your rights and protections against balance and 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.

- These protections **APPLY TO** patients covered under group and individual health plans, like private health care insurance participants.
- These protections **DO NOT APPLY** to anyone with coverage through Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE as such programs already have built-in billing protections.

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 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 is not in your health plan's network.

"Out-of-network" describes providers and facilities that have not 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 cannot 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 copayments and coinsurance). You cannot be balance billed for the emergency services. This includes services you may get after you are 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 hospital or ambulatory surgical center, certain providers there may be out-of-network. In such 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 hospital, and intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at in-network facilities, out-of-network providers cannot 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 care out-of-network. You can choose a provider or facility in your network's plan.

when balance billing is not allowed, you also have the following rights:

1. You are only responsible for paying your share of the cost (like copayments, coinsurance, and deductibles that you would pay if the provider or facility were in-network). Your health plan will pay out-of-network providers and facilities directly.

2. Your health plan generally must:

   a. Cover emergency services without requiring you to get approval for services in advance ("prior authorization").

   b. Cover emergency services by out-of-network providers.

   c. Base what you owe the provider or facility ("cost-sharing") on what it would pay an in-network provider or facility and show the amount in your explanation of benefits.

   d. Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

if you believe you have been wrongly billed:

If you believe you have been wrongly billed, you may contact the U.S. Centers for Medicare & Medicaid Services ("CMS") at 1-800-985-3059 or cms.gov/nosurprises. You may also contact the Ohio Department of Insurance ("ODI") at 1-614-644-2658 or insurance.ohio.gov/strategic-initiatives/surprise-billing/resources. Both websites contain additional information about protections against balance and surprise billing.

Dayton Children's Hospital pricing & cost estimation

If you have any questions about the cost of any Dayton Children's procedure or service, please navigate to the hospital's online pricing & cost estimation tool: childrensdayton.org/pricing-cost-estimation.

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