



## **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 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, like a copayment, coinsurance, or deductible. You may have additional 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**” means providers and facilities that do not have a signed participation 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 pays, 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 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—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 get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You cannot be balance billed for these emergency services. This includes certain 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.

#### **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 can 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 types of 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 out-of-network care. You can choose a provider or facility in your plan's network.**

**Arizona:** Arizona's laws on balance billing generally mirror federal protections. However, Arizona law has a different complaint process than the federal law. Ariz. Rev. Stat. §§ 20-3111 – 3119. For more information on Arizona's complaint process, please see the contact information below for the Arizona Department of Insurance and Financial Institutions and the Arizona Surprise Out of Network Billing Dispute Resolution Program.

**California:** California law protects patients enrolled in state-regulated plans from surprise medical bills when the patient receives services at an in-network facility such as a hospital, lab, or imaging center, but services are delivered by an out-of-network provider. In covered circumstances, providers cannot bill patients more than their in-network cost sharing. Further, for uninsured individuals, hospitals must provide the patient, at the time of service, with a written estimate of the hospital charges for the expected services. California law has a different complaint process through the State's Department of Public Health than the federal law. For more information on California's complaint process, please see the contact information below for the California Department of Insurance. California Assembly Bill 72 (2016); Cal. Health & Safety Code §§1371.30, 1371.31, 1371.9.

**Connecticut:** Connecticut law provides that if you receive services from an out-of-network provider at an in-network facility, you may be required to pay only the applicable coinsurance, copayment, deductible or other out-of-pocket expenses which would be imposed if those services were rendered by an in-network provider. Connecticut law may also limit the charges you can be billed relating to evaluation and management visits and/or services. For more information on Connecticut's complaint process, please see the contact information below for the Connecticut Department of Insurance. Conn. Gen. Stat. §38a-477aa; Conn. Gen. Stat. §20-7f.

**Georgia:** Many of the same protections afforded by the federal law are mirrored in the Georgia state law, but there are some key differences. The Georgia law only applies to self-insured employer health plans and government plans and is limited to services provided in Georgia. In addition to hospitals and ambulatory surgery centers, the Georgia law also applies to certain imaging centers, birthing centers, and similar facilities. Further, Georgia law has different complaint process and disclosure requirements than the federal law. For more information on Georgia's complaint process and disclosure requirements, please see the contact information below for the Georgia Office of the Commissioner of Insurance and Fire Safety. Definitions under the Georgia law and the federal law, although similar, may not be identical. Ga. Code §33-20E-1 *et seq.*

**Illinois:** Illinois law bans balance billing for anesthesiology, emergency, neonatology, pathology and radiology services provided at in-network hospitals or ambulatory surgery centers. For cost sharing purposes, patients must be billed as though in-network providers furnished such services. The law does not apply to ERISA health plans or to group or individual health plans that are self-funded. Illinois Pub. Act §96-1523.

**Indiana:** In addition to the protections under federal law, Indiana law prohibits medical providers from sending a patient covered by a state-regulated health plan an out-of-network bill that exceeds the in-network coverage rate unless the patient first agrees at least five days in advance of receiving the medical care. The agreement must also include a "good faith" estimate of charges. Ind. Code §§27-8-10-1; 27-8-10-3.2; Ind. Code §25-1-9-23.

**Maryland:** If you are in a health maintenance organization (HMO) governed by Maryland law, you may not be balance billed for services covered by your plan, including ground ambulance services. If you are in a preferred provider organization (PPO) or exclusive provider organization (EPO) governed by Maryland law, hospital-based or on-call physicians paid directly by your PPO or EPO (assignment of benefits) may not balance bill you for services covered under your plan, and they can't ask you to waive your balance billing protections. If you use ground ambulance services operated by a local government provider who accepts an assignment of benefits from a plan governed by Maryland law, the provider may not balance bill you. MD. Code, Ins. § 14-205.2(b); MD Code., Health-Gen § 19-710(p).

**New Mexico:** New Mexico law protects patients from balance billing for non-emergency care when rendered by an out-of-network provider at an in-network facility, if the patient does not have the ability or opportunity to choose an in-network provider who is available to provide the care, or medically necessary care is unavailable within a plan's network. Patients are protected from paying more than the cost-sharing obligation that would apply for the same services if they had been rendered by an in-network provider. The protections do not apply if a patient has knowingly chose to receive the care from an out-of-network provider. Other protections against balance billing under New Mexico law include the following:

- Any written letter, other than a receipt of payment, sent from a health care provider or health insurance company about a surprise bill will clearly state that a patient has to pay only the amount of the co-payments, deductible, or other cost-sharing amounts.
- If a surprise bill is sent to a person with health insurance, that individual may file a complaint about the health insurance company's decision regarding a surprise bill. A health insurance company cannot require that a patient get prior authorization to receive care from an out-of-network provider for emergency care before the patient is stabilized.
- An individual with health insurance will be told that a provider is out-of-network before services are provided to that individual under nonemergency circumstances, and the individual will be told to contact their health insurance company to discuss their options. If the patient agrees to receive services from an out-of-network provider, then that provider can bill for charges not covered by your insurance company.
- If a patient with health insurance pays an out-of-network provider for a surprise bill (more than the applicable co-payment, deductible, or other cost-sharing amount), the out-of-network provider will refund the amount of the overpayment. If a patient with insurance is not refunded an overpayment by an out-of-network provider within 45 days, the patient may ask for their refund from their out-of-network provider, plus interest, by filing a complaint with the New Mexico Insurance Department.

N.M. Stat. §§59A-16-21.3; 59A-57A-3; 59A-57A-4.

**New York:** If your insurance ID card says, "fully insured coverage," surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed. New York has a different dispute resolution process than the federal law. For more information on New York's complaint process, please see the below contact information for the New York State Department of Financial Services. N.Y. Pub. Health L. §24; N.Y. Financial Srvs. L. §601 et seq.

**Ohio:** Ohio law protects patients covered by state-regulated insurance plans and insurance plans subject to the jurisdiction of the superintendent of insurance from balance-billing for covered services provided by an out-of-network provider at an in-network facility, if a patient did not have the ability to request an in-network provider. These protections require patients to pay only their in-network cost-sharing amounts. For all other medical services provided to a covered patient by an out-of-network provider at an in-network facility, a patient cannot be balance-billed unless the patient is informed, provided with a good faith estimate of the cost of the healthcare services, and provides consent. Ohio also has a different dispute resolution and

arbitration process than the federal law. For more information on Ohio's processes, please see the contact information below for the Ohio Department of Insurance. Ohio Rev. Code §§ 3922.01, 3902.50, 3902.51, 3902.52.

**Tennessee:** An out-of-network facility may only balance bill you if it provides you with a written notice explaining that the facility is out-of-network and includes an estimate of the amount that facility will charge you for services. Tenn. Code Ann. §56-7-120.

**Texas:** Texas law protects you from balance billing if you are enrolled in an HMO, PPO, or EPO that is regulated by the State of Texas or if you are enrolled in certain state group plans (e.g., ERS group plan, TRS-Care or TRS-Active Care). These protections can be waived if you receive non-emergency care from an out-of-network provider at an in-network facility where you have the choice between an in-network or out-of-network provider. If you are in an HMO governed by Texas law, the state's payment standard may only apply to emergency services. If you are in a PPO governed by Texas law, the state's payment standard will apply to emergency services and non-emergency services provided by out-of-network professionals at in-network facilities. Texas law also has a different complaint process than the federal law. For more information on the Texas complaint process, please see the below contact information for the Texas Department of Insurance. *See* 28 TAC §§21.4901-21.4904; Tex. Ins. Code §§1467.001-151, 1301.010, 1301.164, 1551.015, 1551.229, 1575.009, 1575.172, 1579.110, 1271.001 et seq.

**Washington:** Health care providers, including hospitals and air ambulance providers, can never require you to give up your protections from balance billing. If you have coverage through a self-funded group health plan, in some limited situations, a provider can ask you to consent to waive your balance billing protections, but you are never required to give your consent. Please contact your employer or health plan for more information. Washington law has a different dispute resolution process than the federal law. For more information on the Washington complaint process, please see the below contact information for the Washington Office of the Insurance Commissioner. Wash. Rev. Code §§48.49.003-900.

**When balance billing is not allowed, you also have these protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible 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.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also 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 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 think you have been wrongly billed,** you may contact the federal agency responsible for enforcing the federal balance billing protection law at: 1-800-985-3059 and/or file a complaint with your state, as set forth below:

**Alabama:** Contact Alabama Department of Insurance at 334-269-3550 or file a complaint at [ALDOI - File A Complaint \(alabama.gov\)](#).

**Arkansas:** Contact the Arkansas Department of Insurance at 800-852-5494 or the No Surprises Help desk at 1-800-985-3059. Complaints can be filed online at [Consumer Complaint Form - AR \(naic.org\)](#).

**Arizona:** Contact the Arizona Department of Insurance and Financial Institutions at 1-602-364-3100 or file a complaint with the Arizona Surprise Out of Network Billing Dispute Resolution Program, [Arizona's Surprise Out of Network Billing Dispute Resolution \(SOONBDR\) Program | DIFI \(az.gov\)](#).

**California:** Contact the California Department of Insurance at 1-800-927-4357 or file a complaint at [Getting Help \(ca.gov\)](#).

**Connecticut:** Contact the Connecticut Department of Insurance Consumer Helpline at 800-203-3447 or 860-297-3900 or send an e-mail to [insurance@ct.gov](mailto:insurance@ct.gov). Complaints can be filed at [File a Complaint or Ask a Question \(ct.gov\)](#).

**Florida:** Contact the Florida Department of Financial Services, Division of Consumer Services at 1-877-MY-FL-CFO the Florida Department of Health at 850-245-4444; or the Agency for Health Care Administration at 888-419-3456 or file a complaint at [Need Our Help \(myfloridacfo.com\)](#).

**Georgia:** Contact the Georgia Office of the Commissioner of Insurance and Fire Safety at 404-656-2070 or file a complaint at [Complaints & Fraud | Georgia Office of Insurance and Safety Fire Commissioner](#).

**Idaho:** Contact the Idaho Department of Insurance, Consumer Affairs at 208-334-4319 or e-mail through the online portal at [Contact DOI • Idaho Department of Insurance](#).

**Illinois:** Contact the Illinois Department of Insurance at 877-527-9431 or the Consumer Assistance Hotline at 866-445-5364. Complaints can be filed at [How to File a Complaint - Consumers \(illinois.gov\)](#).

**Indiana:** Contact the Indiana Department of Insurance at 317-232-8582 or file a complaint at [IDOI: Complaints](#).

**Iowa:** Contact the Iowa Insurance Division at 1-515-654-6600 or file a complaint at [File a Consumer Complaint | \(iowa.gov\)](#).

**Kansas:** Contact the Kansas Insurance Department at 785-296-3071 or file a complaint at [File a Complaint | Kansas Insurance Department](#).

**Kentucky:** Contact the Kentucky Department of Insurance at 800-595-6053 or file a complaint at [KY Department of Insurance](#).

**Louisiana:** Contact the Louisiana Department of Insurance at 1-800-259-5300 or file a complaint at <https://www.ldi.la.gov/onlineservices/ConsumerComplaintForm>.

**Maryland:** Contact the Maryland Health Education and Advocacy Unit at 410-528-1840 or toll-free at 1-877-261-8807. Complaints may be filed at [Billing Equipment Dispute \(marylandattorneygeneral.gov\)](#).

**Massachusetts:** Contact the Massachusetts Division of Insurance at 877-563-4467 or by e-mail at [CSSComplaints@mass.gov](mailto:CSSComplaints@mass.gov). Complaints may be filed at [Filing An Insurance Complaint | Mass.gov](#).

**Mississippi:** Contact your insurance company to make sure it is not a mistake and that the provider has accepted assignment, contact the Mississippi Insurance Department at 1-800-562-2957 or <https://www.mid.ms.gov/about/contact-us.aspx>, contact the Mississippi Health Advocacy Program at 601-353-0845, or file a complaint with the Attorney General Consumer Protection Division, [http://www.ago.state.ms.us/form\\_categories/complaint-form/](http://www.ago.state.ms.us/form_categories/complaint-form/).

**Missouri:** Contact the Missouri Department of Insurance at 800-726-7390 or file a complaint at [Insurance Complaints | Missouri Department of Commerce & Insurance \(mo.gov\)](#).

**Montana:** Contact the Montana Commissioner of Securities and Insurance, Montana State Auditor at 800-332-6148 or file a complaint at [Insurance Complaint | Montana Insurance Commissioner \(csimt.gov\)](#).

**New Hampshire:** Contact the New Hampshire Insurance Department at 603-271-2261 or e-mail [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov). Complaints can be filed at [New Hampshire Insurance Department - Complaint Filing \(nh.gov\)](#).

**New Jersey:** Contact the New Jersey Department of Banking and Insurance at 609-292-7272 or the Consumer Hotline at 1-800-446-7467. Complaints can be filed online at [NJDOBI | How To Request Assistance - Consumer Inquiries and Complaints \(state.nj.us\)](#).

**New Mexico:** Contact the New Mexico Superintendent of Insurance at 1-855-4-ASK-OSI (1-855-427-5674) or file a complaint at [Office of Superintendent of Insurance \(state.nm.us\)](#).

**New York:** Contact the New York State Department of Financial Services at 800-342-3736 or via e-mail at [IDRquestions@dfs.ny.gov](mailto:IDRquestions@dfs.ny.gov) or [surprisemedicalbills@dfs.ny.gov](mailto:surprisemedicalbills@dfs.ny.gov). Complaints may be filed at [File a Complaint | Department of Financial Services \(ny.gov\)](#).

**North Carolina:** Contact the North Carolina Department of Insurance at 855-408-1212, or file a complaint online at <https://www.ncdoi.gov/contactscomplaints/assistance-or-file-complaint>.

**Ohio:** Contact the Ohio Department of Insurance Consumer Hotline at 1-800-686-1526 or file a complaint at [Surprise Billing Resources | Department of Insurance \(ohio.gov\)](#).

**Oklahoma:** Contact the Oklahoma Insurance Department at 405-521-2828 or 918-295-3700 or via an online form at [Contact Us | Oklahoma Insurance Department](#).

**Pennsylvania:** Contact the Pennsylvania Insurance Department at 1-877-881-6388 or via e-mail at [ra-in-consumer@pa.gov](mailto:ra-in-consumer@pa.gov). Complaints may also be filed at [File a Complaint \(pa.gov\)](#).

**South Carolina:** Contact the Office of Consumer Services here at the SCDOI by calling 803-737-6180, emailing your question to [consumers@doi.sc.gov](mailto:consumers@doi.sc.gov), or you can file an online complaint at: <https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=SC&dswid=9199>.

**Tennessee:** Contact the Tennessee Department of Commerce & Insurance at 1-800-342-4029 or 615-741-2218. Complaints may be filed at [Consumer Complaint Form - TN \(naic.org\)](#).

**Texas:** Contact the Texas Department of Insurance Help Line at 800-252-3439 or file a complaint at [Health insurance complaints \(texas.gov\)](#). Billing disputes may also be submitted for independent dispute resolution at [TDI Independent Dispute Resolution Application \(texas.gov\)](#).

**Virginia:** Contact the Virginia State Corporation Commission, Bureau of Insurance at 1-877-310-6560 or file a complaint at [Virginia SCC - File a Complaint](#).

**Washington:** Contact the Washington Office of the Insurance Commissioner Consumer Hotline at 800-562-6900 or file a complaint at [File a complaint or check your complaint status | Washington state Office of the Insurance Commissioner](#).

**West Virginia:** Contact the West Virginia Offices of the Insurance Commissioner at 1-888-879-9842 or via e-mail at [OICConsumerServices@wv.gov](mailto:OICConsumerServices@wv.gov). Complaints can be filed via a paper form (found here: [WV Paper Complaint Form \(wvinsurance.gov\)](#)) or online at [Consumer Complaint Form - WV \(naic.org\)](#).

**Wisconsin:** Contact the Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517 (in-state) or 1-608-266-0103 (out-of-state) or via e-mail at [OCINSAComplaints@wisconsin.gov](mailto:OCINSAComplaints@wisconsin.gov). Complaints can be filed at [51-053-NSA.PDF \(wi.gov\)](#).

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**For More Information**, you may also visit [No Surprises Act | CMS](#) for more information about your rights under federal law.

**Alabama:** Visit [ALDOI - Current News Item](#) for more information on balance billing under Alabama law.

**Arkansas:** Visit [New Law Protects Consumers from Surprise Medical Bills | Arkansas Insurance Department](#) for more information on balance billing under Arkansas law.

**Arizona:** Visit [Surprise Medical Bills | DIFI \(az.gov\)](#) for more information on balance billing under Arizona law.

**California:** Visit [Consumer Protection from Surprise Medical Bills](#) for more information on balance billing under California law or [HealthHelp.ca.gov](http://HealthHelp.ca.gov).

**Connecticut:** Visit [No Surprises Act](#) for more information on balance billing under Connecticut law.

**Georgia:** Visit [Office of Commissioner of Insurance and Safety Fire Posts Final Surprise Billing Regulations | Georgia Office of Insurance and Safety Fire Commissioner](#) for more information on balance billing under Georgia law.

**Idaho:** Visit [Unexpected Medical Bills and No Surprises Act • Health Insurance • Idaho Department of Insurance](#) for more information on balance billing under Idaho law.

**Illinois:** Visit [Illinois Department of Insurance](#) for more information on balance billing under Illinois law.

**Indiana:** Visit [Healthcare Reform: No Surprises Act \(in.gov\)](#) for more information on balance billing under Indiana law.

**Iowa:** Visit [No Surprises Act | \(iowa.gov\)](#) for more information on balance billing under Iowa law.

**Kentucky:** Visit [InsSurpriseBilling-1.pdf \(ky.gov\)](#) for more information on balance billing under Kentucky law.

**Maryland:** Visit [No Surprises Act \(marylandattorneygeneral.gov\)](#) for more information on balance billing under Maryland law.

**Massachusetts:** Visit [Federal No Surprises Act Resources and Consumer Disclosures | Mass.gov](#) for more information on balance billing under Massachusetts law.

**Mississippi:** Visit <https://www.midhelps.org/insurance-guide/balance-billing/> for more information on balance billing under Mississippi law.

**Missouri:** Visit [No Surprises Act | Missouri Department of Insurance, Financial Institutions & Professional Registration \(mo.gov\)](#) for more information on balance billing under Missouri law.

**Montana:** Visit [Surprise Medical Bills? The No Surprises Act Can Help. - The Office of the Montana State Auditor, Commissioner of Securities and Insurance \(csimt.gov\)](#) for more information on balance billing under Montana law.

**New Hampshire:** Visit [20211210-nsa-faq-consumers-producers.pdf \(nh.gov\)](#) for more information on balance billing under New Hampshire law.

**New Jersey:** Visit [NJDOBI | Out-of-network Consumer Protections](#) for more information on balance billing under New Jersey law.

**New York:** Visit [Surprise Medical Bills | Department of Financial Services \(ny.gov\)](#) for more information on balance billing under New York law.

**Ohio:** Visit [Surprise Billing Toolkit | Department of Insurance \(ohio.gov\)](#) for more information on balance billing under Ohio law.

**Oklahoma:** Visit [No Surprises Act | Oklahoma Insurance Department](#) for more information on balance billing under Oklahoma law.

**Pennsylvania:** Visit [Home \(pa.gov\)](#) for more information on balance billing under Pennsylvania law.

**South Carolina:** Visit <https://www.doi.sc.gov/1001/No-Surprises-Act-Information> for more information on balance billing under South Carolina law.

**Tennessee:** Visit [The No Surprises Act Will Protect Tennessee Consumers \(tn.gov\)](#) for more information on balance billing under Tennessee law.

**Texas:** Visit [How consumers are protected from surprise medical bills \(texas.gov\)](#) and [Balance billing: independent dispute resolution \(texas.gov\)](#) for more information on balance billing under Texas law.

**Virginia:** Visit [Virginia SCC - Balance Billing Protection](#) for more information on balance billing under Virginia law.

**Washington:** Visit [What consumers need to know about surprise or balance billing | Washington state Office of the Insurance Commissioner](#) for more information on balance billing under Washington law.

**West Virginia:** Visit [No Surprises Act \(wvinsurance.gov\)](#) for more information on balance billing under West Virginia law.

**Wisconsin:** Visit [OCI No Surprises Act \(wi.gov\)](#) for more information on balance billing under Wisconsin law.