

## Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or mobile surgical center, you are protected from balance billing. In these cases, you should not be charged more than your plan's copays, insurance code, 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 [copay](#), [coinsurance](#), or [deductible](#). You may have extra costs or have to pay the full bill if you see a provider or visit a health care facility that is not in your health plan's network.

"Out-of-network" means providers and facilities that have not signed a contract with your health plan to provide services. Out-of-network providers may be able to bill you for the difference between what your plan pays for and the total amount charged for a service. This is called "**balance billing**." This amount is likely to be greater than in-network costs for the same service and may 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, such as when you have an emergency or when you schedule a visit at an in-network facility, but are treated unexpectedly by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

### **You are protected against billing balances by:**

#### **Emergency services**

If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most they can bill you is the amount of cost-sharing within your plan's network (such as copays, coinsurance, and deductibles). **You cannot be billed** for these emergency services. This includes services you may obtain after being in stable condition unless you give your written consent and waive your protections from being billed for these post-stabilization services.

The Puerto Rico Law No. 134 of September 1, 2020 "Law for the Protection of Patients from Surprise Medical Bills", as well as local Law No. 194-2000 "Patient Bill of Rights and Responsibilities", as amended, establishes that, if you receive emergency services from a non-participating provider, the provider offering those services cannot bill you in excess of the applicable deductible, Copayment, or coinsurance for services rendered, according to your coverage.

#### **Certain services in an in-network hospital or outpatient surgical center**

When you receive services from an in-network hospital or outpatient surgical center, certain providers may be out-of-network. In these cases, the most those providers can bill you is the amount of cost-sharing within your plan's network. This applies to emergency medicine,

anesthesia, pathology services, radiology, laboratory, neonatology, attending surgeon, hospitalist or intensivist. These providers cannot bill you for the balance and **cannot** ask you to waive their protections from being billed to the balance.

If you obtain other types of services at these in-network facilities, out-of-network providers **cannot** balance bills you unless you give written consent and waive their protections.

**You will never be asked to waive your protections against balance billing. You are also not required to receive out-of-network care. You can choose a provider or facility in your plan's network.**

The Puerto Rico Law No. 134 of September 1, 2020 "Law for the Protection of Patients from Surprise Medical Bills", as well as local Law No. 194-2000 "Patient Bill of Rights and Responsibilities", as amended, establishes that, if you receive emergency services from a non-participating provider, the provider offering those services cannot bill you in excess of the applicable deductible, Copayment, or coinsurance for services rendered, according to your coverage.

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

- You are only responsible for paying your share of the cost (such as copayments, coinsurance, and the deductible you would pay if the provider or facility were in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- In general, your health plan should:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services from third-party providers.
  - Based on what you owe the provider or facility (cost-sharing) in what you 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 in-network deductible and out-of-pocket limit.

**If you believe you have been improperly billed**, please contact [[www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers)] to learn more about your rights under federal law. *The federal telephone number for information and complaints is: 1-800-985-3059*].

**If you believe you have been wrongly billed or have violated your rights under this law**, you can file a claim with the Puerto Rico Insurance Commissioner's Office.

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