Northwestern Medicine®

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a physician or healthcare provider, you may owe certain out-of-pocket costs, such as a co-payment, coinsurance and/or a deductible. You may have other costs or have to pay the entire bill if you see a clinician or visit a healthcare facility that isn't in your health plan's network.

"Out-of-network" describes clinicians and facilities that haven't signed a contract with your health plan. Out-of-network clinicians may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service 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 an in- network facility but are unexpectedly treated by an out-of-network clinician.

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 clinician or facility, the most the clinician or facility may bill you is your plan's in- network cost-sharing amount (such as co-payments 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.

Illinois Public Act 96-1523 bans balance billing for anesthesiology, emergency, neonatology, pathology and radiology services provided at in-network hospitals or ambulatory surgery centers. Patients must be billed as though in-network clinicians furnished such services for cost-sharing purposes. The law does not apply to ERISA health plans, or to group or individual health plans that are self-funded.

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 clinicians there may be out-of-network. In these cases, the most those clinicians 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 clinicians **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.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

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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 in-network). Your health plan will pay out-of-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 out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it 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 deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Northwestern Medicine's billing team at 855.694.2866 available Monday through Friday from 8:00 am to 5:00 pm.

If you would like to file a federal complaint, please contact the Centers for Medicare & Medicaid Services (CMS) at **1.800.985.3059** or by visiting **https://www.cms.gov/nosurprises/consumers.**

If you would like to file a state complaint, please "File a Complaint" with the Illinois Department of Insurance by visiting **https://www2.illinois.gov/sites/Insurance/Consumers/Pages/File-a-complaint.aspx**.

For more information about your rights under Illinois General Assembly Public Act 096-1523 visit **www.cms.gov/nosurprises**

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