

Health Insurance Requirements for Surprise Bills in Connecticut

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Issue

Describe Connecticut's requirements for health insurance coverage of surprise bills.

Summary

Connecticut law requires health carriers (e.g., insurers and HMOs) to (1) bill covered persons (e.g., insureds) at the in-network level for services rendered that resulted in a surprise bill and (2) provide them notice about surprise bills in policy documents and on the carriers' websites. Surprise bills are generally those that are unexpected and charged by providers who are not in the carriers' networks. The law prohibits health care providers from requesting payment, except for a copayment, deductible, coinsurance, or other out-of-pocket expense, from an insured for a surprise bill.

Surprise Bill

Definition

In Connecticut, a "surprise bill" is a bill for non-emergency health care services received by an insured for services rendered by the following:

1. an out-of-network clinical laboratory if the insured was referred by an in-network provider or
2. an out-of-network provider at an in-network facility during a service or procedure that was performed by an in-network provider or previously approved by the health carrier, and the insured did not knowingly elect to receive the services from the out-of-network provider ([CGS § 38a-477aa\(a\)\(6\)](#) as amended by [PA 19-117](#) § 240).

A bill is not a surprise bill if an in-network provider is available but an insured knowingly elects to receive services from an out-of-network provider.

Coverage, Reimbursement, and Notice Requirements

By law, if an insured receives a surprise bill, he or she is only required to pay the coinsurance, copayment, deductible, or other out-of-pocket expense that would have applied had an in-network provider rendered the services. A health carrier must reimburse the out-of-network provider or insured, as applicable, for the services at the in-network rate under the plan as payment in full, unless the carrier and provider agree otherwise ([CGS § 38a-477aa\(c\)](#)).

The law also requires a health carrier to include a description of what constitutes a surprise bill (1) in the insurance policy, certificate of coverage, or handbook given to an insured and (2) prominently on its website ([CGS § 38a-591b\(d\)](#)).

Provider Penalty

It is a violation of the Connecticut Unfair Trade Practices Act (CUTPA) for a health care provider to (1) request payment, except for a copayment, deductible, coinsurance, or other out-of-pocket expense, from an insured for a surprise bill or (2) report an insured to a credit reporting agency for failure to pay a surprise bill when a health carrier is responsible for payment ([CGS § 20-7f](#)).

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