



Information your plan must give you under the No Surprises Act

Information on your insurance ID card. Under the No Surprises Act (NSA), health plans are required to list on insurance identification cards issued to enrollees:

- any deductible applicable to the health plan;
- any out-of-pocket maximums; and
- a telephone number and website for customer service,

If your insurance is regulated by NY (fully-funded coverage) your health plan identification card must also list:

- Member's name, dependents' names, and identification numbers;
- Copayment or coinsurance amounts for INN providers for:
 - primary care office visits;
 - specialist office visits;
 - urgent care;
 - emergency room visits; and
 - prescription drugs for a 30-day supply;
- Customer service phone number;
- Health plan name and website;
- Health plan coverage and type (e.g., POS, HMO, EPO, PPO, or fee-for-service);
- Name of the health care provider network(s) (if there is one);
- Prescription drug formulary name (if there is one); and
- The phrase "fully insured coverage"

Accurate Provider Directories: The No Surprises Act also protects against surprise bills if you were billed after getting incorrect information about your provider's network status from your health plan's directory. You should only be billed for the cost-sharing or deductible you would have been responsible for if the provider had been in-network with your plan.

Like with any other surprise bill, you should use the appeals process to dispute the bill. If the plan still denies coverage, [submit a complaint to CMS](#) about the incorrect information in the plan's directory.

Under NYS law, if you have a fully insured plan, you will only be responsible for in-network cost sharing if you got out-of-network care because of an inaccurate provider directory. Appeal with your plan, and if that does not resolve the issue, submit a complaint to DFS. Provider directory misinformation happens when:

- An OON provider is wrongly listed as an INN provider in the plan's online provider directory;
- An OON provider is wrongly listed as an INN provider in the plan's hard copy provider directory and the directory was wrong as of the date it was published;
- The plan tells a consumer in writing that a provider is INN when the provider is not INN when they ask for this information over the telephone; or
- The plan doesn't provide the network status of a particular provider in writing within one business day of the consumer's request for this information by telephone.



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Community Health Advocates is a program of the
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