

Your Rights and Protections Against Surprise Medical Bills

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, or a deductible. If you see a provider or visit a health care facility that isn't in your health plan's network, you may have additional costs or have to pay the entire bill.

"Out-of-network" refers to 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.

An unexpected balance bill is called a "surprise 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.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition you may receive treatment from an out-of-network provider or facility. The most the out-of-network provider can bill you is your plan's in-network cost-sharing amount. That includes items such as copayments, coinsurance, and deductible. You cannot be balance billed for emergency services, including services you may receive after you are in stable condition. Unless you give written consent and give up your protections, you cannot be balance billed for post-stabilization services.

Out-of-network services at an in-network hospital or ambulatory surgical center

When receiving care at an in-network hospital or ambulatory surgical center, there may be situations where you are treated by out-of-network providers. In these cases, those providers can only bill you for your plan's in-network cost-sharing amount. This applies to:

- Emergency medicine
- Anesthesia
- Pathology
- Radiology
- Laboratory
- Neonatology
- Assistant surgeon
- Hospitalist
- Intensivist services

These providers cannot balance bill you and may not ask you to give up your protections against being 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.

When balance billing isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost. That includes costs such as copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network. Your health plan will pay any extra costs to 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 Steindler's billing department at (319) 338-3606 Monday - Friday, 8:00 am - 4:30 pm. Questions or complaints can also be directed to the Department of Health and Human Services (HHS) at 1-800-985-3059.

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