



## 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 health care facility (in or out of network) for a service that is covered by your health plan (including deductibles, coinsurance, and deductibles). You can't be balance billed for these emergency 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 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 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.**

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