

Your Rights and Protections Against Surprise Medical Bills

You have protections against balance billing when you (1) get emergency care or (2) are treated by a Non-Network Provider at a Network Hospital or Network Ambulatory Surgery Facility. In these cases, you shouldn't be charged more than your Plan's copayments, coinsurance and/or deductible.

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, like a copayment, coinsurance, or deductible. You may have additional 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.

"Non-Network" means providers and facilities that haven't signed a contract with your health Plan to provide covered services. Non-Network providers may be allowed to bill you for the difference between what your Plan pays and the full amount the Non-Network Provider charged for a service. This is called "**balance billing**." This amount is likely more than 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—like when you have an emergency or when you schedule a visit at a Network facility but are unexpectedly treated by a Non-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 get emergency services from a Non-Network provider or facility, the most they can bill you is your Plan's 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 get 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 a Network Hospital or Network Ambulatory Surgical Facility

When you get services from a Network Hospital or Network Ambulatory Surgical Facility, certain providers there may be Non-Network. In most cases, the most those providers can bill you is your Plan's 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 get other types of covered services at these Network facilities, Non-Network Providers **can't** balance bill you, unless you give written consent and give up your protections.

Mississippi Law Also Protects You From Balance Billing

Mississippi law may also prohibit balance billing. Under Mississippi law, you can direct the insurance company to pay the Non-Network provider directly for your treatment and that payment is considered payment in full to the Non-Network provider. This means the provider cannot bill you later for any amount more than the payment received from your health Plan, other than normal deductibles, co-payments or co-insurance.

You're never required to give up your protections from balance billing. You also aren't required to get Non-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 deductibles that you would pay if the provider or facility was Network). Your health Plan will pay its portion of costs to Non-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 Non-Network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay a Network Provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or Non-Network services toward your Network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact Blue Cross & Blue Shield of Mississippi's Customer Service Team at 601-664-4590 or 800-942-0278, Monday through Friday, 8:00 a.m. to 4:30 p.m. You may also contact the following state or federal agencies for assistance:

Mississippi Department of Insurance
P.O. Box 79
Jackson, MS 39205-0079
Telephone: (800) 562-2957
Email: consumer@mid.ms.gov

Centers for Medicare and Medicaid Services
Attn: No Surprises Act Consumer Protection
Telephone: (800) 985-3059

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