



Your Rights and Protections Against Surprise Medical Bills

Note: 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.

What is “balance billing” (sometimes called “surprise 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 isn’t in your health plan’s network.

“Out-of-network” describes 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.

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care. For example, when you have an emergency or when you should schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider is surprise billing.

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 copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in a stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

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 may be out-of-network. In these cases, the most those providers will bill 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 balanced billed.

If you get other services at an in-network hospital or ambulatory surgical center, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

Estimate of Charges

You may ask for an estimate of the amount that you will be charged for a nonemergency medical service provided by a health care facility or practitioner. Indiana law requires that an estimate be provided within 5 business days of request for an estimate for a scheduled, ordered, or referred a nonemergency health care service. In addition, if you are uninsured or intending to pay for the service out-of-pocket, federal law requires that a provider or facility provide you with an estimate for all scheduled nonemergency health care services at least 1 business day before the services are performed.

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.

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 the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network provider and facilities directly.
- Your health plan generally must:
 - 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 have been wrongly billed, you may contact the Indiana Department of Insurance at <https://www.in.gov/idoi> or 1-317-232-8582.

Visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law.