

Your Rights and Protections Against Surprise Medical Bills Effective January 1, 2022

When you get emergency care or professional services rendered at a 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 for professional services because your plan does not have a network contract with the provider.

Providers providing professional services may be permitted to bill you for the difference between what your plan allowed and the full amount charged for a service. This is called “**balance billing**.”

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care – for example: when you have an emergency or when you schedule a visit at a facility but are unexpectedly treated by a provider not willing to accept the plan’s allowance for services rendered.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from a provider or facility, the most the provider or facility may bill you is your plan’s cost-sharing amount (such as copayments and coinsurance). You **cannot** 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.

Certain services at a hospital or ambulatory surgical center

When you get professional services from a hospital or ambulatory surgical center, the most those providers may bill you is your plan’s allowed cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **cannot** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other professional services at these facilities, providers **cannot** balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing.

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). Your health plan will pay 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 professional service providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay a provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or other professional services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you can contact Amwins Claims Department/Customer Service Department by emailing gbs.claims@amwins.com or calling 1-800-337-4973.

Visit [Understand Your Rights Against Surprise Medical Bills - CMS.gov](https://www.cms.gov/nosurprises) or <https://www.cms.gov/nosurprises> for more information about your rights under federal law.