



Your Rights and Protections Against Surprise Medical Bills

This notice explains how you can get help with unexpected bills from out-of-network providers. This applies to members enrolled in health plans subject to New York regulations. Check your plan documents for more details on balance bills. You can also call Member Services at the toll-free number on your ID card.

What is “balance billing” (sometimes called “surprise billing”)?

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn’t be charged more than your plan’s copayments, coinsurance and/or deductible.

When you see a doctor or other health care provider, you may owe certain **out-of-pocket costs**, like a **copayment**, **coinsurance** or **deductible**. You may have additional 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” means providers and facilities that haven’t signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan’s deductible or 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. Surprise medical bills could cost thousands of dollars, depending on the procedure or service.

You’re protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider, hospital, or a mobile crisis intervention center, the most they can bill you is your plan’s in-network cost-sharing amount (such as copayments, coinsurance and deductibles). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in a stable condition.

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 your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist and 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 **can’t** give up your protections for these other services if they are a surprise bill. Surprise bills are when you’re at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge or unforeseen medical services were provided.

Services referred by your in-network doctor

Surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed. You may need to sign a New York State Surprise Bill Certification form (available on the Department of Financial Services' website at <http://www.dfs.ny.gov>) for the full balance billing protection to apply.

You're never required to give up your protection 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.

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 deductibles 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

Notify us or contact the New York State Department of Financial Services at **1-800-342-3736** or **surprisemedicalbills@dfs.ny.gov**. Visit <http://www.dfs.ny.gov> for information about your rights under state law.

Let us know if you had a New York surprise bill for "**emergency services**" and "**certain services at an in-network hospital or ambulatory surgical center**." Providers are prohibited from balance billing you. If the provider is billing you, a customer service representative can help you.

If you had a surprise bill for "**services referred by your in-network doctor**," follow the below steps:

1. Complete a Surprise Bill Certification Form.
2. Tell your provider this is a New York surprise bill.
3. Send a copy of your Surprise Bill Certification form to your provider. This alerts the provider not to bill you more than your in-network cost share.

How to send us a Surprise Bill Certification Form

1. Log in to your secure member website at **[Aetna.com](https://www.aetna.com)**.
 - Click "Contact Us" in the upper right corner.
 - Attach your form and bill.
 - Click "Submit."

2. Mail the form to us at:

Aetna
Member Correspondence Unit
PO Box 981106
El Paso, Texas 79998-1106



What happens after Aetna gets my Certification Form?

1. We'll review the balance over your network cost share (copayment, deductible or coinsurance). We will send you an Explanation of Benefits (EOB) if we pay more to the provider.

Please be aware: For dates of services prior to 01/01/2022, your cost share may increase if we paid the provider more. Due to changes in New York law, for dates of service 01/01/2022 and after, if we pay more to the provider, your cost share won't increase. You will only owe the cost share shown on your initial EOB.

2. If we cannot settle the balance with the provider, the provider may file a payment dispute called Independent Dispute Resolution (IDR).

Independent Dispute Resolution Process (IDR)

Certain payment disputes can be sent to the New York IDR process. Disputes must be submitted to an IDR entity (IDRE) within three (3) years of the date we made the initial payment on the claim in dispute.

IDR for surprise bills and emergency services

1. We or a provider may request IDR.
2. The IDR application can be found on the New York Department of Financial Services website at **DFS.NY.gov**. The process starts by completing an IDR application and sending it to the New York Department of Financial Services.
3. The IDR application will be reviewed by an IDRE selected by the state.
4. The IDRE will decide if our payment or the provider's fee is appropriate within 30 days of receiving the IDR application.
5. A member of a self-funded health plan or a patient who does not have insurance may also file IDR on their own.
6. IDR is for services performed in New York.

Please be aware: For dates of services prior to 01/01/2022, your cost share may increase if we paid the provider more. Due to changes in New York law, for dates of service 01/01/2022 and after, if we pay more to the provider, your cost share won't increase. You will only owe the cost share shown on your initial EOB.

NEW YORK STATE SURPRISE MEDICAL BILL CERTIFICATION FORM

You are protected from surprise medical bills. Your health plan must pay your health care provider, and your provider cannot bill you, except for any in-network cost-sharing.

- This form is required for surprise bills in (1) below for dates of service before 1/1/22 and for surprise bills in (2) below for all dates of service. This form is **NOT** required for surprise bills in (1) below for dates of service on and after 1/1/22 but helps identify when services are a surprise bill.
- Send a copy of this form to your **provider** and **health plan** (include a copy of any bill you received).
- Your provider may complete this form for a surprise bill described in (1) below for dates of service on and after 1/1/22, and your provider must send it to your **health plan**.

A surprise bill is when:

1. You're at an in-network hospital or ambulatory surgical facility and an in-network provider was not available; an out-of-network provider provided services without your knowledge; or you needed unforeseen medical services. Also, you did not choose to receive services from an out-of-network provider instead of from an available in-network provider before you went to the hospital or ambulatory surgical facility. (Emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services in an in-network hospital or ambulatory surgical facility are usually a surprise bill.)
2. During a visit with your in-network doctor, an out-of-network provider treats you; your in-network doctor takes a specimen from you and sends it to an out-of-network lab or pathologist; or your in-network doctor refers you to an out-of-network provider (and referrals are required under your health plan). Also, you did not sign a written consent that you knew the services would be out-of-network and result in costs not covered by your health plan.

I certify to the best of my knowledge that (check one):

- ☐ I received services that are a surprise bill as described in (1) or (2) above and I want the provider to seek payment for this bill from my health plan (this is an "assignment") **OR**
- ☐ I am a **health care provider**, and the insured received services that are a surprise bill as described in (1) above for dates of service on and after 1/1/22.

Patient Name:		Date of Service:
Patient Mailing Address:		
Insurer Name:	Insurance ID No.:	
Provider Name:	Provider Phone No.:	
Provider Mailing Address:		
Provider Contact Name (if different from provider name):		
Provider Contact Email Address:		
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.		
Signature (of patient or provider):		Date Signed:

If you have questions about this form, contact the Department of Financial Services at 1-800-342-3736.

NYS FORM SURPRISE BILL (12/30/21)

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎቶችን ያለ ክፍያ ለ መግኘት፣ በ መታወቂያ ዎት ላይ ያለውን ቁጥር ይደውሉ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով սպիկմար խորհրդատվություն ստանալու համար գանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন৷
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန် သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número ÛĊŇÛĊÊ ĩ ħē sOvê tērăŦtē ŗ'ÛŋŦŦĆtÛLÛĊÊĆÛÛ.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago'i i setbision lengguañhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ꠄꠤꠔꠞ ꠑꠟꠏꠕꠐꠒ ꠓꠙꠜꠚꠚꠞ ꠘ ꠘꠃꠔꠞ ꠘꠘꠄꠘꠚꠞ ꠔꠤ, ꠘꠕꠕꠖꠔꠕ ꠘꠔꠤ ꠘꠔꠞ ꠘꠕꠕꠔꠞ ꠘꠖꠚꠚꠚ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kv̹t chi holisso kallo iskitini holhtena takanlı ma i payah
Chuukese	Ren omw kopwe angei anininisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για υπηρεσίες Λτις υπηρεσίες γλίσλλας χλωμκς χμζωλυ, ίαψζλτε τχς αμυρτς λτυς ϑβμητα αφββγλγς λας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો

Hawaiian	No ka waʻaʻau ʻana me ka lawelawe ʻšlelo e kahea aku i ka helu kelepona ma 2ēu 2ēʻe2a ID. Kē2F ʻole ʻia 2ēFa 2s2ua ʻUeF.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwu obula, kpOQ nQmba nQ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတဆိၣ်ဒီးအပ္ပူလၢနကတၢ်ဟ့ၣ်အိၤအဂီၢ်.ကိးဘၣ်လိတဲစိနီၣ်ဂံၢ်လၢအဆိၣ်လၢနခိၣ်ဂီၤ (ID) အလံၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر نای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສອຍຄ່າ, ໃຫ້ໃບທາດປີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	NaU Gs2 PFDZaU 2sU 2aPfu F1E aU ePPefQ2 wsZeaU OaU 2we, 2wsU 2a11E2 U\$mba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo búáh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néesho'dólzínígíí béesh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Tē koor yīn ran de wēēL de thokic ke cīn wēu kor keek tēno3 yīn. Ke yīn cōj ran ye koc kuony nē namba de abac to nē ID kard duon de tiit de nyin de panakim kcu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.



Aetna complies with applicable federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), **1-800-648-7817, TTY: 711, Fax: 859-425-3379** (CA HMO customers: **860-262-7705**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019, 1-800-537-7697 (TDD)**.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Life Insurance Company and/or Aetna Health Insurance Company of New York (Aetna). Each insurer has sole financial responsibility for its own products.

