

No Surprises Act

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 center, you are protected from “surprise billing” – sometimes referred to as “balance billing.”

What are “balance billing” and “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 also may have other costs or have to pay the entire bill if you receive care from a provider that is “out-of-network” for your health plan’s network.

“Out-of-network” means the provider has not signed a contract with your health plan to provide services. **Out-of-network providers may be allowed to bill you for the difference between what your plan agreed to pay and the full amount charged to the plan for a service. This is called “balance billing.”** This amount may be 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 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 that you do not or cannot choose.

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 typically may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get at the facility caring for you after you’re in stable condition.

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 can’t balance bill you and may not ask you to give up your protections not to be balance billed.

If you get certain 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.

Effect of Specific State Rules

Some states have their own laws relating to balance or surprise billing for out-of-network services that may be different from those described here:

VIRGINIA RESIDENTS

Consumers covered under (i) fully-insured policies issued in Virginia, (ii) the Virginia state employee health benefit plan; or (ii) as self-funded group or plan that opted in to the Virginia protections area also protected from balance billing under Virginia law.

These protections may be different from the ones provided by the federal law as described in YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLING

FOR MORE INFORMATION REGARDING YOUR PROTECTIONS AGAINST SURPRISE BILLING OR TO LEARN ABOUT MAKING A COMPLAINT CONTACT OR VISIT:

The State Corporation Commission Bureau of Insurance

Address:

Bureau of Insurance – SCC,

P.O. Box 1157, Richmond, Virginia 23218

Telephone: 877-310-6560

Email: bureauofinsurance@scc.virginia.gov;

Websites: <https://scc.virginia.gov/pages/Balance-Billing-Protection>;

[Scc.virginia.gov/pages/File-Complaint-Consumers](https://scc.virginia.gov/pages/File-Complaint-Consumers)

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 these protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles) that you would pay if MEDRVA HEALTHCARE was in-network. Your health plan will pay MEDRVA HEALTHCARE 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 think you've been wrongly billed: you may file a complaint with the federal government at <https://www.cms.gov/nosurprises/consumers> or by calling 1-800-985-3059; and/or file a complaint with your state balance billing regulator, if any, which is identified in the state-specific tabs.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law or visit your home state regulator's website (included in state links above) for more information about your state balance billing rights.

Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, healthcare providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment and hospital fees.
- Make sure your healthcare provider gives you a Good Faith Estimate in writing at least one business day before your medical service or item. You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call **1-800-MEDICARE** (1-800-633-4227).

Prior to your service, you should contact your health plan to better understand what provider options are available. Also, please plan to connect with MEDRVA Healthcare to review your estimate.