

Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or treatment from an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing or surprise billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

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. If you see a provider or visit a health care facility that isn't in your health plan's network, you may have other costs or have to pay the entire bill.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be permitted to bill you for the difference between what HealthFlex 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 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. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You are protected from balance billing for:

- **Emergency services**
If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is HealthFlex'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 receive after you're in stable condition unless you give written consent and give up your protections not to be balance-billed for these post-stabilization services.
- **Certain services at an in-network hospital or ambulatory surgical center**
When you receive services at 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 HealthFlex'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 are not allowed to ask you to give up your protections not to be balance-billed.
- If you receive 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 receive out-of-network care. You can choose a provider or facility in HealthFlex'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 (i.e., the copayments, coinsurance and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to be approved 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 in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed, please contact your Wespith Care Coordinator at 833-762-0876.