

## 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 and coinsurance). 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 balance 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.

**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.**

**State Protections:** A state balance billing and/or surprise bill law may also apply to your comprehensive group medical insurance plan issued by Nippon Life Insurance Company of America (Nippon Life Benefits). For more information about these protections, as summarized below, please contact us at 800-374-1835. You may also contact the Department of Insurance of the state in which your policy is situated.

**California:** If you have coverage under a California situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered by an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the California Department of Insurance (1-800-927-4357) for more information. Additional information regarding California's consumer protections from surprise medical bills is available here: <https://www.insurance.ca.gov/01-consumers/110-health/60-resources/NoSupriseBills.cfm>

**Delaware:** If you have coverage under a Delaware situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Delaware Department of Insurance (302-674-7300) for more information.

**Georgia:** If you have coverage under a Georgia situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Georgia Department of Insurance (1-800-656-2298) for more information.

**Illinois:** If you have coverage under an Illinois situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Illinois Department of Insurance (866-445-5364) for more information.

**Indiana:** If you have coverage under an Indiana situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Indiana Department of Insurance (800-622-4461) for more information.

**Michigan:** If you have coverage under a Michigan situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services

rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Michigan Department of Insurance (833-ASK-DIFS (833-275-3437)) for more information. Additional information regarding Michigan's consumer protections from surprise medical bills is available here: <https://www.michigan.gov/difs/0,5269,7-303--560598--,00.html>

**New Jersey:** If you have coverage under a New Jersey situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the New Jersey Department of Banking and Insurance (1-800-446-7467) for more information. You may also find additional information about these consumer protections on our website here: <https://www.nipponlifebenefits.com/DATAFOLDER/cs/NC20252-0.pdf>. Additional information regarding New Jersey's consumer protections from surprise medical bills is available here: [https://www.state.nj.us/dobi/division\\_consumers/insurance/outofnetwork.html](https://www.state.nj.us/dobi/division_consumers/insurance/outofnetwork.html).

**New York:** If you have coverage under a New York situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or receive a 'surprise bill' as defined by New York law, state consumer protections may apply. Please contact Nippon Life Benefits or the New York Department of Financial Services (NYDFS) ((800) 342-3736) for more information. You may also find additional information about these consumer protections on our website here <https://www.nipponlifebenefits.com/member-service/ny-state-specific-requirements/new-york-state-required-website-materials/>, and via the NYDFS website here [https://www.dfs.ny.gov/consumers/health\\_insurance/surprise\\_medical\\_bills](https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills).

**Ohio:** If you have coverage under an Ohio situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Ohio Department of Insurance (800-686-1526) for more information.

**Pennsylvania:** If you have coverage under a Pennsylvania situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Pennsylvania Department of Insurance (1-877-881-6388) for more information.

**Texas:** If you have coverage under a Texas situated comprehensive group medical insurance plan issued by Nippon Life Benefits and you receive a bill for out-of-network services rendered during an emergency or from an out-of-network provider at an in-network setting, state consumer protections may apply. Please contact Nippon Life Benefits or the Texas Department of Insurance (800-252-3439) for more information.

**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 believe you've been wrongly billed:** please contact Nippon Life Benefits at 800-374-1835. You can also visit <http://www.cms.gov/nosurprises> for more information about your rights under federal law. A state balance billing law may also apply to your group health plan issued by Nippon Life Benefits. For more information about these protections, please contact us and/or refer to the summaries and regulatory contact information previously provided in this notice.