



# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND  
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January 2022

**Re: Alaska Electrical Health & Welfare Fund**

## **The No Surprises Act Affects Your Health Care Coverage**

Dear Plan Participant:

The Board of Trustees is providing you this notice with important information regarding protections available under a new law called the No Surprises Act.

### **1. What is the No Surprises Act?**

The No Surprises Act is a new law that was part of the 2020 Consolidated Appropriations Act. This new law is intended to protect group health plan participants from balance billing for the following services:

- Emergency Services at an out-of-network facility
- Air Ambulance services
- Services provided at an in-network facility by an out-of-network provider (a common example is an anesthesiologist).

The law's protections against balance billing are effective January 1, 2022.

### **2. What is a balance bill?**

If you obtain services or treatments from an out-of-network health care provider, your provider can bill you for the balance of costs not covered by the health plan. This is called "balance billing." Balance billing charges are often significant and do not count towards your deductible or annual out-of-pocket maximum.

### **3. How does the new law protect me from balance bills?**

The new law prohibits health care providers from balance billing you when you obtain emergency care at an out-of-network facility; when you receive care by an out-of-network provider at an in-network facility; or when you receive emergency air ambulance services. The law provides that your costs for these services must be limited to no more than what you would have paid, had you gone to an in-network facility and any cost sharing must count towards your deductible and annual out-of-pocket maximums.

#### **4. What if a provider asks me to waive my rights and permit balance billing?**

**You are NEVER required to give up your protections from balance billing and you should review any document you are asked to sign regarding billing.**

The law's protections do not apply if you sign a consent to be balance billed by the provider. Certain non-emergency physician specialties, however, are not eligible to qualify for this exception and may not request a waiver. These physicians include assistant surgeons and hospitalists, anesthesiologists, pathologists, radiologist, laboratories, and other specialists that a patient typically does not select.

If a health care provider requests consent to balance bill the written consent must:

- Be clear and understandable;
- Generally be provided at least 72 hours prior to the date of the item or service,
- State that payment of the out-of-network bill may not accrue towards the individual's deductible or annual out-of-pocket maximum
- State that by signing the consent, the individual agrees to be treated by the non-participating provider and understands the individual may be balance billed and subject to cost-sharing requirements that apply to services furnished by the nonparticipating provider.
- Document the time and date that the individual received the written notice and the time and date that the individual signed the written consent form.

You also must be provided with an estimate of the cost for the service or treatment and additional information.

#### **5. What if I receive a balance bill for services or treatments received after January 1, 2022 from an out-of-network emergency department, air ambulance, or out-of-network provider at an in-network facility and I did not sign a consent form?**

- Request a copy of any consent form from your provider or the facility in which you were treated.
- If they are unable to provide you one, then you have options under federal law to enforce your right to not be balance billed.

Please contact the Administrative Office if you believe you have been balance billed inappropriately.

***Please read this notice carefully and keep it with your benefit booklet or insurance records for future reference.***