



Your Rights and Protections Against 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.

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 a 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 isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't 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 can't 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 **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

California law protects enrollees in state regulated plans from surprise medical bills when an enrollee receives emergency services from a doctor or hospital that is not contracted with the patient's health plan or medical group. In covered circumstances, providers cannot bill consumers more than their in-network cost sharing.

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 may 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 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 care out-of-network. You can choose a provider or facility in your plan's network.

California law protects enrollees in state regulated plans from surprise medical bills when an enrollee receives scheduled care at an in-network facility such as a hospital, lab, or imaging center, but services are delivered by an out-of-network provider. In covered circumstances, providers cannot bill consumers more than their in-network cost sharing. Further, for uninsured individuals, hospitals must provide the patient with a written estimate of the amount the hospital will require for the expected services at the time of service.

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

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

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- 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've been wrongly billed, you may contact 1-888-466-2219 for enforcement issues related to state regulated plans or 1-800-985-3059 (<https://www.cms.gov/nosurprises/consumers>) for enforcement issues related to federally regulated plans.

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

Visit www.HealthHelp.ca.gov for more information about your rights under state law.

Language Assistance Services

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-559-459-6789** (TTY: **1-1-888-877-5379**).

1. Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-459-6789 (TTY: **1-888-877-5379**).

2. Chinese:

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-559-459-6789 (TTY: **1-888-877-5379**)

3. Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-459-6789 (TTY: **1-888-877-5379**).

4. Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-459-6789 (TTY: **1-888-877-5379**).

5. Korean:

7Z +01—: 한국 CU-이를 AL"용하 시는 경 C), 01c..CU-이 T".Cl. U"i-H-A-를 무료로 (1 용하실 수 01 _lrL 1-559-459-6789 (TTY: **1-888-877-5379**)번으로 전화 V 7Z -나-십 시 오.

6. Armenian:

ՈՒՇԱԳՐՈՒԹՅՈՒՆԵՐ ԵՐԵ խոսունւմ եք հայերեն, ապա ձեզ աւելջար կարող եւս տրաւմադրվել 1 1 եզվա կաւս աջակցունթյաւ ծանայունթյունւեր: Ձաւգահարեք 1-559-459-6789 (TTY (հեռախոս)՝ **1-888-877-5379**):

7. Persian (Farsi):

سامت ديريگب. هجوت: رگا به نابزى سراف وگتفگى مدينک، تالیهستى نابز تروصد ناگیار یارب امشد 1-559-459-6789 (TTY: **1-888-877-5379**) مهارفى م دشاب. اب

8. Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-559-459-6789 (телетайп: **1-888-877-5379**).

9. Japanese:

● 意事項: 日本語を話される9合、無I.4 0=語支援をzij用Lただ(fます。1-559-459-6789 (TTY: **1-888-877-5379**)まで、お電話1てZ連*くださL。

TTY Information (Policy 11959)

A.

1. To utilize TDD/TYY services
 - a. Dial **711** for TTY/TDD services
 - i. 711 will determine if you are using an ADA Tool Kit or a phone and direct your call to the appropriate service
 - b. Dial **712** for Text to Voice services if you are using the ADA Tool Kit
 - c. Dial **713** for Voice to Text services for English voice service
 - d. Dial **714** for Voice To Text services for Spanish voice service
 - e. Dial **715** for California Relay Services Customer Services
2. California Relay Services Official Contact numbers: **(Dial 9 to get an outside line)**
 - a. For Text to Voice services: **1-877-735-2929** ADA Tool Kit
 - b. For Voice to Text services: **1-888-877-5379** English voice services
 - c. For Voice To Text services: **1-888-877-5381** Spanish voice services
 - d. For Customer Services: **1-800-676-3777** Customer Service (Voice or TTY)