

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider, you are protected from surprise billing or balance billing.

What is Balance 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." "Surprise billing" is an unexpected balance bill.

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 stable condition, unless you give written consent and give up your protections not to be balance 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 healthcare facility, 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.**

- **You are only responsible for paying your share of the cost (copayments, coinsurance, and deductible) 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).**
- **Your health plan generally must cover emergency services by out-of-network providers.**
- **Your health plan must list your share of the cost in your explanation of benefits form.**
- **Your health plan must count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.**

If you have questions about these requirements or you believe you've been wrongly billed, you may contact the Georgia Insurance Commissioner's Office at (404) 656-2070.