A Notice of Your Rights and Protections Against Surprise Medical Bills

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, otherwise known as balance billing.

What is surprise billing (sometimes called balance billing)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that is not in your health plan's network (out-of-network).

Out-of-network describes providers and facilities that have not 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.

Surprise billing is unexpected balance billing. This can happen when you cannot control who is involved in your care, such as having an emergency or scheduling a visit at an in-network facility, but being unexpectedly treated by an out-of-network provider.

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 the provider or facility may bill you is your plan's in-network cost-sharing amount, such as a copayment, coinsurance, and/or a deductible. You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

  In accordance with the Nebraska Out-Of-Network Emergency Medical Care Act, if you receive emergency services from any health care providers, such providers are not permitted to bill you in excess of any deductible, copayment, or coinsurance amount applicable to in-network providers' emergency services pursuant to your health benefits plan. Your insurer is obligated to make sure that you do not incur out-of-pocket costs greater than the out-of-pocket costs you would have incurred had you received emergency services from an in-network health care provider.

- ✓ **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 cannot 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 cannot balance bill you, unless you give written consent and give up your protections.

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

The Nebraska Out-Of-Network Emergency Medical Care Act applies only to emergency services, so as applicable, the billing of your care involving non-emergency services is governed by federal law such as the rights and protections involving non-emergency services discussed in this notice.

When balance billing is not allowed, you also have the following protections:

- ✓ You are only responsible for paying your share of the cost, such as copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network. Your health plan will pay out-of-network providers and facilities directly.

- ✓ Your health plan generally must:

    - o Cover emergency services without requiring you to get approval for services in advance, or otherwise known as prior authorization.

    - o Cover emergency services by out-of-network providers.

    - o 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.

    - o 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 have been wrongly billed, you may contact the Department of Health and Human Services (HHS) at (800) 985-3059.

Visit the no surprises website at https://www.cms.gov/nosurprises for more information about your rights under federal law.

If you have insurance-related questions, please contact the Nebraska Department of Insurance at (402) 471-2201 or call the toll-free consumer hotline at (877) 564-7323. Visit www.doi.nebraska.gov for more information about your rights under Nebraska law.

You may also direct questions to our office at (308) 865-2570.

New West Sports Medicine & Orthopaedic Surgery