



## Out-of-Network Surprise Billing Disclosure

### Surprise Billing—Know Your Rights

Beginning January 1, 2020, Colorado state law protect you\* from “Surprise Billing”, also known as “Balance Billing.”

“These Protections Apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and or
- You unintentionally receive covered services from an out of network provider at an in-network facility in Colorado

### What is surprise/balance billing, and when does it happen?

You are responsible for cost-sharing amounts as determined by your health insurance plan, including copayments, deductibles, and/or coinsurance. If you are seen by a provider or use services in a facility or agency that are not in your health plan’s network, you may have to pay additional costs associated with that care. Those providers or services at facilities or agencies are sometime referred to as “out-of-network.”

### When you CANNOT be balance billed:

**Emergency Services:** Not every service provided in an emergency department is an emergency service. If you are receiving emergency services, in most circumstances, the most you can be billed for is your plan’s in-network cost-sharing amounts. You cannot be balance- billed for any other amount. This includes both the emergency facility and any providers that see you for emergency care.

**Non-Emergency Services at an In-Network Facility at an Out-of-Network Facility.** The facility or agency must tell you if you are at an out-of-network location or an at in-network location that is using out of network providers. They must also tell you what types of services that may be provided by an out-of-network provider

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services form an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount (copayment, deductibles, and/or coinsurance). These providers cannot balance bill you.

### Additional Protections

- Your insurer will pay out-of-network providers and facilities directly. Again, you are only responsible for paying the in-network cost sharing portion for covered services.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of- pocket limit.
- Your provider or facility or agency must refund any amount you overpay within 60 day of being notified.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

**If you receive services form an our-of-network provider or facility or agency in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.**

If you think you received a bill for amounts other than your copayments, deductibles, and/or coinsurance, please contact our billing department at (970) 848-4825, or the Division of Insurance at (303) 894-7490, or 1-800-930-3745.

\*This law does not apply to all health plans and may not apply to out of state, out of network providers. Check to see if you have “CO-DOI” on your ID card. If not, this law may not apply to your health plan.