

What Information Must an Advanced EOB Include?

For plan years beginning on or after January 1, 2022, the No Surprises Act that was signed into law as part of the Consolidated Appropriations Act, 2021 requires health plans and insurers to give a participant or dependent a timely Advanced Explanation of Benefits (EOB) notification in clear and understandable language after submission of charges by a provider or facility.

The Advanced EOB must include this information:

- Whether the provider/facility is a participating provider and, if participating, the contracted rate or, if nonparticipating, a description of how an individual may obtain information about participating providers/facilities
- The good-faith estimate included in the notification received from the provider/facility based on codes
- A good-faith estimate of the amount the plan is responsible for based on the estimate
- A good-faith estimate of the amount of participant cost sharing
- Good-faith estimate of the accrued amounts already met by the participant toward the deductible and out-of-pocket maximum as of the date of the notification
- If the item or service is subject to medical management (concurrent review, prior authorization and step-therapy or “fail-first” protocols), a disclaimer to that effect
- A disclaimer that the information is only an estimate
- Any other information or disclaimer the plan determines appropriate

To learn more about the requirements for health plans and providers in the No Surprises Act and the Consolidated Appropriations Act, 2021, see our [January 14, 2021 compliance insight](#).

This resource is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.