

## Your Rights and Protections Against Surprise Medical Bills

You have protections against surprise billing or balance billing when you (1) receive emergency care or (2) receive care from a Non-Network Provider at a Network Hospital or Network Ambulatory Surgery Facility.

### **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 also 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.

“Non-network” describes providers and facilities that haven't signed a contract with your health plan and, therefore, are not in your health plan's network. Non-network providers may be permitted to bill you for the difference between what your health plan agreed to pay and the full amount the non-network provider charged for a service. This is called “balance billing.” This amount is likely more than the cost for the same service by a network provider and might not count toward your 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.

### **You are 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 the provider or facility may bill you is your plan's network cost-sharing amount (such as copayments and coinsurance). 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 balance 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 ambulatory surgical facility, certain providers there may be non-network. In these cases, the most those providers may 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 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 are never required to give up your protections from balance billing. You also aren't required to get care non-network. You can choose a provider or facility in your 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 network). Your health plan will pay non-network 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 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 deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may 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](mailto:consumer@mid.ms.gov)  
Website: [www.mid.ms.gov](http://www.mid.ms.gov)

Centers for Medicare and Medicaid Services  
Attn: No Surprises Act Consumer Protection  
Telephone: (800) 985-3059  
Website: <https://www.cms.gov/nosurprises/consumers>

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