

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 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 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.

On January 1, 2022, a new federal law, and on January 1, 2020, a new Colorado law went into effect to protect you from surprise billing. These protections may apply when:

- You receive covered emergency services from an out-of-network provider.
- You receive covered services from an out-of-network provider at an in-network facility.

The federal law applies if your type of health insurance is covered. The Colorado law only applies if you have a “CO-DOI” on your health insurance ID card and you are receiving care and services provided at a regulated facility in Colorado.

You are protected from balance billing for:

Emergency services

Under federal law, 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 **can't** be balance billed for these emergency services. This includes services you may get 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.

Under Colorado law, if you are receiving emergency services, you can only be billed for your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be billed for anything else. This applies only to services related to and billed as an “emergency service.”

Certain services at an in-network hospital or ambulatory surgical center

Under federal law, 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.

Under federal law, if you get 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.

DO NOT RETAIN AS PART OF THE PERMANENT MEDICAL RECORD

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Under federal law, 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.

Under Colorado law, facility or agency staff must tell you if you are at an out-of-network location or if they are using out-of-network providers, when known. Staff must also tell you what types of services you will be using that might be provided by an out-of-network provider.

Under Colorado law, you have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is unavailable. If your insurer covers the service, you can only be billed for your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

Under federal law, when balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like 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 providers and facilities 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.

Under Colorado law, you also have the following additional protections:

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services toward your in-network deductible and out-of-pocket limit.
- The provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency in any other situation, you may still be surprise billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be surprise billed.

If you believe you've been wrongly billed for amounts other than your copayments, deductible, and/or coinsurance, please contact the facility's or agency's billing department or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

Visit <https://www.cms.gov/nosurprises> or call 1 (800) 985-3059 for more information about your rights under federal law.

Visit <https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-legislation/out-of-network-health-care> for more information about your rights under Colorado law.

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