



Who Has Protections Under the No Surprises Act

Types of Consumer Protections								
These protections apply to:	Surprise Billing Protections	Expanded External Review Process	Improved Accuracy of Provider Directories	Transparency on Health Insurance ID Cards	Continuity of Care Protections	Advanced Explanation of Benefits ¹	Good Faith Estimate for Uninsured (or Self-Pay) Individuals ²	Patient-Provider Dispute Resolution (PPDR) ³
Consumers enrolled in employment-based group health plans	✓	✓	✓	✓	✓	*		
Consumers enrolled in individual or group health insurance coverage on or outside the federal or state-based Marketplaces	✓	✓	✓	✓	✓	*		
Consumers enrolled in health benefits plans offered through the Federal Employees Health Benefits program ⁴ (FEHB)	✓	✓	✓	✓	✓	*		
Consumers enrolled in non-federal governmental plans that are sponsored by state and local government employers	✓	✓	✓	✓	✓	*		
Consumers enrolled in church health plans ⁵	✓	✓	✓	✓	✓	*		

This document is intended to provide clarity to the public about requirements related to surprise billing. It does not have the force and effect of law.

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Students enrolled in health insurance plans offered by colleges or universities	✓	✓	✓	✓	✓	*		
Consumers who are uninsured							✓	✓
Consumers who have health coverage listed above but are not using their coverage for the item or service (self-pay individuals)							✓	✓
Consumers with short-term, limited duration plans ⁶							✓	✓

Most protections went into effect for any health insurance plan year starting January 1, 2022. Good Faith Estimates for uninsured (or self-pay) individuals and Patient-Provider Dispute Resolution (PPDR) protections generally apply starting January 1, 2022.

¹ The provision for advanced explanation of benefits has not been implemented yet and is not currently enforced.

² The good faith estimate referenced in this column is for the uninsured or self-pay individuals. It is not referencing the good faith estimate that is included in the notice and consent form that out-of-network providers can use to request an insured individual's consent to waive No Surprises Act surprise billing protections.

³ Insured individuals who request a good faith estimate and ultimately decide to use their insurance aren't eligible for the Patient-Provider Dispute Resolution process; however, they could use their individual insurance or group health plan's internal claims and appeals process and external review process to appeal health insurance payment denials, including denials related to certain No Surprises Act surprise billing protections.

⁴ FEHB plans offer what is known as the "disputed claims process." This process continues to apply, without any changes, with respect to NSA disputed claims.

⁵ Church plans do not include health care sharing ministries, which are generally not considered health insurance coverage.

⁶ Consumers with short-term, limited duration plans are considered uninsured for the purpose of the good faith estimate requirement and the ability to utilize the Patient-Provider Dispute Resolution process.

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