

McLaren Print System Order

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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 use a provider or other health care provider, you may incur out-of-pocket costs, such as a copayment, coinsurance, and/or deductible. You may have other costs or have to pay the entire bill if you use a provider or other health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't agreed to 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 at a facility, the most the provider or facility may bill you is your plan's in-network negotiating amount, such as in-network rates and co-insurance. 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 out-of-network services.

In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to your visit for emergency or non-emergency services. Michigan and Ohio law, for example, set out-of-network provider and facility cost caps for emergency services. Additional information is available from your state government. Michigan residents can visit

Out-of-network services at an in-network hospital or ambulatory surgical center
 When you get services from an in-network hospital or ambulatory surgical center, out-of-network providers that may be out-of-network.

In these cases, the most these providers may bill you is your plan's in-network negotiating amount. This applies to emergency services, preexisting conditions, self-referrals, referrals, emergency, non-emergency, scheduled, or scheduled or unscheduled services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

Health plans required to give up their protections from balance billing. This also does not require to give up out-of-network. This can release a provider or facility in your plan's network. In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to non-emergency services at an in-network facility. Additional information is available at your state's website. Michigan residents can visit

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