

Surprise Billing Protections

As of January 1, 2020, state law protects some individuals from *surprise billing*, also known as *balance-billing*. This does *not* apply to all Colorado health plans. It only applies if you have “CO-DOI” on your insurance card. 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.

What is balance-billing? When does it happen? If you see a provider or use facility/agency services not in your plan’s network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs. Out-of-network providers often bill the difference between what your insurer says is the eligible charge and what out-of-network providers bill as a total charge.

When You CANNOT Be Balance-Billed: Emergency Services

If you receive emergency services, the most you can be billed is your plan’s in-network cost-share amounts: copayments, deductibles, and/or coinsurance. You cannot be balance-billed for other amounts including the emergency facility where you receive services and providers you see for emergency care.

Non-Emergency Services at In-Network or Out-of-Network Provider

The provider must tell you if you are at an out-of-network location or at an in-network location using out-of-network providers. They must tell you what types of services you will be using that may be provided by an out-of-network provider. You have the right to ask that in-network providers perform covered services, but you may have to receive services from 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 the in-network cost-sharing amount: copayments, deductibles, and/or coinsurance. These providers cannot balance-bill you for additional costs. Additional protections include:

- ❖ Your insurer will pay out-of-network providers and facilities directly.
- ❖ Your insurer must count amounts you pay for emergency services or certain out-of-network services (above) toward your in-network deductible and out-of-pocket limit.
- ❖ Your provider, facility, hospital, or agency must refund overpaid amounts within 60 days of being notified.
- ❖ No one (provider, hospital, or insurer) can ask you to limit or give up these rights.

If you receive services from an out-of-network provider, facility, or agency, you may be balance-billed or responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider, you may also be balance-billed.

To submit a provider complaint, visit: https://www.colorado.gov/pacific/dora/DPO_File_Complaint.

If you think you have been billed for amounts other than copays, deductible, and/or coinsurance, please contact Four Points management or the CO Division of Insurance at 800-930-3745. Please contact your insurance plan or the CO Division of Insurance with questions.

I have received information regarding the surprise billing protections and my rights under the law.

Client/representative signature: _____