

Your Rights and Protections Against Surprise Medical Bills

This notice informs you of your protections from “surprise medical billing” or “balance billing” when you receive certain services from an out-of-network health care provider. Balance billing can occur when you receive care from an out-of-network provider who bills you for the difference between the provider’s normal charge and the allowable amount under the Lenovo plan. This applies in addition to the cost sharing you must pay (such as a deductible, copayment or coinsurance) under the plan. A new federal law effective in 2022 prohibits balance billing in certain situations where the member does not have control over the selection of a provider, such as in a medical emergency.

Under the new federal law (the No Surprises Act which is part of the Consolidated Appropriations Act) out-of-network providers can no longer balance bill you when you or your covered family members:

- Seek emergency care,
- Are transported by air ambulance, or
- Receive non-emergency care at an in-network facility but are unknowingly treated by an out-of-network physician or laboratory.

Lenovo already has protections in place for its members enrolled in the Lenovo Cigna Open Access Plus (OAP) Plans. If an out-of-network provider or facility is used, the Lenovo plans will reimburse the following services as an in-network service and your costs for these services will accumulate towards your in-network deductible and out-of-pocket maximum:

- Ambulance services required to treat a sudden, unexpected onset of bodily injury or serious sickness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention.
- Out-of-network emergency and urgent care services charges billed by certain providers (e.g., radiologist, pathologist, pathologists and ER/urgent care physicians).
- Out-of-network anesthesiologist in an in-network facility.

You should not receive a balance bill for any of the services listed in this notice. If you receive a balance bill, you should contact Cigna at the customer service telephone number listed on your medical ID card. Upon such notification, Cigna will work with the provider to resolve the balance-billing situation.

Please see the attached Notice for more information on your rights and protections against surprise medical bills.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected by federal law from surprise billing or balance billing.

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

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other 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” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay 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 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 service at an in-network facility but are unexpectedly treated by an out-of-network provider (for example, you see an in-network surgeon at an in-network hospital, but are treated by an out-of-network anesthesiologist).

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as deductibles, copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you provide written consent to give up your protections not to be balance billed for these post-stabilization services.

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 may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, 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 services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you provide written consent to give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

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

- 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.
 - Count any amount you pay for emergency services provided by out-of-network providers toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Department of Health and Human Services or Cigna at the customer service telephone number listed on your medical ID card. Upon such notification, Cigna will resolve the balance-billing.

Visit <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059 for more information about your rights under federal law.