Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider for authorized care at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

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

In a Point of Service (POS) plan, you receive covered benefits from providers that are part of the Tier 1 Sharp Health Plan HMO Network, the Tier 2 Aetna Open Choice PPO Network, or Tier 3 Out-of-Network. When you see these providers, you pay the cost-sharing (copayment, coinsurance, and/or deductible) for the service as listed in your member materials.

"Surprise billing" is an unexpected bill from an out-of-network provider. This can happen when you can't control who is involved in your care — like when you have an emergency or when you have been authorized to visit an in-network facility but are unexpectedly treated by an out-of-network provider. The out-of-network provider might send you a bill for the difference between the amount the provider charges for the service and the amount they were paid by Sharp Health Plan. If the amount you are billed is more than the cost-sharing for the service listed in your member materials, this is called "balance billing."

You are protected from surprise balance billing for:

- **Emergency services**
  If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, you **can't** be balance billed. This includes services you may get after you're in a stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
- **Certain services at an in-network hospital or ambulatory surgical center**
  When you get authorized services from an in-network hospital or ambulatory surgical center, and services are provided by an out-of-network provider, the most those providers may bill you is the cost-sharing amount for the service as listed on your member materials. 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.

Federal and California laws have protections from balance billing in both situations and there are processes in place to protect consumers from these surprise medical bills.

You are <u>never</u> required to give up your protections from balance billing.

When balance billing isn't allowed, you have the following protections:

You are only responsible for paying your share of the cost (copayments, coinsurance, and/or deductible). Sharp Health Plan will pay out-of-network providers and facilities directly for the remaining amount due.

Sharp Health Plan generally must:

- Cover emergency services without requiring you to get approval in advance (prior authorization).
- Cover emergency services by out-of-network providers at the Tier 1 cost-share level.
- Count any amount you pay for emergency services or authorized services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, contact Sharp Health Plan right away so we can help. Be sure to have a copy of the bill available. If you don't agree with our response or if we take more than 30 days to fix the problem, you can file a complaint with the California Department of Management Health Care Help Center at **healthhelp.ca.gov** or **1-888-466-2219**.

Visit **cms.gov/nosurprises** for more information about your rights under federal law.

Visit **healthhelp.ca.gov** for more information about your rights under California law.