

# 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 should not be charged more than your plan's copayments, coinsurance, or deductible.

## What is balance billing?

Balance billing is sometimes called surprise billing. When you see a doctor or other health care provider, you may owe some [out-of-pocket costs](#). These are costs like a [copayment](#), [coinsurance](#), or [deductible](#). If you see a provider or health care facility not in your health plan's network, you may have other costs or may have to pay the entire bill.

An out-of-network provider is a provider or facility that has not signed a contract with your health plan for services. There may be a difference in what your plan pays and the full amount charged for a service. Out-of-network providers may be allowed to bill you for this difference. This is balance billing. This amount is often more than in-network costs for the same service. That amount may 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 cannot control who is involved in your care. This can be when you have an emergency. It can happen 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 based on the procedure or service.

## You are protected from balance billing for:

### Emergency services

If you have an emergency medical condition you may get emergency services 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 things like copayments, coinsurance, and deductible. You cannot be balance billed for emergency services. This includes services you may get 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.

### Certain services at an in-network hospital or ambulatory surgical center

You may need services from an in-network hospital or ambulatory surgical center. Some providers there may be 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
- Radiology
- Assistant surgeon
- Anesthesia
- Laboratory
- Hospitalist
- Pathology
- Neonatology
- Intensivist services

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

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you. They can only balance bill if you give written consent and give up your protections.

**You are never required to give up your protections from balance billing. You are not required to get out-of-network care. You can choose a provider or facility in your plan's network.**

## When balance billing is not allowed, you also have these 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.

Generally, your health plan must:

- Cover emergency services without needing you to get approval for services in advance. This is 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. They must show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

## If you think you have been wrongly billed:

Contact the UI Health Care Patient Billing Service office at 1-866-393-4605 or [PFS-PatientBilling@uiowa.edu](mailto:PFS-PatientBilling@uiowa.edu). Office hours are Monday through Friday, 8 a.m. to 5 p.m.

The federal phone number for information and complaints is 1-800-985-3059.

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