OUT-OF-NETWORK LIABILITY AND BALANCE BILLING

Description:
Balance billing occurs when an out-of-network provider bills you, the enrollee, for charges – other than copayments, coinsurance or any amounts that remain on a deductible.

Question and Answers:

Q. What is my financial liability for out-of-network services?

A. Your liability for out-of-network services includes a larger cost share (deductible and out-of-pocket) as well as the difference between SummaCare's allowed amount and the amount the out-of-network provider charges.

Q. Does this increased liability include emergency services?

A. You pay the same cost-sharing for emergency services from in-network and out-of-network providers. However, out-of-network providers may also bill you for the amount over and above SummaCare's allowable payment for the service.

Q. Will I be balance-billed? When would I?

A. If you select to use an out-of-network provider:

- Out-of-network providers don't have to accept SummaCare's maximum allowable payment as payment-in-full. The out-of-network provider may bill you for the difference between our maximum allowable payment and the amount that they typically bill for the service. You will be responsible for guaranteeing all prior authorizations and pre-approvals are completed by your out-of-network provider. If the proper prior authorization is not completed, the service will be reviewed for medical necessity and to determine if the service is a covered service. If the service is not medically necessary or not a covered service, the claim will be denied. You have the right to appeal this decision if you disagree with our decision.
- You will be responsible for meeting the out-of-network provider deductible. Please note that this deductible is separate from the in-network provider deductible. Also, you will be responsible for all copayments and coinsurance and any balance billing from the out-of-network provider. The level of coinsurance is stated on your Schedule of Benefits and is a lower reimbursement level than if you would use an in-network provider.

Q. How does the No Surprises Act impact balanced billing?

A. Beginning with certain services rendered on January 1, 2022 and beyond:

- 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 balanced 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.

- More information is available here.