

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or treatment by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

Balance billing, also known as surprise billing, occurs when an insurance plan has different rates for in or out of network providers and the patient goes to an out of network provider. The out of network provider may bill the patient directly, leading to a bill higher than the patient expected due to the network status.

You are protected from balance billing for:

Emergency services You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

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. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers may not ask you to give up your protections not to be balance billed.

In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. 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 do not have to give up your protections from balance billing.**

You do not have to get care out-of-network. You can choose a provider or facility in your plan’s network.

When balance billing is not 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 were in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan 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 think we have wrongly billed you, contact our business office at (254) 399-5441.

Visit <https://www.cms.gov/nosurprises/consumer-protections/What-are-the-new-protections> for more information about your rights under federal law. Texas state law has similar provisions that apply to state regulated plans and ERS/TRS plans. <https://www.tdi.texas.gov/tips/texas-protects-consumers-from-surprise-medical-bills.html>

You have the right to receive a “Good Faith Estimate” showing what your medical care will cost

Under the law, health care providers need to give an estimate of the bill for medical items and services to patients who **don’t have insurance or have, but are not using insurance** (signed a waiver to not file insurance)

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs for the same date of service, like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, call 254-399-5441 for patient financial assistance or visit www.cms.gov/nosurprises .