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, 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 the health care items and services the plan covers and the costs you'd be responsible for paying when you're enrolled in the plan. The SBC also includes coverage examples for maternity care, diabetes care, and a simple fracture, 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” that defines certain health coverage and medical care terms. All plans must use the same standard form for the SBC and “Uniform Glossary” to help you compare plans.

How to 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. You can also ask for an SBC from your insurance company at any time. All health plans must give it to you at important points in the enrollment process, like when you apply for or renew your policy. You can also ask a health plan for a copy of the “Uniform Glossary” to help you understand common health care words.
What's a provider network directory?

A health plan's provider network directory (also called a provider 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 on HealthCare.gov, you'll find direct links to provider directories for every Marketplace plan.

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

HealthCare.gov has a link to a list of covered drugs for each Marketplace plan. Your SBC will include a link on how to get more information about your drug coverage.

Coverage of emergency services

All Marketplace plans (except dental-only plans) must cover emergency services. Your plan can't require prior authorization for emergency services you get at a hospital or independent freestanding emergency department, even if you get the service out of network.

Generally, your plan must cover emergency services regardless of any other term or condition of coverage.

What if I get emergency care out of network?

Your Marketplace 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-sharing requirement for in-network emergency care.

You may have to pay other out-of-pocket costs, like a deductible.

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

Every Marketplace plan must have a prescription drug exceptions process that lets you request coverage of a prescribed drug your plan doesn't cover. This is different from appealing the denial of a drug your plan covers.

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

To request coverage of a drug through the exceptions process, your doctor would generally submit the request to your plan (orally or in writing), and explain that the non-covered drug is appropriate for your medical condition. Contact your plan for detailed information about its prescription drug exceptions process.

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

While you're in the exceptions process, your plan may cover your drug until it makes a decision, but the plan doesn't have to do so.

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 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.
Requesting an appeal

If your health insurer refuses to pay a claim or ends your coverage, you have the right to appeal the decision and have a third party review it. You can ask that your insurance company reconsider its decision. Insurers have to tell you why they've denied your claim or ended your coverage. And they have to let you know how you can dispute their decisions.

Here are some resources to help you with your appeal:

- **Understand the appeals process.** For more information on the coverage appeals process, see HealthCare.gov/appeal-insurance-company-decision/appeals.

- **Contact your state’s Consumer Assistance Program (CAP) or Department of Insurance.** They may be able to help you, along with other local organizations. To find help in your area, visit LocalHelp.HealthCare.gov.

- **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. To appoint a representative for your appeal, you’ll need to send a form or letter to the Marketplace Appeals Center — even if you already appointed an authorized representative for your Marketplace application. Visit HealthCare.gov/marketplace-appeals/getting-help for more information.

- **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.

**How can I learn more?**

To learn more about coverage through the Marketplace or your benefits and protections, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.