

Figure: 28 TAC §11.1612(c)

- A health maintenance organization (HMO) plan provides no benefits for services you receive from out-of-network providers, with specific exceptions as described in your evidence of coverage and below.

- You have the right to an adequate network of in-network providers (known as *network providers*).

- If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at: [www.tdi.texas.gov/consumer/complfrm.html](http://www.tdi.texas.gov/consumer/complfrm.html).

- If your HMO approves a referral for out-of-network services because no network provider is available, or if you have received out-of-network emergency care, the HMO must, in most cases, resolve the out-of-network provider's bill so that you only have to pay any applicable copayment, coinsurance, and out-of-network deductible amounts.

- You may obtain a current directory of network providers at the following website: (website address to be filled out by the HMO) or by calling (to be filled out by the HMO) for assistance in finding available network providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network provider paid as if it were from a network provider.