

Your Rights and Protections Against Surprise Medical Bills

The No Surprises Act and California law protect you from surprise medical bills when you can't control who is involved in your care, such as emergency services, ambulance services or getting treated by an out-of-network provider at an in-network facility. This notice provides information about your rights and protections.

What is “balance billing” (also known as “surprise billing”)?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a healthcare facility that is out-of-network.

“Out-of-network” means providers, facilities and ambulances that do not have a signed contract to provide services to Sutter Health Plan members. Out-of-network providers, facilities and ambulances may be allowed to bill you for the difference between what is covered by your benefit plan and the full amount charged for services, except where prohibited by law. 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 annual out-of-pocket maximum.

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care — like when you receive urgent or emergency care at an out-of-network facility, or if you go to an in-network facility and you are treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services and authorized nonemergency ambulance services

If you get emergency services from an out-of-network provider, facility or ambulance, the most they can bill you is the in-network cost share amount (such as copayments, coinsurance and deductibles) required by your Sutter Health Plan benefit plan. You do not owe anything beyond that amount, and you cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

California law also protects you from surprise medical bills and prohibits balance billing when you receive nonemergency transportation services from an out-of-network ambulance that are prior authorized. You will not owe more than the in-network cost share amount for these ambulance 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 can bill you is your plan's in-network cost share 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 types of services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

Certain behavioral health crisis services

If you get behavioral health crisis services from an out-of-network 988 center, mobile crisis team or other provider of behavioral health crisis services, you cannot be charged more than the in-network cost share amount required by your Sutter Health Plan benefit plan.

Services related to a CARE agreement or CARE plan

If you receive services connected to a CARE agreement or CARE plan approved by a court, you cannot be charged any amount. This is regardless of whether the service is delivered by an in-network or out-of-network provider. (This does not apply to prescription drugs.)

Out-of-network care when in-network services are not available

If covered services are not available in-network within the standards set by law for timely access and network adequacy, Sutter Health Plan will arrange for out-of-network services. In these cases, you cannot be charged more than the in-network cost share amount required by your Sutter Health Plan benefit plan.

You are never required to give up your protections from balance billing. You are also not required to get out-of-network care. You can choose a provider or facility in the Sutter Health Plan network.

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

- You are only responsible for paying your cost share (like the copayments, coinsurance and deductible) that you would pay if provider, facility or ambulance was in-network. Sutter Health Plan will pay any additional costs to out-of-network providers, facilities and ambulances directly.
- Generally, Sutter Health Plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Cover authorized nonemergency transportation services from an out-of-network ambulance.
 - Base what you owe the provider, facility or ambulance (cost share) on what we would pay an in-network provider or facility and show that amount in your explanation of benefits.

Note: Unless otherwise agreed to with an out-of-network ambulance, Sutter Health Plan must pay the difference between the in-network cost share amount and either the local established rate, if available, or the reasonable and customary amount under Rule 1300.71(a)(3)(B).

- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you have been wrongly billed, please call Customer Service at **855-315-5800** (TTY 855-830-3500).

Information about your rights under federal law can be found at [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers). For more information or to file complaints, you can call the No Surprises Help Desk at **800-985-3059**.

Visit the Department of Managed Health Care (DMHC) website at [dmhc.ca.gov](https://www.dmhc.ca.gov) for more information about your rights under California law. You can also call the DMHC at **888-466-2219**.



Customer Service **855-315-5800**
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