

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory (outpatient) surgical center, you are protected from “surprise billing” or “balance billing.” 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, such as a copayment, coinsurance, and/or a 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.

### 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 they can bill you is your plan’s in-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 balance billed for these post-stabilization services.

- **Certain services at an in-network hospital or outpatient surgical center**

When you get services from an in-network hospital or outpatient 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 **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).

### When balance billing isn’t allowed, you also have these protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-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 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 benefit.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

“Out-of-network” means providers and facilities that haven’t signed a contract with your health plan to provide services. Out-of-network providers may be allowed 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’s 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 provider). Surprise medical bills could cost thousands of dollars depending on the procedure or service.

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

If you think you’ve been wrongly billed, call 702-733-9938 or visit [www.chftoo.org](http://www.chftoo.org).

If you have questions about your rights, you may also contact the federal No Surprises Help Desk at 800-985-3059.

If you have questions about your rights, you may also contact the Nevada Governor’s Consumer Health Advocate at 888-333-1597.

For more information about your rights under federal law, visit <https://www.cms.gov/nosurprises/consumers>.

For more information about your rights under Nevada law, visit [https://adsd.nv.gov/Programs/CHA/Office\\_for\\_Consumer\\_Health\\_Assistance\\_\(OCHA\)/](https://adsd.nv.gov/Programs/CHA/Office_for_Consumer_Health_Assistance_(OCHA)/).