Quyền Hạn và Sự Bảo Vệ của Quý Vị Đối Với Hóa Đơn Y Phí Bất Ngờ

Your Rights and Protections Against Surprise Medical Bills - Vietnamese

Khi quý vị được điều trị khẩn cấp hoặc điều trị bởi một bác sĩ ngoài mạng lưới tại một bệnh viện hoặc trung tâm giải phẫu ngoại chẩn ở trong mạng lưới thì quý vị được sự bảo vệ đối với các hóa đơn tiền sai biệt. Trong các trường hợp điều trị này, quý vị sẽ không phải trả tiền gì khác ngoài tiền phụ y phí, phụ phí bảo hiểm và/hoặc tiền khấu trừ.

"Hóa đơn sai biệt" là gì (đôi khi còn được gọi là "hóa đơn bất ngờ")?

gency 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.

California law protects enrollees in state regulated plans from surprise medical bills when an enrollee receives emergency services from a doctor or hospital that is not contracted with the patient's health plan or medical group. In covered circumstances, providers cannot bill consumers more than their in-network cost sharing.

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 can bill you is

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 types of 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 out-of-network care. You can choose a provider or facility in your plan's network.

California law protects enrollees in state regulated plans from surprise medical bills when an enrollee receives scheduled care at an in-network facility such as a hospital, lab, or imaging center, but services are delivered by an out-of-network provider. In covered circumstances, providers cannot bill consumers more than their in-network cost sharing. Further, for uninsured individuals, hospitals must provide the patient with a written estimate of the amount the hospital will require for the expected services at the time of service.

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

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

- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "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 in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the California Department of Managed Health Care at 1-888-466-2219 or the California Department of Insurance at 1-800-927-4357 for enforcement issues related to state regulated plans, or the U.S. Centers for Medicare & Medicaid Services at 1-800-985-3059 (https://www.cms.gov/nosurprises/consumers) for enforcement issues related to federally regulated plans.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.

Visit www.HealthHelp.ca.gov for more information about your rights under state law.