FELRA & UFCW Health & Welfare Plan

A Plan of the Food Employers Labor Relations Association
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Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance-billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance-billing" (and what is "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, 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" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or 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—such as when you have an emergency or when you schedule a visit at an in-network facility but you are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance-billing for:

Emergency services

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance and deductibles). You can't be balance-billed for these emergency services.

This includes services you may receive after you're in 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 receive 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 receive 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 receive out-of-network care. You can choose a provider or facility in your plan's network.

When balance-billing isn't allowed, you also have these protections:

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

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in advance (also known as 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 think you've been wrongly billed, please contact Participant Services at the Fund office for assistance, or you may contact the U.S. Department of Health and Human Services ("HHS") by visiting https://www.cms.gov/nosurprises/consumers or calling the federal phone number for information and complaints: 1-800-985-3059.

Visit **www.HHS.gov** for more information about your rights under federal law.