

No Surprise Act

The No Surprise Act specifically bans the following:

- Surprise bills for emergency services from an out-of-network provider or facility and without prior authorization.
- Out-of-network cost-sharing, like out-of-network coinsurance or copayments, for all emergency and some non-emergency services
- Out-of-network charges and balance bills for supplemental care, like radiology or anesthesiology, by out-of-network at a network facility.

Protection from Surprise Bills.

A surprise bill is a bill the covered person receives for covered services in the following circumstances:

- For services performed by an out-of-network provider at a network hospital or ambulatory surgical center, when:
- A network provider is unavailable at the time the health care services are performed.
- An out-of-network provider performs services without his/her knowledge; or
- Unforeseen medical issues or services arise at the time the health care services are performed.

A surprise bill does not include a bill for health care services when a network provider is available, and the covered person elected to receive services from an out-of-network provider. The covered person was referred by a network physician to an out-of-network provider without the covered person's explicit written consent acknowledging that the

referral is to an out-of-network provider, and it may result in costs not covered by the Plan.

For a surprise bill, a referral to an out-of-network provider means:

- Covered services are performed by an out-of-network provider in the network physician's office or practice during the same visit.
- The network physician sends a specimen taken from the covered person in the network physician's office to an out-of-network laboratory or pathologist; or
- For any other covered services performed by an out-of-network provider at the network physician's request when referrals are required under the Plan.

The covered person will be held harmless for any out-of-network provider charges for the surprise bill that exceed the covered person's network copayment, deductible or coinsurance. The out-of-network provider may only bill the covered person for the covered person network copayment, deductible or coinsurance. The covered person can sign a form to let the Plan and the out-of-network provider know the covered person received a surprise bill.