

The No Surprises Act

The No Surprises Act protects patients from surprise medical bills in situations where they have little to no control over who provides their care.

What is a Surprise Medical Bill?

A surprise medical bill is an unexpected medical cost incurred by a patient when they've unknowingly obtained health care services by an out-of-network provider (a provider outside of their health insurance plan's provider network).

This is sometimes called a "balance bill". Balance billing is the term used when a provider bills a patient for the difference between the provider's fees and the amount a health insurance plan allows.

***It is important to note:** If you knowingly chose an out-of-network provider for your care, it is not considered a surprise medical bill.*

How Does the No Surprises Act Help?

The No Surprises act provides patient protections for both emergency and non-emergency services.

- **Emergency Services** - For emergency services provided at a hospital, within the hospital outpatient department, the ambulatory surgical center, or by an air ambulance, the No Surprises Act requires the services to be covered without needing approval from the insurance company first. It does not matter whether the provider or facility is in or out of the health plans' provider network. (*Ground ambulance services are not currently covered by the Act.*)

- **Non-Emergency Services** - For non-emergency services covered by the health plan, where a patient chooses an in-network facility or provider, but someone, like the lab or pathologist, is out-of-network, the No Surprises Act requires these services to be covered at the same rate they would be by an in-network provider.

In both cases, the No Surprises Act protects patients from being billed for more than what they would have paid if those other providers were in-network.

Disclosure

The No Surprises Act also requires certain health care providers and facilities to provide patients with information on the specific 'No Surprises' billing requirements, limitations, and exclusions that apply to that provider or facility.

What Should I Do If I Get a Surprise Bill?

Note: the No Surprises Act protections begin January 1, 2022. Only services provided on or after January 1, 2022, will be covered under the protections of the Act.

In the cases listed above; a patient should not receive a bill for more than what they would have paid if the provider was in-network. It is the responsibility of the provider or facility to identify if a service is protected by the Act. To ask additional questions or to request further assistance, please contact [Consumer Services – PA Insurance department](#) online or by phone at 1-877-881-6388 or TTY/TDD at 717-783-3898