MID AMERICA
EMPLOYEE BENEFIT ADMINISTRATION

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.

NO SURPRISES ACT IS EFFECTIVE FOR PLAN YEARS BEGINNING ON OR AFTER 1/1/2022.

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.

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 your deductible, 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 balanced 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 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.

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.

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.

When balance billing isn't allowed, this is what you should expect to pay:

- 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.

    - For **emergency services**, 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.

Examples of services not subject to protections under the No Surprises Act:

1. If I schedule an appointment with an out-of-network physician, am I protected from surprise billing?
   No. Protections apply for emergency services where you cannot control who is involved in your care.

2. My in-network physician took a blood sample during my office visit. My health plan processed the laboratory charge out-of-network. Now the laboratory is balance billing me.
   The protections against surprise balance billing do not apply to physician office visits, services supplied or ordered by your physician (including lab, radiology or pathology).

3. Surgery at in-network hospital in January 2022. Receiving balance bills for anesthesia and pathology. I met my in-network deductible and maximum out-of-pocket, why am I receiving balance bills?
   The protections under the No Surprises Act go into effect for plan years beginning on or after 1/1/2022. For purposes of this example, the group health plan renews 7/1/2022, the protections under the No Surprises Act apply to services rendered on or after 7/1/2022.

If you believe you've been wrongly billed, you may contact Mid-America Associates: 1-800-482-0945, fax: 248-583-4647 or by mail: Mid-America Associates P.O. Box 5047 Troy, MI 48007.

Visit www.maaassociates.com for more information about your rights under federal law.