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Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as 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 health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or 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're 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 they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services, including 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.

State Balance Billing Summary

Connecticut's surprise billing law predates and runs alongside the federal No Surprises Act, but six key differences are worth knowing. First, which law applies depends on the patient's insurance; fully insured plans follow Connecticut state rules, while self-insured employer plans (common with larger employers) fall under federal law. Second, Connecticut's reimbursement standard is generally more favorable to providers, requiring payment at the highest of the in-network rate, Medicare rate, or usual and customary charges benchmarked at FAIR Health's 80th percentile; the federal process uses a lower median in-network rate and prohibits usual and customary charges entirely. Third, disputes under fully insured plans go through a Connecticut state process, while self-insured plan disputes go through the federal independent dispute resolution system, each with its own rules and timelines. Fourth, Connecticut expressly protects patients from surprise bills when an in-network provider refers them to an out-of-network laboratory. Fifth, Connecticut enforces its rules through the state Unfair Trade Practices Act, meaning improper billing or credit reporting of a surprise bill can trigger civil lawsuits and penalties beyond what federal law provides. Sixth, Connecticut extended balance billing

protections to urgent crisis centers as of January 2023, a coverage category the federal No Surprises Act does not address.

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-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services. These providers can't 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 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.

State Written-Consent Timing

The state consent-timing rule mirrors the federal standard precisely – 72 hours advance notice.

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

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must: cover emergency services without requiring prior authorization; cover emergency services by out-of-network providers; base what you owe on what it would pay an in-network provider and show that amount in your explanation of benefits; and count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

Where to Report a Wrongful Bill (State Regulator)

The state regulator for the No Surprises Act in Connecticut is the Connecticut Insurance Department (CID), which enforces both Connecticut's state surprise billing law (CGS §§ 38a-477aa and 20-7f) and the federal No Surprises Act for fully insured health plans regulated by the state. The CID is led by the Insurance Commissioner and operates through its Consumer Affairs Division. It is important to note, however, that the CID's jurisdiction is limited to fully insured plans — for self-insured employer plans, enforcement authority rests with the federal government through CMS. Complaints falling outside state jurisdiction can also be submitted to the federal help line 1-800-985-3059.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law, and your state regulator's website for your rights under state law.