



Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network facility, you are protected from surprise or balance billing.

What is “balance billing” or “surprise billing?”

When you see a health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that is not in your health plan’s network.

“Out of network” describes a health care provider that has not signed a contract with your health plan. Out-of-network providers 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 to be higher than the in-network cost for the same service.

“Surprise billing” refers to an unexpected balance bill. This can happen when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- **Certain non-emergency services at an in-network or out-of-network facility:**

The University of Arizona Campus Health Service (“UA CHS”) must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. When this happens at UA CHS, the most you can be billed for covered services is your in-network cost-sharing amount (copayments, coinsurance, and/or deductibles).

These providers cannot balance bill you.

Under Arizona law, if you received health care services at an in-network facility you may be eligible to submit a request for dispute resolution of qualifying out-of-network bills.

- **Emergency services:**

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most you

may be billed 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 receive 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.

Under Arizona law, if you received emergency services at an in-network facility you may be eligible to submit a request for dispute resolution of qualifying out-of-network bills.

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 receive 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 have questions about your rights, you may:

- Call UA CHS at (520) 626-6889;
- Visit this website for more information about your rights under federal law: [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers); or
- Visit this website for more information about your rights under Arizona law: difi.az.gov/arizonas-surprise-out-network-billing-dispute-resolution-soonbdr-program.

If you think you’ve been wrongly billed, you may contact the Arizona Department of Insurance and Financial Institutions at (602) 364-3100 and/or the U.S. Department of Health and Human Services at 1-800-985-3059.