BLUE SHIELD – IMPORTANT REMINDERS

BLUE SHIELD – No Surprises Act

- The No Surprises Act was signed into law December 2020 and represents a significant change in the way out-of-network providers can bill and be reimbursed.
- Starting January 1, 2022, the legislation prohibits providers from balance billing patients for:
  - Out-of-Network emergency items and services
  - Out-of-network non-emergency items and services
  - Post-stabilization care at out-of-network facilities until a patient can be safely transferred to an in-network facility* (*there are some exceptions based on provider notice and patient consent)
  - Out-of-network air ambulance healthcare items and services.

BLUE SHIELD – Value Based Purchasing

Value Based Purchasing – Coverage limits on five common outpatient procedures when performed at a hospital. Here’s how it works:
- Procedure performed at in-network ASC – pay regular deductible and co-insurance
- Procedure performed at in-network Hospital outpatient facility - pay regular deductible and co-insurance PLUS amounts that exceed the reference price. Exceptions are allowed for certain criteria.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Arthroscopy</th>
<th>Cataract Surgery</th>
<th>Colonoscopy</th>
<th>Upper GI Endoscopy with Biopsy</th>
<th>Upper GI Endoscopy without Biopsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum benefit at an in-network outpatient hospital facility</td>
<td>$4,500</td>
<td>$2,000</td>
<td>$1,500</td>
<td>$1,250</td>
<td>$1,000</td>
</tr>
<tr>
<td>There is no limit at an in-network Ambulatory Surgery Center (ASC)</td>
<td>There is no benefit change at an ASC.</td>
<td>The limits at an outpatient hospital facility do not apply at an ASC.</td>
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</tbody>
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* ASC = Ambulatory Surgery Center