Your Rights and Protections Against Surprise Medical Bills

When you get care at an out-of-network facility, or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you’re protected from “balance billing.” In these cases, you shouldn’t be charged more than your plan’s copayments, coinsurance and/or deductible.

What’s Balance Billing?
This is 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 must 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** means providers and facilities that haven’t 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 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 could happen when you can’t control who’s 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.

Balance Billing Protection
You’re protected from balance billing for:

- **Emergency services**: If you have an emergency medical issue 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 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.

If you think you’ve been wrongly billed, contact our Customer Service Department: (813) 443-8070
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 at those facilities 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, lab, 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 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’re never required to give up your protections from balance billing. You also aren’t 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 certain protections. You’re only responsible for paying your share of the cost, like the copayments, coinsurance and deductible that you’d pay if the provider or facility was in-network. Your health plan will pay any additional 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 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

For more information about your rights under federal law, go to the Centers for Medicare & Medicaid Services (CMS) website at CMS.gov/NoSurprises.