

# **Your rights and Protections Against Surprise Medical Bills**

If you receive emergency care or treated by an out-of-network provider at an in-network hospital, ambulatory surgical center or air ambulance, you are protected from balance billing. In these cases, you should not be charged more than your health insurance plan copayment and/or deductible.

## **What is “Balance Billing” (or “Surprise Billing”)?**

If you have health insurance coverage and you receive care from an out-of-network provider, your health plan or issuer usually does not cover the entire out-of-network cost, leaving you with higher costs than if you had been seen by an in-network provider. In many cases, the out-of-network provider may bill you for the difference between the billed charge and the amount paid by your plan or insurance. This is called “balance billing”. This amount is likely more than in-network costs for the same service and might not count toward your health plan’s deductible or annual out-of-pocket limit.

“Out-of-Network” means providers and facilities do not have a contract with your health plan to provide services.

“Surprise Billing” A surprise medical bill is an unexpected bill from a health care provider or facility. This can happen when you have health insurance, but unknowingly get medical care from a provider or facility outside of your health plan’s network. Surprise billing happens in both emergency and non-emergency care.

## **You Are Protected from Balance Billing for:**

### **Emergency Services**

In an emergency, you usually go (or taken) to the nearest emergency department. Even if you go to an in-network hospital for emergency care, you might get care from out-of-network providers at that facility. The most the provider or facility can bill you is your plan’s in-network cost sharing amount (such as copayment and coinsurance). You cannot be balance billed for these 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.

### **Non- Emergency Care**

For non-emergency services, you might choose an in-network facility or an in-network provider, but not knowing that a provider involved in your care (for example, an anesthesiologist, pathologist, or radiologist) is an out-of-network provider. In these instances, the most those providers can bill you is your health plan’s in-network copayment or deductible.

If you get other services at an in-network facility, out-of-network 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. You also are not required to get care out-of-network. You can choose a provider or facility in your plan’s network.

Effective August 30, 2018, the New Jersey Out-of-Network Consumer Protection, Transparency, Cost Containment, and Accountability Act enhanced protections for consumers who receive health care services from out-of-network providers. The enhancements include price transparency, creation of an arbitration system, and protections for certain out-of-network bills.

**When Balance Billing is not allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (for example, coinsurance, copayment, and deductible 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 health insurance plan must:

- Cover emergency services without requiring you to get approval for services in advance (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 believe you've been wrongly billed**, you may contact our billing office at (973) 405-5880 or 1-833-406-0518. You may also contact The New Jersey Department of Banking and Insurance at <https://www.nj.gov/dobi/consumer.htm> or (609) 292-7272 or the Consumer Hotline 1-800-446-7467.

Visit No Surprises Act at <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law.

Visit [https://www.nj.gov/dobi/division\\_consumers/insurance/outofnetwork.html](https://www.nj.gov/dobi/division_consumers/insurance/outofnetwork.html) for more information about your rights under state laws.