No Surprises Act Disclosure
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 from surprise billing or balance billing.

Balance Billing (sometimes called "surprise billing")

When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a healthcare facility that isn't in your health plan's network.

Out-of-network

This is when Providers and Facilities have not 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

This unexpected balance bill can happen when you cannot control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider.

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 plans in network cost-sharing amount (such as copayments, deductibles and/or 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 give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Texas law protects patients with state-regulated insurance from surprise medical bills in emergencies or when they don't have a choice of doctors. The law bans doctors and providers from sending surprise medical bills to patients in those cases. As a result, doctors and providers are only permitted to bill patients the applicable in-network copayment, coinsurance, and deductible.

Services at an in-network hospital

When you get services from an in-network hospital or ambulatory surgical center, certain providers may be out-of-network. In these cases, the most those providers may bill you is your plans in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot 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 cannot balance bill you, unless you give written consent and give up your protections.

You are 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 plans network.

Texas law also protects patients with state-regulated insurance from surprise billing for any healthcare, medical service, or supply provided at in-network facilities by out-of-network physicians and other providers, including diagnostic imaging and laboratory services that are provided in connection with a healthcare service performed by a network physician or provider. As a result, doctors and providers are only permitted to bill patients the applicable in-network copayment, co-insurance, and deductible.

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 or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the No Surprises Health Desk, operated by the Department of Health and Human Services' Center for Medicare and Medicaid Services at 1-800-985-3059 or the Texas Department of Insurance at 1-800-252-3439

Visit: https://www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

Visit: https://www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html for more information about your rights under Texas law.

Visit: https://www.cms.gov/nosurprises/consumers for more information on protection against surprise medical bills.