**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 your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t 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 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 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 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.

**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 your 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). Your health plan will pay out-of-network providers and facilities directly.

* Your 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.
  + 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**, contact the federal surprise billing hotline at 1-800-985-3059.

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

Attention: This notice is available in the fifteen different languages most commonly spoken in Kansas. Please ask for a copy at the front desk.

Atención: Este aviso está disponible en español. Por favor, pida una copia en la recepción.

အာရုံစိုက်နိုင်သည်။ ဤကြေညာချက်ကို မြန်မာနိုင်ငံတွင် ရရှိနိုင်ပါသည်။ ရှေ့စားပွဲမှာ မိတ္တူတစ်စောင်တောင်းပါ။

انتباه: هذا الإشعار متاح باللغة العربية. يرجى طلب نسخة من مكتب الاستقبال.

注意：本通知有中文版本。 請在前臺索取副本。

Attention : Cet avis est disponible en Français. Veuillez demander une copie à la réception.

Achtung: Dieser Hinweis ist in deutscher Sprache verfügbar. Bitte fragen Sie an der Rezeption nach einem Exemplar.

Xim: Daim ntawv ceeb toom no muaj nyob rau hauv Hmoob Dawm. Thov nug tau ib daim qauv ntawm lub rooj pem hauv ntej.

注意: この通知は日本語で入手できます。 フロントにてコピーをお願いします。

주의: 이 통지는 한국어로 제공됩니다. 프런트 데스크에서 사본을 요청하십시오.

ສົນໃຈ: ແຈ້ງການນີ້ມີຢູ່ໃນ Lao. ກະລຸນາຂໍສໍາເນົາທີ່ຫນ້າໂຕະ.

توجه: این اطلاعیه به زبان فارسی در دسترس است. لطفا ً يه کپي روي ميز جلويي بخواه.

Внимание: Это уведомление доступно на русском языке. Пожалуйста, запросите копию на стойке регистрации.

Tahadhari: Ilani hii inapatikana kwa Kiswahili. Tafadhali uliza nakala kwenye dawati la mbele.

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Chú ý: Thông báo này có sẵn bằng tiếng Việt. Vui lòng yêu cầu một bản sao tại quầy lễ tân.