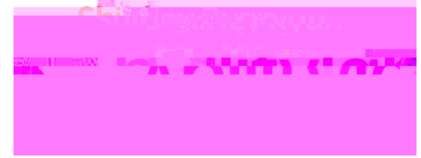

Your Rights and Protections against Surprise Medical Bills

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or see a provider or visit a healtbilcayou2isyour(pl)a6's)in-n(he)tworkT/cost-1sharing1amount0.04(suc
coinsurance, and deductibles). You can't be balance billed for these emergency servic

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 i0u0u8 (ur0)-2 orkioro c 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, 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 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 <u>never</u> 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.

In Illinois, if your insurance plan is regulated by the State of Illinois and you get services from out-of-network providers of anesthesiology, emergency services, neonatology, pathology, and radiology at an in-network facility, your out-of-pocket costs **can't** be more than they would have been if the g9 Tw 0m89vgi49 (deID