

Imagine you go to a hospital for a routine procedure. You've made sure your hospital and doctor are covered by your insurance. The procedure goes well and you head home to recover. Two weeks later, you get the bill, but instead of the copay you expected, you get a bill for nearly \$4,000. Turns out, the anesthesiologist who assisted with your procedure was "out of network" and your insurance won't cover that bill as you expected. You've received a surprise medical bill and now owe the difference between what your insurance will pay the out-of-network anesthesiologist and what you were billed.

### **What is a "surprise" medical bill?**

You receive a surprise medical bill when, through no fault of your own, you are treated by providers outside of your insurance network, or in a non-preferred tier. These out-of-network or non-preferred providers can charge exorbitant rates only revealed when the bill arrives in the mail. The average emergency room surprise bill is [around \\$600](#), but these surprise bills can range into the [tens of thousands of dollars](#). When out-of-network providers charge these high rates, it drives up costs for everyone. Consumers are burdened with higher bills that they had no way to avoid. And when insurers have to pay their share of this higher charge, they're likely to pass on that cost to everyone by raising premiums.

### **Know your rights**

It is important to know your rights to protect yourself from these exorbitant out-of-network charges. If you have insurance through Medicare, Medicaid, CHIP, or are on Veterans Affairs Health Care, you are fully protected from surprise bills. These consumer tips are for people covered under any other type of insurance, including those that purchase coverage through Pennie™.

Pennsylvania law protects people insured in an [HMO or PPO plan from surprise bills](#) related to emergency treatment by an out-of-network provider. To be protected under Pennsylvania's surprise medical bills law, you must be insured by a commercial fully-insured (state-regulated) health insurance plan. Check with your insurer to see if your plan is state-regulated.

In this situation, you should not be charged for anything more than what you would normally owe for in-network treatment. Your managed care plan is responsible for paying the necessary additional costs associated with your treatment. If you believe you have been sent a surprise bill, inform your insurer at once and follow the steps below on "What to do if you receive a surprise medical bill."

You could still be required to pay an out-of-network bill in the following situations:

1. If you are a [PPO enrollee and you receive emergency treatment](#) at an out-of-network facility, you will be responsible for whatever charges you would have had to pay if you had gone to an in-network facility.
2. If you receive non-emergency services from an out-of-network provider.

3. If you receive non-emergency services at an out-of-network facility.
4. If you are transported by an out-of-network ground or air ambulance. See the section “tips for lowering a medical bill” below to learn how you can try to lower your bill from ambulances not covered by your insurer.

---

### **What to look for on any bills related to emergency treatment**

Pennsylvania law does not prohibit out-of-network providers from sending you a bill for these services even if you are not required to pay it. So, if you receive a bill for emergency treatment, be sure to carefully review the bill to determine if you have protections that don't require you to pay it. Read the section below on “What to do if you receive a surprise medical bill.”

Also, you might go to a hospital for an emergency, but the treatment related to your care might not be classified and coded by the billing department as an emergency. In this situation, you may not be protected from an out-of-network bill. Use the resources listed below in the section “What to do if you receive a surprise medical bill” if you find yourself in that situation.

### **What to do if you receive a surprise medical bill**

If you receive a surprise out-of-network charge or think your bill is incorrect, use these tips to attempt to lower a medical bill:

1. Make sure you are looking at an actual bill or invoice from the medical provider. An “Explanation of Benefits” is not a bill, but only a statement from your insurance company about what you might owe.
2. If the bill looks incorrect, do not ignore it. Call your insurance company and the provider sending the bill. Sometimes bills are sent before the insurance company has made its portion of the payment. Call your insurer and ask for more information.
3. If you think you have received a surprise medical bill, you can fight the charges. But first, here are a few questions to ask. If you are able to answer yes to all these questions, then you might not have to pay the bill:
  - a. Is your insurance plan a state-regulated plan or has your plan opted in to the protections? If you are unsure, contact your employer, your insurer or the Pennsylvania Insurance Department at 1-877-881-6388.
  - b. Is the bill for more than your typical copay for in-network services?
  - c. Is the bill for treatment in an emergency room?
  - d. If the care was not in an emergency situation, was the facility or provider sending the bill covered by your insurance network?

If your bill does not meet all the requirements above, you may still be able to lower the amount you owe. See “Tips for lowering a medical bill.”

1. If you think you've been sent a bill you should not have to pay, file a complaint with your insurer. Then file a complaint with the Pennsylvania Insurance Department [online](#) or by phone at 1-877-881-6388.
2. Additionally, you may contact the [Pennsylvania Health Access Network's helpline](#) at 877-570-3642 for additional help on resolving your insurance bill.
3. You may also contact the Pennsylvania Attorney General's office by [filing a complaint online](#), or by phone at 1-877-888-4877.

### **Tips for lowering a medical bill**

If your plan is not protected by Pennsylvania's law or you receive a surprise bill for ambulance transport or some other reason, you may be able to lower the amount you owe by negotiating with your provider and insurer. Use these tips to try to lower your bill:

1. Ask for an itemized bill and check that you are not being mistakenly billed for treatment you did not receive.
2. Compare the itemized bill to your Explanation of Benefits to see whether your insurer is paying their share. Sometimes patients are billed for services because their provider sent the wrong billing code to the insurer.
3. Contact your provider and ask about anything you don't understand. Also confirm that your provider billed your current insurance company or your secondary insurance company if applicable.
4. Contact your insurer to see if any mistakes were made on their end.
5. If there are no mistakes, try negotiating with your provider. Many hospitals have patient advocate departments to help you negotiate the bill.
6. Contact the Pennsylvania Insurance Department [online](#) or by phone at 1-877-881-6388. They may be able to help you fight the bill.
7. Additionally, you may contact the [Pennsylvania Health Access Network's helpline](#) at 877-570-3642 for additional help on resolving your insurance bill.
8. Keep careful notes, including dates and times, of all conversations you have. Get the names of the people you are speaking to. Keep your files in one place for easy access.
9. Be patient and clear in your requests.

---

### **Special information during the COVID-19 pandemic**

Testing for COVID-19 is free for both [insured](#) and [uninsured](#) consumers. Health plans are required to cover the cost of testing (even if you don't have symptoms or have not been exposed to someone with COVID-19). This means that if you want to be tested for any reason,

such as before visiting a family member, your insurance must pay for the test and cannot bill you for any copay, coinsurance, or deductible.

Even though the test is free, many people have been billed for other fees, such as a “facility fee.” When you choose a testing site, call to be sure there are no additional fees. In Pennsylvania, you can be tested at [Walgreens](#), [Walmart](#), [Rite Aid](#), [eTrueNorth](#), and [Health Mart](#) at no cost. You do not need a referral to be tested at these pharmacies, but you do have to arrange an appointment beforehand. To find out more about COVID testing in your state, use this [resource](#).

The COVID-19 vaccine is also free for all Americans. Insurance plans are required to pay for any associated administration costs without cost-sharing. If you do receive a bill related to your COVID-19 vaccine appointment, contact your insurer. You are not required to pay any cost-sharing (copay, coinsurance, or deductible) related to getting a vaccine against the COVID-19 virus.

*Note on vaccines: All Americans 12 years of age and older are now able to register for a COVID-19 vaccine. These vaccines are free to consumers. Insurance plans are also required to pay for any associated administration costs without cost-sharing. If you do receive a bill related to your COVID-19 vaccine appointment, contact your insurer. You are not required to pay any cost-sharing (copay, coinsurance, or deductible) related to getting a vaccine against the COVID-19 virus.*

---

## **More consumer protections are coming in January 2022**

In a victory for consumers, Congress passed the No Surprises Act to expand surprise billing protections to all insured Americans. This means that Pennsylvania residents covered by federally regulated plans who are currently without protections under Pennsylvania law will be protected from surprise bills beginning in 2022. Also, people who currently have some protections under Pennsylvania law will have more robust protection against surprise billing in even more situations. The federal protections will go much further than Pennsylvania’s current laws to protect consumers.

As of January 2022, providers will be banned from sending these unfair bills. It will be illegal to send prohibited out-of-network bills to patients. (Some balance bills will be allowed, especially where a provider gave notice and the patient consented.) That means you should never receive an illegal surprise bill from an out-of-network provider, and therefore, you will not have to pay a surprise out-of-network bill of any amount. The new law in 2022 will also prevent air ambulances from sending out-of-network surprise bills in any circumstance.