

No Surprises Act

Ensuring cost transparency and payment integrity in healthcare

In December 2020, Congress signed the Consolidated Appropriations Act (CAA) into law. One section of the new law, referred to as the No Surprises Act, contains new requirements for cost transparency and provides protections for consumers against surprise medical billing.

What changes is CareFirst making in response to the No Surprises Act?

CareFirst will update and re-release ID cards upon renewal, which (for plan years beginning January 2022 or later) will include new benefit information:

- Medical deductibles and out-of-pocket maximums
- Rx deductible and out-of-pocket maximum

CareFirst will make in-network provider negotiated rates and historical out-of-network allowed amounts available online.


Rates will be available through machine-readable files posted on our website and updated monthly. The in-network and out-of-network files will be available to the public in July 2022.


Surprise Billing: CareFirst will cover surprise bills at in-network rates.

Patients will only be responsible for in-network cost-sharing amounts in emergencies and non-emergency situations where patients cannot choose an in-network provider. For these services and circumstances, out-of-network providers may not balance bill patients (or hold patients liable) for any amounts exceeding in-network charges.

CareFirst will continue regularly updating our provider directories and verify accuracy every 90 days.

Additionally, CareFirst will respond to covered individuals within a one-business-day timeframe when asked whether a provider or facility is considered "in-network." CareFirst retains the

[PRODUCT LOGO]	[NETWORK LOGO]	[ACCOUNT LOGO]
Member Name [FIRST NAME LAST NAME] Member ID [123456789] Group 0000	[PRODUCT NAME] [GROUP NAME] PCP Name [LAST NAME, FIRST NAME] Coverage IND	
RxBin 000000 RxPCN AVB Rx GRP RX0000	PS0 SS\$30 CC\$40 UC\$50 ER30% RX PD PV	
Eff Date 01/01/2022	Medical IND Deductible \$2000 IND Out-of-Pocket \$4000	In-Network \$4000 Out-of-Network \$8000
BC/BS Plan 000/000	Rx Deductible IND \$500 Rx Out-of-Pocket IND \$500	

	www.carefirst.com
[Legal disclosures and Claims filing instructions.]	<p>Sample number: 123-456-7890 Sample number: 123-456-7890 Mental Health/Substance Abuse: 800-225-7013 Pre-Auth/Case Management: 866-773-2884 Locate out of area providers: 800-810-2583</p> <p>Providers must submit all Medical claims to the local Blue Cross and Blue Shield Plan. Local CareFirst Medical providers mail to: Mail Administrator PO Box 14115 (for claims) PO Box 14114 (for correspondence) Lexington, KY 40512</p> <p><small>CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.</small></p> <p>IND = Individual S&S = Subscriber & Spouse P&C = Parent & Child FAM = Family</p> <p>CODE 0000</p>

right to remove providers who are unresponsive from our directories. If a patient receives incorrect network information and can provide documentation, CareFirst will cover the services rendered by that provider at in-network rates.

CareFirst will continue the use of our price comparison tool, now required under the CAA.

Our price comparison tool, accessible online or by phone, allows covered individuals and in-network providers to compare expected cost-sharing amounts for covered services based on geographical region, participating provider and specific service.

CareFirst will notify members when a provider/facility leaves our network and provide transitional coverage to ensure continuity of care to patients.

For patients receiving certain types of ongoing care from affected providers or facilities, CareFirst will provide up to 90-days of transitional coverage (or until treatment ends) by those providers at in-network rates. Such transitional coverage is generally available for patients with complex health conditions, inpatient care, non-elective surgery, pregnancy and terminal illness.