# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treatment from an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than the cost share required by your Sutter Health Plus benefit plan.

Note, Sutter Health Plus does not cover out-of-network care unless you require emergency services or urgent care, or you obtain prior authorization.

## What is "balance billing" (also known as "surprise billing")?

When you see a doctor or other healthcare 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 healthcare facility that is out-of-network.

"Out-of-network" means providers and facilities that do not have a signed contract to provide services to Sutter Health Plus members. Out-of-network providers may be allowed to bill you for the difference between what is covered by your benefit plan and the full amount charged for services. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your deductible or annual out-of-pocket maximum.

"Surprise billing" is an unexpected balance bill. This can happen when you cannot control who is involved in your care — like when you receive urgent or emergency care at an out-of-network facility, or if you go to an in-network facility and you are treated by an out-of-network provider.

## You are protected from balance billing for:

### Emergency services

If you get emergency services from an out-of-network provider or facility, the most they can bill you is the in-network cost-sharing amount (such as copayments, coinsurance and deductibles) required by your Sutter Health Plus benefit plan. You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

California law also protects you from surprise medical bills and prohibits balance billing when you receive emergency services provided by an out-of-network doctor or hospital.

### 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 can 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 cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

Sutter Health Plus
Your Health Plan

**You are never required to give up your protections from balance billing. You are also not required to get out-of-network care. You can choose a provider or facility in the Sutter Health Plus network.**

California law protects you from surprise medical bills and prohibits balance billing when you receive emergency services provided by an out-of-network doctor or hospital. California law also protects you from surprise medical bills when you receive non-emergency services at an in-network facility but are treated there by a professional who is out-of-network.

## When balance billing is not allowed, you also have these protections:

- You are only responsible for paying your cost share (like the copayments, coinsurance and deductible) that you would pay if the provider or facility was in-network. Sutter Health Plus will pay any additional costs to out-of-network providers and facilities directly.
- Generally, Sutter Health Plus must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization")
  - Cover emergency services by out-of-network providers
  - Base what you owe the provider or facility (cost-sharing) on what we 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 in-network deductible and out-of-pocket limit

**If you believe you have been wrongly billed**, call Member Services at 855-315-5800.

Information about your rights under federal law can be found at **cms.gov/nosurprises/consumers**. For more information or to file complaints, you can call the No Surprises Help Desk at 800-985-3059.

Visit the Department of Managed Health Care (DMHC) website at **dmhc.ca.gov** for more information about your rights under California law. You can also call the DMHC at 888-466-2219.