

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care at a hospital that is not in your health plan network or are treated by an out-of-network provider, you are protected from balance billing. This means 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**, like a **copayment, coinsurance** or **deductible**. You may have added 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" refers to providers and facilities that have 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 pays and the full amount charged for a service. This is called "**balance billing**." This amount is likely higher than in-network costs for the same service. It might not count toward your deductible or 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 can cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you 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 deductible). You **can't** be balance billed for these emergency services. This includes services you may get 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, some medical staff there may be out of network. These providers can only bill you your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist and intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your right not to be balance billed.

If you get other types of 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 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.

When balance billing isn't allowed, you also have these protections:

- You only are responsible for paying your share of the cost (like the copayments, coinsurance and deductible you would pay if the provider or facility was in network). Your health plan will pay any added costs directly to out-of-network providers and facilities.
- 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 your share of the cost 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 have been wrongly billed, you may contact the Maine Bureau of Insurance by calling [207-624-8475](tel:207-624-8475) or [1-800-300-5000](tel:1-800-300-5000) (toll-free).

For more information about your rights under federal law, visit the Maine Bureau of Insurance website: www.maine.gov/pfr/insurance/about/contact.

For more information about your rights under Title 22: Health and Welfare, Subtitle 2: Health, Part 4: Hospitals and Medical Care, Chapter 401: General provisions, visit the Maine Legislature website: legislature.maine.gov/statutes/22/title22ch401sec0.html