



## Your Rights and Safe Guards Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network doctor at an in-network hospital, you are protected from balance billing. You should not be charged more than your plan's copayment, coinsurance or deductible.

### **What is "Balance Billing" (also called "surprise billing")?**

When you see a doctor, you may owe out-of-pocket costs (copayment or deductible). You may also have extra costs if you see someone outside your health plan.

"Out-of-network" means doctors or hospitals haven't agreed with your health plan to cover their services. Out-of-network doctors may bill you the left over amount between what your insurance pays and the full cost for a service. This is called "balance billing." This amount may be more than in-network costs and might not count toward your plan deductible or out-of-pocket limit.

"Surprise Billing" is an **unexpected balance bill**. This happens when you can't control who cares for you- like when you need emergency care.

### **You are protected from balance billing for:**

#### **Emergency Services**

Emergency services with an out-of-network provider can bill you the same as your plan's in-network amount (copayments, coinsurance, and deductibles). They cannot bill you more.

#### **In-network hospital or surgery center**

Certain doctors at your hospital or surgery center may be out-of-network. The most they can bill you is your plan's in-network cost. This includes: emergency, anesthesia, radiology, lab, or hospitalist services. They cannot bill you the left over balance between their cost and your insurance coverage.

For other services at in-network hospitals, out-of-network doctors can't balance bill you, unless you signed away this protection.

- You are **never** required to give up protection from balance billing.

- **You are not required to get out-of-network care. You can choose a health provider / facility in your plan network.**

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

You only need to pay your share of the cost (copayments and deductibles you would normally pay if the doctor or hospital was in-network). Your health plan will pay extra costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance.
- Cover emergency services by out-of-network hospitals.
- Base what you owe on what it would cost for in-network services and show that amount in your Explanation of Benefits.
- Count what you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you think your bill is wrong, contact Winneshiek Medical Center at 563-382-2911**

(The Federal phone number for information and complaints: **1-800-985-3059**)

Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.