



## Your Rights and Protections Against Surprise Medical Bills

The Oregon Essential Workforce Health Care Fund is providing you this notice as a participant in the Fund's Health Plan ("Plan"). This notice provides you with important information regarding protections available under federal law.

As a participant in the Plan, you are protected from provider balance billing for the following services:

- Emergency Services at an out-of-network facility
- Air Ambulance services
- Services provided at an in-network facility by an out-of-network provider that fall into one of the following categories:
  - emergency medicine
  - anesthesia
  - pathology
  - radiology
  - laboratory
  - neonatology
  - assistant surgeon
  - hospitalist
  - intensivist services
- Services provided at an in-network facility by any other out-of-network provider, unless you consent to receive such services from an out-of-network provider.

**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 the Plan's network.**

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.
- Generally, your 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 in-network deductible and out-of-pocket limit.

### 1. 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 Plan’s network provider. If you obtain services or treatments from an out-of-network health care provider, your provider can bill you for the difference between what the Plan agreed to pay and the full amount charged for a service. This is called “balance billing.” Balance billing charges are often significant and generally do not count towards your deductible or annual out-of-pocket maximum.

“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.

## **2. How does the law protect me from balance bills?**

The law prohibits health care providers from balance billing you when you obtain emergency care for an emergency medical condition from an out-of-network provider or facility; when you receive care, as described above, by an out-of-network provider at an in-network facility; or when you receive emergency air ambulance services. You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

## **3. What if a provider asks me to waive my rights and permit balance billing?**

**Always remember: You are never required to give up your protections from balance billing and you should review any document you are asked to sign regarding billing. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.**

With the exception of the specific service categories listed above, the law’s protections generally do not apply if you sign a consent to be balance billed by the out-of-network provider.

You must also be provided with an estimate of the cost for the service or treatment and additional information.

## **4. What if I receive a balance bill for services or treatments from an out-of-network emergency department or air ambulance, or from an out-of-network provider at an in network facility for which I did not sign a consent form?**

You have options under federal law to enforce your right to not be balance billed.

**If you believe you’ve been wrongly billed**, you may contact Oregon’s Division of Financial Regulation (DFR) at 1-888-877-4894 or CMS at 1-800-985-3059.

Visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) for more information about your rights under federal law.

Visit [dfr.oregon.gov](http://dfr.oregon.gov) for more information about your rights under Oregon laws.