

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 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 other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in the Directors Guild of America - Producer Health Plan's ("Health Plan") network, provided by Anthem Blue Cross.

“Out-of-network” describes providers and facilities that haven't signed a contract with the Health Plan's network, provided by Anthem Blue Cross. Out-of-network providers may be permitted to bill you for the difference between what the Health 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 provider.

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 the provider or facility may bill you is the Health 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 balance billed for these post-stabilization services.

The Health Plan Summary Plan Description (“SPD”) states in applicable part in Article IV, Section 1(b):

“(b) Balance Billing

Balance Billing means a provider bills you for the difference between the provider's billed amount and the Health Plan's Allowable Charge. Network providers may not balance bill you for any amount that exceeds the covered expenses. Non-Network providers may balance bill you for any amounts that

exceeds covered expenses, except in the case of Emergency Services, when you receive Emergency or Non-Emergency Services from a Non-Network provider at certain Network facilities, or when air ambulance services are furnished by Non-Network providers...”

Article IV, Section 4 of the Health Plan SPD also states, in applicable part:

“Section 4. Non-Network Providers

Doctors, Hospitals and other providers that do not belong to the Health Plan’s Preferred Provider Organizations are considered Non-Network providers. Non-Network providers may generally charge whatever they deem appropriate and balance bill you for any amount in excess of the Health Plan’s maximum Allowable Charge, except with respect to Emergency Services, non-Emergency Services from a Non-Network provider at certain Network facilities, and air ambulance services by a non-Network provider.

....

Note: Emergency Services, non-Emergency Services from Non-Network providers at certain Network facilities, and air ambulance services by Non-Network providers will be covered by the Health Plan in the same manner and with the same cost-sharing (i.e., co-payment, coinsurance or amounts paid towards deductibles) that applies to Network provider claims.”

The Health Plan SPD and all updates are available at www.dgaplans.org. If you would like a hard copy, please contact the Health Plan’s Participant Services Department at (323) 866-2200, Ext. 402 and we will mail you one at no cost.

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 the Health Plan’s in-network cost-sharing amount. Your co-insurance on these services will apply to your in-network out-of-pocket maximum. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. Unless you give written consent and give up your protections, these providers **can’t** balance bill you and may **not** ask you to give up your protections not to be balance billed.

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 the Health Plan's network.

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). The Health Plan will pay out-of-network providers and facilities directly.
- The 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; and
 - 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:

The Department of Health and Human Services at:

U.S. Centers for Medicare & Medicaid Services.
7500 Security Boulevard,
Baltimore, MD 21244

Or the Department of Labor:

Employee Benefits Security Administration
200 Constitution Ave NW
Washington, DC 20210
[1-866-4-USA-DOL](tel:1-866-4-USA-DOL)
[1-866-487-2365](tel:1-866-487-2365)
www.dol.gov

Visit www.cms.gov/nosurprises for more information about your rights under federal law.