



Surprise Billing Protections

This page describes your protections against unexpected medical bills. It also informs you that in certain situations you may have a decision to give up or otherwise waive those protections and pay more for out-of-network care.

What is **“surprise/balance billing”**? When you see a provider, you may owe out of pocket costs such as a copayment, coinsurance, deductible. You may have other costs or have to pay the entire bill if you see a provider/visit a facility not in your network.

“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, known as **“balance billing”**. **“Surprise billing”** is an unexpected balance bill when you cannot control who is involved in your care. You are protected from balance billing in emergency services and certain services at an in-network hospital/ambulatory surgical center.

Michigan law establishes protections for patients in state-regulated health plans. Out of network providers providing care to non-emergency patients must make disclosures to the patient such as:

- Your health insurance may not cover all services the out-of-network provider will offer
- A good faith estimated cost of services will be provided
- You may ask the services be performed by an in-network provider

IMPORTANT: If applicable to you, you will receive a Surprise Billing Protection Form with your services. You aren't required to sign the form and shouldn't sign it if you didn't have a choice of health care provider before scheduling care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

You would receive a No Surprise Bill notice if the provider or facility you are planning to go to isn't in your health plan's network and is considered out-of-network or you elected to self pay. This means the provider or facility doesn't have an agreement with your plan to provide services. Getting care from this provider or facility will likely cost you more. If your plan covers the item or service you're getting, federal law protects you from higher bills when:

- You're getting emergency care from an out-of-network provider or facility, or
- An out-of-network provider is treating you at an in-network hospital or ambulatory surgical center without getting your consent to receive a higher bill.

Ask your in-network health care provider or patient advocate if you're not sure if these protections apply to you. If you sign the No Surprise Bill form, be aware that you may pay more because:

- You're giving up your legal protections from higher bills.
- You may owe the full costs billed for the items and services you get.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit.

Contact your health plan for more information. Before deciding whether to sign the No Surprise form, you can contact your health plan professional to find an in-network provider or facility. If there isn't one, you can also ask your health plan if they can work out an agreement with this provider or facility (or another one) to lower your costs.