

Your Rights and Protections Against Surprise Medical Bills

You are protected from surprise billing or balance billing when:

- You get emergency care from an out-of-network provider or facility.
- You get treatment from an out-of-network provider at an in-network hospital or ambulatory surgical center.

What is “balance billing” and “surprise billing”?

- When you see a 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 do not have a contract with your health plan. Out-of-network providers may bill you for the difference between the amount they charge and the amount your insurance pays them. 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 a balance bill that you did not expect. This can happen when you can’t control who cares for you—like when you have an emergency or when you visit an in-network facility but an out-of-network provider treats you.

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, they can only charge you the normal in-network costs, such as copayments and coinsurance. They can’t balance bill you for these emergency services. This includes services you may get after you’re stable. You can consent in writing to allow balanced billing for the services you get after you’re stable.

Certain services at an in-network hospital or ambulatory surgical center

An in-network hospital or ambulatory surgical center may have some out-of-network providers providing care. The most these providers may bill you is for your plan’s in-network charges for these services: emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist. These providers can’t balance bill you or ask you to allow them to. If you get other services at these in-network facilities, out-of-network providers can only balance bill you if you consent in writing to allow them to.

- **You are NEVER required to give up your protections from balance billing.**
- **You are NEVER required to get care out-of-network.**
- **You CAN choose a provider or facility in your plan’s network.**

If you think you’ve been wrongly balance billed, you may contact the U.S. Department of Health and Human Services at **1-800-985-3059** or the Oregon Department of Consumer and Business Services at **888-877-4894**.