



## BlueCross BlueShield of Texas

### PROTECTION FOR SURPRISE MEDICAL BILLS

When doctors, hospitals or other health care providers join an insurance plan network, they agree to charge certain prices for certain services. When a health care provider isn't part of an insurance plan's network, there may be a difference between what that provider charges and what the insurance company pays for that service.

**Balance billing happens when a health care provider bills a patient for the difference between what they charge for a service and what the insurance company pays for that service.** This is also known as “surprise” billing.

[A new law](#) in Texas protects health plan members who receive medical care on or after Jan 1, 2020 from surprise bills in many situations where a member doesn't have a choice in where to get care. [This law](#) places the responsibility for determining the appropriate price for services where it belongs – on the health care provider and the insurance company. The provider and insurer use an independent reviewer, called an arbitrator or mediator, to help them decide how much can be charged for the services provided.

[The new law](#) prohibits surprise medical bills from various Texas health care providers, including:

- Out-of-network facility-based providers who are practicing at in-network hospitals, birthing centers, ambulatory surgical centers and free-standing emergency medical care facilities
- Out-of-network physicians and facilities, including hospitals and free-standing emergency medical care facilities, that provide emergency services and supplies
- Out-of-network diagnostic imaging and laboratory services that are provided in connection with a service from an in-network provider

The rule against surprise medical bills applies to fully-insured plans issued to groups and individuals by Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPO), and to State of Texas employees and teachers covered by the Texas Employee Retirement System (ERS) and Teacher Retirement System (TRS).

If you visit a health care provider outside of your plan's network, they may ask you to sign a form that would allow them to balance bill you before they provide any care. **It is very important that you read any paperwork that a doctor asks you to sign.**

If you have any additional Questions regarding surprise medical bills, please contact us at the number on the back of your ID Card.