When you get emergency care or get treated by an out-of-network provider at anin-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Your Rights and Protections Against Surprise Medical Bills

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 betweenwhat 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.

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 **can't** be balance billed for these emergency services. This includes services you may get after you're in stablecondition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services. Mississippi law prohibits balance billing under Miss. Code Ann. § 83-9-5, which states if an out-of network health care provider accepts your insurance assignment, then the insurance company will pay the provider directly for your treatment. That payment is considered payment in full to the healthcare provider. In other words, the provider cannot bill you later for any amount more than the payment received from the insurance company, other than normal deductibles and co-pays.

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 isyour 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 protectionsnot to be balance billed. If you get other services at these in-network facilities, out-of-network providers **can't** balancebill 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 get care out-of-network. You can choose a provider or facility in your plan's network.

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When balance billing isn't allowed, you also have the followingprotections:

- 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 inadvance (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 anin-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 servicestoward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact CMS at 1-800-985-3059 and/or The Mississippi Insurance Department at 1-800-562-2957. Visit https://www.cms.gov/nosurprises for more information about your rights under federal law. Visit https://www.midhelps.org/insurance-guide/balance-billing/ for more information about your rights under state laws.