

How you're protected from surprise medical bills

Frequently asked questions about the No Surprises Act

Sometimes, where you get health care—or who provides it—is out of your control. Like when you need emergency care or when an out-of-network provider is involved in your care without your choice. When this happens, the No Surprises Act may protect you from paying more than your copayment, coinsurance or deductible.

Q: What is a surprise bill?

A: When you receive health care services, you may owe certain out-of-pocket costs, like a copayment, coinsurance or deductible. If an out-of-network provider is involved in your care, you may owe these costs *and* face additional costs—or even the entire bill.

This is called a surprise bill—and it can happen when out-of-network providers bill you for more than your health plan determines it and you (through your copayment, coinsurance or deductible) should pay. While out-of-network providers sometimes bill you for the difference, network providers do not.

Q: What is an out-of-network provider?

A: An out-of-network provider has not signed a contract with your plan. Out-of-network providers' service rates are likely higher and may not count toward your deductible or out-of-pocket limit. That's why it's best to visit network providers whenever possible. Find them anytime on your member website or your member mobile app.

Q: When am I now protected from surprise bills?

A: You're protected from surprise bills when you receive:

- Out-of-network emergency services, including air ambulance (but not ground ambulance)
- Out-of-network nonemergency ancillary services* provided at a network facility
- Nonemergency nonancillary services provided at a network facility, and the out-of-network provider did not get your prior consent as the No Surprises Act requires

For the above services, your plan must ensure your copayment, coinsurance or deductible:

- Be the same as it would have been if the service was provided in your plan's network
- Be based on what your plan would pay a network provider
- Count toward your network deductible
- Count toward your out-of-pocket limit

Remember: Out-of-network providers may not ask you to give up your protections against surprise billing, and you are never required to do so.

Q: If I get a surprise bill in one of these situations, what should I do?

A: In these situations, you are only responsible to pay the copayment, coinsurance or deductible that would have been charged if you had seen a provider in your plan's network.

You should not get a surprise bill from an out-of-network provider. If you do, keep it for your records but do not pay it. Call the phone number on your health plan ID card or other member materials.

If you believe you've been wrongly billed, please call 1-800-985-3059.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.

Q: What if I choose to see an out-of-network provider or visit an out-of-network facility outside of these situations?

A: Choosing to visit an out-of-network provider or facility under different circumstances means you may face paying the entire bill, because providers are generally not prohibited by law from sending you a surprise bill. That's why it's so important to stay in your network whenever possible.

Q: What if I have questions?

A: We're here for you. If you believe you've been wrongly billed, please call 1-800-985-3059.

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*Ancillary services include services related to emergency medicine, anesthesiology, pathology, radiology and neonatology; certain diagnostic services (including radiology and laboratory services); items and services provided by other specialty practitioners; and items and services provided by an out-of-network provider if there is no network provider who can provide that service.

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