Chapin Orthopedic Surgery Center, LLC.

YOUR RIGHTS AND PROTECTION AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or 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" (or surprise billing)?

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket cost, such as co-payment, coinsurance, and/or deductible. You may have other cost or need to pay the entire bill if you see a provider or visit a healthcare facility that is **NOT** in your health plans 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 cost 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-net-work cost-sharing amount (such as copayment 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 balance 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 and hospitalist or intensivist services. These providers **can't** balance bill you and may not ask you to give up your protections **not** to be balanced 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 out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You are only responsible for paying your share of the cost (such as copayments, coinsurance, and deductibles that you would pay if the provider or facility were 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 authorizations)
  - -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 U.S Department of Health and Human Services No Surprise Helpdesk at 1-800-985-3059 or South Carolina Department of Insurance: 1-803-737-6160.
For more information about your rights under federal law, visit **www.cmsgov/nosurprises.**
For more information about your rights under state law, visit doi.sc.gov/638/Health-Insurance