

Figure: 28 TAC §3.3705(f)(2)

Your rights with an exclusive provider (EPO) health plan

Notice from the Texas Department of Insurance

Your plan

Your health plan contracts with doctors and facilities to treat its members at discounted rates. These providers make up a plan's network. Your plan will only pay for health care you get from doctors and facilities in its network.

There are exceptions for emergencies, when you didn't pick the doctor, and for air ambulance services.

Your plan's network

Your health plan must have enough doctors and facilities within its network to provide every service the plan covers. This is called "network adequacy." If you can't find the care you need, ask your health plan for help. You have the right to receive the care you need under your in-network benefit.

If you don't think the network is adequate, you can file a complaint with the Texas Department of Insurance at www.tdi.texas.gov or by calling 800-252-3439.

List of doctors

You can get a directory of doctors and facilities that are in your plan's network.

You can get the directory online at [enter website] or by calling [enter phone number].

If you used your health plan's directory to pick an in-network doctor or facility and the doctor or facility turns out to be out-of-network, you might not have to pay the extra cost that out-of-network doctors and facilities charge.

Bills for health care

If you got health care from a doctor that was out-of-network when you were at an in-network facility, and you didn't pick the doctor you won't have to pay more than your regular copay, coinsurance, and deductible. Protections also apply if you got emergency care at an out-of-network facility or lab work or imaging in connection with in-network care.

If you get a bill for more than you're expecting, contact your health plan. Learn more about how you're protected from surprise medical bills at www.tdi.texas.gov.