MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

No Surprises Act (*Effective January 1, 2022)*

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

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, and/or a deductible. You may have other 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" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay 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 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 are 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 the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance and/or deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're 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 an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia,

pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or 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 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.

Out-of-network air ambulance services
Out-of-network air ambulance services can't balance bill you if your Plan covers in-network air ambulance services.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

Although the MHCAEBP is generally regulated under federal law as an employee welfare benefit plan, Mississippi law also prohibits balance billing when a health care provider accepts an assignment of the patient's insurance proceeds. In such cases, payment by the insurer is considered payment in full, other than payment by the patient of normal cost sharing, such as deductibles, co-pays and co-insurance.

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

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:

    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).

    - Cover emergency services by out-of-network providers.

    - Base what you owe the provider or facility (cost-sharing) on what it 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 deductible and out-of-pocket limit.

If you have any questions regarding your rights, you may contact the Plan at MHCAEBP, 282 Commerce Park Drive, Ridgeland, Mississippi 39157; Phone (601)707-2471 or (888)927-9227; Fax (601)707-2482.

If you believe you've been wrongly billed, you may contact:

The U.S. Centers for Medicare & Medicaid Services (CMS) at **1-800-MEDICARE** (1-800-633-4227) or visit **https://www.cms.gov/nosurprises** for more information about your rights under federal law; or

The Mississippi Insurance Department at **1-800-562-2957** or visit "Balance Billing" at **https://www.midhelps.org/insurance-guide/balance-billing/** for more information about your rights under Mississippi law.

IMPORTANT NOTICE REGARDING PLAN'S GRANDFATHERED STATUS

(APPLIES TO COVERAGE OPTION A ONLY!)

The Mississippi Health Care Association Employee Benefit Plan (Coverage Option A) is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, for example, the elimination of lifetime and annual limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan at MHCAEBP, 282 Commerce Park Drive, Ridgeland, Mississippi 39157; Phone (601)707-2471 or (888)927-9227; Fax (601)707-2482. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. **Note: Coverage Option B is not grandfathered under the Affordable Care Act.**