward your deductible and out-of-pocket limit

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.

Where to get help

Finding in-network providers

Contact the Pennsylvania Insurance Department at www.insurance.pa.gov/nosurprise or by phone at 1-877-881-6388 or TTY/TTD: 717-783-3898 if you have difficulty finding a provider or facility in your plan's network.

If you believe you were wrongly billed

The U.S. Centers for Medicare Services (CMS) at **1-800-MEDICARE** (1-800-633-4227) or visit <https://www.cms.gov/nosurprises> (<https://www.cms.gov/nosurprises>) for more information about your rights under federal law.

Good Faith Estimate

Get More Information about your right to a Good Faith Estimate at [cms.gov/nosurprises](https://www.cms.gov/nosurprises) (<https://www.cms.gov/nosurprises>) or call **1-800-MEDICARE** (1-800-633-4227).