

80%

80% of medical bills contain at least one error — yet only 2% of patients ever question them. Most people have no idea the rules changed significantly in 2026. Here's what every patient, Medicare enrollee, and family caregiver needs to know right now.

THE 7 RULES THAT CHANGED EVERYTHING**RULE 01****Medicare Part D hits \$2,100 — then your drugs cost \$0**

Once your out-of-pocket Part D drug spending reaches \$2,100 this year, covered prescriptions cost you nothing for the rest of the calendar year. If you're approaching that threshold, fill longer supplies of expensive medications now.

New in 2026**RULE 02****10 major drugs got federally negotiated price cuts**

Eliquis, Jardiance, Xarelto, and 7 other high-use medications are now priced under federal negotiation — discounts ranging from 38% to 79% off prior list prices. If you take any of these, verify your plan is reflecting the new pricing.

38–79% cheaper**RULE 03****Emergency care can't be billed at out-of-network rates**

Under the No Surprises Act, you cannot legally be charged more than in-network rates for emergency care — even if the specific doctor who treated you was out of network. That anesthesiologist or radiologist you never chose? They can't bill you the difference.

No Surprises Act**RULE 04****Medical debt under \$500 is off your credit report**

The three major credit bureaus permanently removed all medical collections under \$500 from credit reports. This is still in effect — small medical debts will not appear on your report and cannot affect your credit score.

Since 2023, still active**RULE 05****Hospitals must publish their actual prices**

Federal price transparency rules require every hospital to publish prices for all services. You can now call any hospital before a procedure and request actual cost information — not just estimates — for your specific plan and CPT code.

Call before you go**RULE 06****Good Faith Estimates are your legal right**

For any scheduled care, providers must give you a written cost estimate in advance. If your final bill exceeds that estimate by more than \$400, you have the legal right to dispute it through a formal patient-provider resolution process. Keep every estimate.

\$400 dispute threshold

Rule 07 — The Insulin Cap (Medicare)

If you're on Medicare and use insulin, your cost is capped at **\$35 per month's supply** — regardless of your deductible status. This applies even before you've met your deductible for the year.

YOUR 3-STEP BILL CHECK

- ✓ Wait for your EOB before paying any bill — the EOB shows what insurance actually paid
- ✓ Compare the "Member Responsibility" on your EOB to the "Amount Due" on your bill — they must match
- ✓ If they don't match, call billing with your EOB in hand before paying a single dollar

WHAT PATIENTS TYPICALLY SAVE

Catching one billing error	\$150–\$900
Routine care, full year	\$500–\$1,000
Chronic condition family	\$1,000–\$3,000
Hospital charity care	50–100% off
Negotiated drug prices (Part D)	38–79% off

Get plain-English answers on any medical bill or EOB

Upload your bill at EOBSense.com and get a clear breakdown of exactly what you owe, why the numbers differ, and what to do if something looks wrong.

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