



Your Rights and Protections Against Surprise Medical Bills

Medical billing can be hard to understand. We want you to understand your rights.

Your Rights:

- No Surprise Billing
- No Balance Billing
- A Good Faith estimate, if you do not have health insurance

Explaining “In-Network” and “Out-of-Network” charges

To keep costs lower, your health plan makes agreements with providers and health facilities. If you use those services, your charges are less. This is called **in-network**.

Going to a provider or facility your health plan does not have an agreement with is called **out-of-network**. If you choose to use out-of-network care your charges will be higher.

No Surprise Billing

Surprise billing is an unexpected bill when you are treated and charged out-of-network costs but did not purposely choose out-of-network care. This may happen if you needed emergency care and were out of your area. It may also happen if you did not know a provider was out-of-network because you were treated at an in-network facility.

No Balance Billing

Balance billing is when you are charged for the difference between in-network and out-of-network costs for emergency care or out-of-network providers you did not agree to before care was provided. This charge is usually more than in-network costs. It may not count toward your deductible.

You are protected from balance billing for:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-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 an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-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 in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

Good Faith Estimate

A Good Faith Estimate is a price estimate based on what we know at the time the estimate is made. It includes the estimated costs of the care that is intended for your visit, including related care that is reasonably anticipated to be provided as a direct result of the visit. You have a right to a good faith estimate if you do not have insurance or if you choose to self-pay for your medical care. Because your treatment can vary and your condition may change, we cannot guarantee the Good Faith Estimate will match the actual cost of your care.

Your Protections:

You are responsible to pay for **your share** of the cost of your medical care (copay, coinsurance, and deductibles).

You are never required to give up your protections from balance billing.

You are not required to use out-of-network care.

Your health plan generally must:

- Cover emergency services without needing advanced approval
- Cover emergency services by out-of-network providers and bill as in-network unless you give written consent
- Count any amount you pay for emergency care or out-of-network services toward your deductible and out-of-pocket limit

Where to Get Help

If you have any questions or concerns about your visit, including questions about in-network providers, good faith estimates, or concerns about any of your invoices, please contact us at **484-628-2663**. Our staff are trained and ready to help you.



Additional Help in Finding In-Network Providers

You may contact the Pennsylvania Insurance Department at <http://www.insurance.pa.gov/nosurprises> (www.insurance.pa.gov/nosurprises) or by phone at 1-877-881-6388 if you have difficulty finding a provider or facility in your plan's network.

Additional Help If You Believe you were Wrongly Billed

You may also contact the U.S. Centers for Medicare Services (CMS) at **1-800-MEDICARE** (1-800-633-4227) or visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Additional Help with Good Faith Estimates

You may also get more information about your rights to a Good Faith Estimate at [cms.gov/nosurprises](https://www.cms.gov/nosurprises) (<https://www.cms.gov/nosurprises>) or call **1-800-MEDICARE** (1-800-633-4227).