



unless you give written consent and give up your protections not to be balance billed for these post stabilization services

**Certain non-emergency services at an in-network hospital or ambulatory surgical center**

You're also protected when you get services from an in-network hospital or ambulatory surgical center in the United States. Certain providers there may be out of network. You may not know which providers are in or out of network. It's always good to ask whether a provider participates in your health plan's network if you can. If the provider is out of network, the most they may bill you is your plan's in-network cost sharing amount, such as a copay or coinsurance. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, an assistant surgeon, hospitalist, or intensivist services. **As providers are not balance billed and you do not have to give up our protections against balance billing.**

If you get other services at these in-network facilities, out-of-network providers **and** balance bill you, unless you give written consent and give up your protections.

Your network requirement to give up our protections to be balance billed. You also are not required to go out of network. You have the right to go to a provider or a facility in our plan's network.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on [FEDERAL and STATE SPECIFIC NOTICES AND DISCLOSURES](#) on Cigna.com

**As a balance billed patient, you also have your own protections under state laws.**

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 EOB
- Count any amount you pay for emergency services or out of network services toward your deductible and out of pocket limit

**How to avoid a balance bill**

Please call Cigna if you get a balance bill. Use the phone number on your ID card. You can also contact the No Surprises Help Desk at \_\_\_\_\_ or \_\_\_\_\_

**http://www.cigna.com/nosurprises** for more information about your rights under federal law.