

## **Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance, and/or deductible.

### **What is "balance billing" (sometimes called "surprise billing")?**

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

"Out-of-network" describes providers and facilities that haven't 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" is an unexpected balance bill. This can happen when you can't 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.

### **You are protected from balance billing for:**

**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 plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). 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 balance billed for these post-stabilization services.

Additionally, Texas law protects patients from surprise medical bills in emergencies and when a patient receives covered medical services from an out-of-network provider at an in-network facility. The law applies to state-regulated insurance plans. Texas law also prohibits balance billing for any health care, medical service, or supply provided at an in-network facility by an out-of-network physician or other provider, and for services by diagnostic imaging providers and laboratory service providers provided in connection with a health care service performed by a network physician or provider.

### **Certain Services at an In-Network Hospital or Ambulatory Surgical Center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist

services. These providers can't 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 can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

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 deductible 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 in-network deductible and out-of-pocket limit.

## **Emergency Medical Treatment and Labor Act (EMTALA)**

The Emergency Medical Treatment and Labor Act (EMTALA) ensures your safety by requiring that you receive a medical screening examination if you present yourself to an emergency facility. Furthermore, EMTALA ensures that emergency departments will not turn away people who have a medical emergency, regardless of their ability to pay or insurance status.

**If you believe you've been wrongly billed, you may contact:**

### **Federal No Surprises Help Desk**

Phone: 1-800-985-3059

Website: [cms.gov/nosurprises](https://www.cms.gov/nosurprises)

### **Texas Department of Insurance Consumer Help Line**

Phone: 1-800-252-3439

Website: [tdi.texas.gov/medical-billing/surprise-balance-billing](https://tdi.texas.gov/medical-billing/surprise-balance-billing)

Visit [cms.gov/nosurprises](https://www.cms.gov/nosurprises) for more information about your rights under federal law.

Visit [tdi.texas.gov/medical-billing/surprise-balance-billing](https://tdi.texas.gov/medical-billing/surprise-balance-billing) for more information about your rights under Texas law.