



Ground Ambulance & Patient Billing Advisory Committee

Disclosure of Charges to Consumers and Role of Essential Health Benefits



Adam Beck

Essential Health Benefits

10 Benefit Categories Established by the Affordable Care Act

- Ambulatory patient services
- Emergency services
- Hospitalization Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Essential Health Benefits

- Who Must Cover EHBs:
 - Non-grandfathered health plans in the individual and small group markets.
- Self-funded group health plans cover about 110 million Americans and are not subject to state insurance laws.
- Most self-funded group health plans provide coverage for ambulance transportation

Non-Grandfathered

Individual
Market

Small Group
Market

Example of SBC Showing Ambulance Costs

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$400 Copay per Visit	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
	Physician/surgeon fees	No Charge	Not Covered	—none—
If you need immediate medical attention	Emergency room care	\$100 Copay per Visit	\$100 Copay per Visit	—none—
	Emergency medical transportation	\$100 Copay per Visit	\$100 Copay per Visit	Out-of-Network only covered for emergencies.
	Urgent care	\$60 Copay per Visit	Not Covered	—none—
If you have a hospital stay	Facility fee (e.g., hospital room)	\$350 Copay per Day / \$1,750 maximum	Not Covered	Inpatient Rehab Services limited to 30 days. Prior Authorization may be required. Your benefits/services may be denied.
	Physician/surgeon fees	No Charge	Not Covered	—none—
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
	Inpatient services	No Charge	Not Covered	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$60 Copay per Visit	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No Charge	Not Covered	—none—
	Childbirth/delivery facility services	Hospital Option 1: \$350 Copay per Day / \$1,750 maximum	Not Covered	Option 2 hospitals may have a higher cost-share.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Coverage limited to 75 visits.
	Rehabilitation services	Physician Office: \$60 Copay per Visit/ Outpatient Rehab Center: \$25 Copay per Visit	Not Covered	Coverage limited to 62 consecutive days per member per condition. Services performed in hospital may have higher cost-share. Prior Authorization may be required. Your benefits/services may be denied.
	Habilitation services	Not Covered	Not Covered	Not Covered
	Skilled nursing care	No Charge	Not Covered	Coverage limited to 90 days. Prior Authorization may be required. Your benefits/services may be denied.

Contact

Adam Beck
AHIP
abeck@ahip.org