

## Collective Health Plan Matrix Addendum

Policy Name	Description	Enrolled'
Surprise OON Bills NSA Plus	Non-emergency services performed by out-of-network providers at in-network facilities, as defined by the No Surprises Act ("NSA"), will be covered with Qualified Payment Amounts (QPA) calculated by the medical network and the plan's in-network cost sharing and accumulators according to the NSA.	
	If a provider does not agree with the plan's QPA, they may initiate open negotiation and federal IDR according to the NSA. If the negotiated or IDR rate is higher than the QPA, member cost sharing and accumulation will be based on the lesser of the QPA or the original charges.	
	Providers are prohibited from balance billing members unless they obtain the appropriate consent from members to waive NSA protection. If a member waives NSA protection, the plan will cover the claim with out-of-network allowed amount and in-network cost sharing and accumulators. Balance bills will be covered with in-network cost sharing and accumulators.	Yes
	The plan will also cover out-of-network laboratory services with in-network cost sharing and accumulators if 1) the member is referred by an in-network provider and has no control over the laboratory referred or 2) the laboratory is in-network in a state that's different from the referring provider's state. The plan will also cover any balance bill with in-network cost sharing and accumulators.	
OON Ambulance & ER Protection NSA Plus	Emergency services (including emergency ground or water ambulance) and air ambulance services, as defined by the No Surprises Act ("NSA"), will be covered with Qualified Payment Amounts (QPA) calculated by the medical network and the plan's in-network cost sharing and accumulators according to the NSA.	
	If a provider does not agree with the plan's QPA, they may initiate open negotiation and federal IDR according to the NSA. If the negotiated or IDR rate is higher than the QPA, member cost sharing and accumulation will be based on the lesser of the QPA or the original charges.	
	Providers are prohibited from balance billing members for emergency and air ambulance services.	
	The plan will cover non-emergency ground and water ambulances with out-of-network allowed amounts and in-network cost sharing and accumulators. The plan will also cover balance bills with in-network cost sharing and accumulators.	Yes
	If a member has to return to the out-of-network provider who rendered emergency services for follow-up care after discharge from their emergency visit, the plan will cover reasonable follow-up services during the 90 days following the discharge from initial emergency services with out-of-network allowed amounts and in-network cost sharing and accumulators. The plan will also cover balance bills with in-network cost sharing and accumulators during these 90 days.	
	If a member is involuntarily committed to an out-of-network provider in accordance with the applicable state civil commitment laws, the plan will cover the out-of-network services with out-of-network allowed amounts and in-network cost sharing and accumulators. The plan will also cover balance bills with in-network cost sharing and accumulators.	