

Understanding costs in advance

Starting in 2022, providers, facilities, and health plans will be required to give consumers upfront information on costs ahead of a service and potential out-of-network costs. Whether you have health insurance or are currently uninsured, you'll be able to get estimated costs ahead of a service to help you avoid surprise bills. Consumers with health insurance will be able to get these estimates from their health plan. Uninsured consumers will be able to get a "good-faith" estimate from their health care providers and facilities ahead of time.

Out-of-network describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may not 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 deductible or 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 in 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 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 procedures.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgery center, certain providers there may be out-of-network. In these cases, the most the provider may bill you is your plan's in-network cost-sharing amount. 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 cannot 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 cannot 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.

Good-faith estimate

Beginning January 1, 2022, health care providers and facilities must provide a good-faith estimate of expected charges to uninsured consumers, or to insured consumers if they don't plan to have their health plan help cover the costs (self-paying individuals). The good-faith estimate must be provided after a patient has scheduled an item or service, or upon their request. It should include expected charges for the primary item or service they're getting, and any other items or services that are provided as part of the same scheduled experience.

For example, if a patient is getting surgery, the estimate would include the cost of the surgery, any labs or tests, and the anesthesia that might be used during the operation. If an item or service is something that's not scheduled separately from the surgery itself, it should be included in the good-faith estimate. But, items or services related to the surgery that might be scheduled separately, like pre-surgery appointments or physical therapy in the weeks after the surgery, won't be included in the good-faith estimate.

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Providers and facilities must:

- Provide the good-faith estimate before an item or service is scheduled, within certain timeframes.
- Offer an itemized list of each item or service, grouped by the provider or facility offering care. Each item or service has to have specific details, like the health care code assigned to it and the expected charge.
- Explain the good-faith estimate to the patient over the phone or in-person if the patient requests it, and then follow up with a paper or electronic estimate.
- Provide the good-faith estimate in a way that's accessible to the patient.

Insurance ID cards

Starting in 2022, new pricing information will be shown on any physical or electronic plan or insurance identification card (ID) provided to patients.

This will include:

- Applicable deductibles
- Applicable out-of-pocket maximum limits
- A telephone number and website where consumer assistance will be provided

Additional information may be provided on a health plan's website that can be accessed through a Quick Response code (commonly referred to as a QR code) on a physical ID card, or through a hyperlink on a digital ID card.

When balance billing is not allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like 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, you may contact the Florida Office of Insurance Regulation at 850-413-3140.

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

Visit www.floir.com for more information about your rights under state laws.

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