



Know Your Rights in the Health Insurance Marketplace

You have certain rights when you enroll in a Marketplace health plan. These rights include:

- Getting easy-to-understand information about what your plan covers, what you pay for services out of pocket, what drugs it covers, and what providers are in its network.
- Getting coverage for emergency services.
- Requesting coverage for a prescription drug that your plan doesn't normally cover.
- Appealing a health plan's decision not to pay a claim.

Depending on where you live, your state may offer other rights and protections. Contact your local Department of Insurance for more information.

Getting plan information

You have the right to get an easy-to-understand "Summary of Benefits and Coverage" (SBC) when shopping for or enrolling in coverage. This summary outlines what the plan covers and what those services would cost you out of pocket. The SBC also includes coverage examples for diabetes care and childbirth, so you can see how a particular plan's cost sharing might work for a medical situation.

In addition to the SBC, insurance companies must also give you a “Uniform Glossary” with certain terms used in health coverage and medical care. All plans must use the same standard form for the SBC and “Uniform Glossary” to help you compare plans.

How can I get a plan’s SBC and “Uniform Glossary”?

The SBC is available for every Marketplace plan. You’ll find a link to it on each plan’s page when you enroll through [HealthCare.gov](https://www.healthcare.gov). You can also ask for an SBC from your insurance company at any time. All health plans must provide it to you at important points in the enrollment process, like when you apply for or renew your policy. You can also ask for a copy of the “Uniform Glossary” to help you understand common words used in health care.

What’s a provider directory?

A health plan’s provider directory (also called a provider network directory) lists the network of doctors, hospitals, and other health care providers that contract with that health plan to give you medical care. If you use a doctor or facility that’s not in your plan’s network, you may have to pay more for the services you get.

When you’re shopping for a health plan, use the plan’s provider network directory to search for your current doctor. You can also use the provider network directory on your health plan’s website to find a new doctor.

Every Marketplace plan must have a provider network directory link on its website — and the directory should have the most current listing of network providers to help you with your enrollment decisions. When you’re ready to enroll or you want to [preview plans and prices](https://www.healthcare.gov) on [HealthCare.gov](https://www.healthcare.gov), you’ll see direct links to provider directories for every Marketplace plan.

How can I find out if a plan covers my prescription drugs?

[HealthCare.gov](https://www.healthcare.gov) provides links to lists of covered drugs for all Marketplace plans. Your SBC will include a link on how you can get more information about your drug coverage.

Coverage of emergency services

Every Marketplace plan, except dental plans, must cover hospital emergency services without prior authorization, even if the service is provided out of network.

What if I get emergency care out of network?

Your plan must cover out of network emergency care without:

- Limiting coverage in ways that are more restrictive than in-network limits.
- Charging you a copayment or coinsurance that’s more than the cost for in-network care.

You may have to pay other costs, like a deductible, if it applies to your out-of-network benefits.

Can my health plan have conditions of coverage for emergency care?

Generally, your plan must cover emergency services regardless of any other term or condition of coverage. If your plan doesn't cover the particular service you get, you may have to pay the total cost of that service if you don't have other coverage.

Requesting coverage for a prescription drug that your plan doesn't cover

Every Marketplace plan must have a prescription drug exceptions process that allows you to request coverage of a prescribed drug your plan doesn't cover. This process is different than appealing the denial of a drug your plan covers. The information below describes the recommended process, but the details of your plan's process may be different. Contact your plan for detailed information about its prescription drug exceptions process.

How do I request an exception for a non-covered drug my doctor prescribed?

To request a drug through the exceptions process, your doctor would generally submit a request to your plan (orally or in writing) that the non-covered drug is clinically appropriate for your medical condition.

Can I get the non-covered drug during the exceptions process?

While you're in the exceptions process, your plan may give you access to the drug you're requesting until a decision is made, but it isn't required to.

What happens if I get the exception?

If you get the exception, you can generally get the non-covered drug for a certain period. Your health plan will generally treat the drug as covered, but your share of the cost (like your coinsurance) could apply to the most expensive drug tier on the list of covered drugs (formulary). If your plan covers the drug through the exception, your share of the cost will count towards your out-of-pocket maximum.

Get help with your appeal

Here are some resources to help you with your appeal:

- **Contact your state's Consumer Assistance Program (CAP) or Department of Insurance.** They may be able to help you, along with other local organizations. Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to find help in your area.
- **Get help in your preferred language.** If you don't speak English, you can get help and information about appeals and other Marketplace issues in your preferred language at no cost. To talk to an interpreter, call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

- **Appoint an authorized representative to help you.** Your representative can be a family member, friend, advocate, attorney, or someone else who will act for you. This can be done several ways, depending on the type of appeal you're filing. Visit [HealthCare.gov](https://www.healthcare.gov) to get the forms you'll need to appoint a representative.
- **Learn about the steps to file an appeal.** Visit [HealthCare.gov/appeal-insurance-company-decision/](https://www.healthcare.gov/appeal-insurance-company-decision/) to learn about the steps for appealing your insurance company's decision.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.

