

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by a non-PPO Provider at a PPO Provider hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than the IBEW Local 347 Electrical Workers Health and Welfare Fund's (the "Plan") copayments, coinsurance and/or deductible.

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

The Plan offers the UnitedHealthcare network of physicians, hospitals, facilities and other health care providers. UnitedHealthcare contracts with these providers to offer medical treatment to you and your dependents at a reduced rate. This network of providers is called a Preferred Provider Organization ("PPO"), and the providers in the network are called "PPO Providers."

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](#), like a [copayment](#), [coinsurance](#), or [deductible](#). You may have additional costs or have to pay the entire bill if you see a non-PPO Provider. "Non-PPO Providers" are providers and facilities that have not signed a contract with UnitedHealthcare to provide services. Non-PPO Providers may be allowed to bill you for the difference between what the Prevailing Charge (as that term is defined in the Plan's Combination Plan Document and Summary Plan Description) and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than what would be charged by a PPO Provider and might not count toward your plan's deductible.

"Surprise billing" is an unexpected balance bill. This can happen when you cannot control who is involved in your care—like when you have an emergency or when you schedule a visit at a PPO Provider facility but are unexpectedly treated by a non-PPO Provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

### **You are protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from a non-PPO Provider, the most they can bill you is the Plan's cost-sharing amount (such as copayments, coinsurance, and deductibles) for PPO Providers. You **cannot** be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

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

When you get services from a PPO Provider hospital or ambulatory surgical center, certain providers there may be non-PPO Providers. In these cases, the most those providers can bill you is the Plan's cost-sharing amount that applies to PPO Providers. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **cannot** 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 a PPO Provider facility, non-PPO Providers **cannot** balance bill you, unless you give written consent and give up your protections.

**You are never required to give up your protections from balance billing. You also are not required to get out-of-network care. You can choose a provider or facility in the Plan's network.**

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

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility been a PPO Provider). The Plan will pay any additional costs to non-PPO Providers directly.
- Generally, the Plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services rendered by non-PPO Providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay facility PPO Provider 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.

**If you think you have been wrongly billed**, you may contact the Fund Office at 844-347-IBEW (4239) or by mail at IBEW Local 347 Electrical Workers Health and Welfare Plan, P.O. Box 26068, Salt Lake City, UT 84126-0068. You may also contact the Centers for Medicare & Medicaid Services ("CMS") by visiting <https://www.cms.gov/nosurprises/consumers/complaints-about-medical-billing> or calling the CMS phone number for information and complaints: 1-800-985-3059.

Visit [www.ibew347benefits.com](http://www.ibew347benefits.com) or [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.