



What You Should Know About Provider Networks

What's a provider network?

A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” A provider that hasn’t contracted with the plan is called an “out-of-network provider.”

How can I see if my doctor is in a plan's network before I choose a Marketplace plan?

First, make a list of all the providers you use. Remember that “providers” include health care professionals like doctors, psychologists, or physical therapists, and health care facilities like hospitals, urgent care clinics, or pharmacies.

You can compare plans offered through the Marketplace before you enroll by visiting [Healthcare.gov/see-plans](https://www.healthcare.gov/see-plans) to see plans and prices before you log in. When you compare plans, you can search for your doctor and medical facility. As you compare plans, we'll tell you if each plan includes these doctors and facilities in its network.

Once you find a plan you like, you can print or email the information so you'll have the full plan name and 14-digit Plan ID when you log in and enroll in 2016 coverage.

When you're ready to enroll in Marketplace coverage on [HealthCare.gov](https://www.healthcare.gov), you can search for the plan you found on the plans and prices tool using the Plan ID. If that plan is no longer available or you want to compare other plans, you can search for your doctors and medical facilities again and we'll tell you which plans include your providers. If you want coverage for dependents, remember to search for their doctors and facilities too. When you view each plan, you can also see a list of in-network providers by clicking on the Provider Directory link.

Insurance companies may have different networks for different plans, so make sure you're searching the provider network of each specific plan you compare. You also can call the health insurance company's customer service phone number to check if your providers are in the plan's network. If you travel a lot, check to see if the plan's network has providers where you might need care.

How do different types of plans use provider networks?

Depending on the type of plan you buy, your care may be covered only when you see a network provider. You may have to pay more, and/or get a referral if you choose to get care from a provider who isn't in your plan's network. Types of plans include:

- **Preferred Provider Organizations (PPOs):** PPOs give you the choice of getting care from in-network or out-of-network providers. You pay less if you use providers that belong to the plan's network. You'll pay more if you use doctors, providers, and hospitals outside of the network, and you may have higher out-of-pocket costs for services. If you have a PPO plan, you can visit any doctor without getting a referral.
- **Point-of-Service (POS) Plans:** POS plans let you get medical care from both in-network and out-of-network providers. If you have a POS plan, you'll choose a primary doctor from a list of participating providers. Your primary doctor can refer you to other network providers when needed. If you want to visit an out-of-network provider, you'll also need a referral and you may pay higher out-of-pocket costs.
- **Health Maintenance Organizations (HMOs):** HMOs usually limit coverage to care from providers who work for or contract with the HMO. An HMO generally won't cover or has limited coverage for out-of-network care except in an emergency. If you use a doctor or facility that isn't in the HMO's network, you may have to pay the full cost of the services you get. HMO members usually have a primary care doctor and must get referrals to see specialists.
- **Exclusive Provider Organizations (EPOs):** EPOs generally limit coverage to care from providers in the EPO's network (except in an emergency).

Health plans generally can't require higher copayments or coinsurance if you get emergency care from an out-of-network hospital, no matter what type of plan you have. However, providers may bill you for some additional costs.

How can I tell the different types of plans when I'm shopping in the Marketplace?

When comparing plans on [HealthCare.gov](https://www.healthcare.gov), the type of plan is listed immediately below the name of the plan. Look for the initials PPO, POS, HMO, or EPO. The type of plan is also listed on each plan's "Summary of Benefits and Coverage," which you can find on any page view of the plan. If you have a question about whether a plan is a PPO, POS, HMO, or EPO, call the health insurance company. You also can call the Marketplace Call Center at 1-800-318-2596 to ask about the coverage offered and your benefits and protections under the health care law. TTY users should call 1-855-889-4325. To find in-person assistance in your area, visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).

Why do some plans cover benefits and services from network providers, but not out-of-network providers?

When a provider is a network provider for a plan, it means that the provider agreed to provide benefits or services to the plan's members at prices that the provider and the plan agreed on. The provider generally provides a covered benefit at a lower cost to the plan and the plan's members than if providing the same benefit to someone without insurance, or someone with insurance through a plan in which the provider is out-of-network.

All Marketplace plans are required to have provider networks with enough types of providers to ensure that their plan members can get plan services without unreasonable delay. If you use an out-of-network provider, you may have to pay the full cost of the benefits and services you get from that provider, except for emergency services. If you get emergency services from an out-of-network provider, those services are covered by a Marketplace plan as if you used an in-network provider. However, providers may bill you for some additional costs associated with the emergency services you get.

What can I do if I've already enrolled in a Marketplace plan and my doctor isn't in my plan's network?

If you enroll in a Marketplace plan, you can switch to another plan until the date your coverage is effective. After your coverage effective date, you won't be able to change your plan until the next Open Enrollment, unless you have certain life events that give you a Special Enrollment Period. Examples of qualifying life events are moving to a new state, certain changes in your income, changes in your family size (for example, if you marry, divorce, or have a baby), or getting or losing an offer of job-based coverage.

If you decide to switch plans, ask your doctor which insurance companies' provider networks they're in. You'll see a link to a list of providers in each plan's network where you can search to see if your doctor is in-network or out-of-network.

Call the Marketplace Call Center at 1-800-318-2596 if you need help applying for coverage and enrolling in the Marketplace plan you want. Find out when your new coverage starts before you cancel your current plan so you don't have a gap in coverage.





Health Insurance Marketplace

CMS Product No. 11766
Revised March 2017