

# Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical facility, you are protected from “surprise billing,” also referred to as “balance billing.”

## What is “surprise billing” or “balance billing”?

When you see a physician or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance and/or deductible. You may incur other costs, or even be responsible for the entire bill, if you see a provider or visit a health care facility that is “out-of-network” (not in your health plan’s network).

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan, and may be permitted to bill you for the difference between what your plan agrees to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely to be more than in-network costs for the same service and might not count toward your annual out-of-pocket limit, depending on your health plan. “**Surprise billing**” is essentially an unexpected “balance bill.”

## You are protected from “balance billing” if you receive:

### Emergency Services

If you have an emergency medical condition and receive 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 cannot be “balance billed” for these emergency services, unless you provide written consent and willingly give up your protection not to be “balance billed.”\* This is also true for services that you may receive from the out-of-network facility after you are in stable condition.

### Certain Services at an In-Network Hospital or Ambulatory Surgical Facility

When you receive services from an in-network hospital or ambulatory surgical facility, certain providers who practice 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 includes, but is not limited to, Emergency Medicine, Anesthesia, Pathology, Radiology, Laboratory, Neonatology, Assistant Surgeons, Hospitalists or Intensivist Services. These providers (if not contracted with your health plan) cannot “balance bill” you, unless you provide written consent and willingly give up your protection not to be “balance billed.”\*

\* Please note that you are never required to give up your protection not to be “balance billed.”

If you believe that you have been wrongly billed, or would like to learn about your rights under state law, please contact the Pennsylvania Insurance Department at [www.insurance.pa.gov/nosurprises](http://www.insurance.pa.gov/nosurprises) or by calling 1-877-881-6388 (TTY/TDD: 717-783-3898).

For more information about your rights under federal law, please visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).