



# 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 contracts with to provide medical care to its members. These providers are called "network providers" or "in-network providers." A provider that isn'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 Health Insurance Marketplace plan?

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

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 can also call the 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.

## Before you apply

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 estimated prices. When you compare plans, you can search for your doctors and health care facilities. You'll also be able to see if each plan includes your 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're ready to apply through the Marketplace and enroll.

## After you submit your application

When you apply for coverage through the Marketplace, you can compare plans and prices, and also see any savings that may be available to help lower your monthly premiums. You can search for specific plans, providers, facilities, or by Plan ID. Each plan description includes a link to its provider directory. If you want coverage for dependents, search for their doctors and facilities too.

## How do different types of plans use provider networks?

Depending on the type of plan you buy, your plan may cover your care 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):** You pay less if you use providers in the plan's network. For an additional cost, you can use doctors, hospitals, and providers outside of the network without a referral.
- **Point-of-Service (POS) Plans:** You pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. You're required to get referrals from your primary care doctor to see specialists.
- **Health Maintenance Organizations (HMOs):** You're usually limited to care from doctors who work for or contract with the HMO and are not covered for out-of-network care (except in an emergency). You may be required to live or work in the HMO's service area to be eligible for coverage.
- **Exclusive Provider Organizations (EPOs):** You're only covered if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).

Insurance plans can't make you pay more in copayments or coinsurance if you get emergency care from an out-of-network hospital. They also can't require you to get prior approval before getting emergency room services from a provider or hospital outside your plan's network. However, you may have to pay some out-of-pocket costs, like a deductible.

## Where can I find the plan type when I'm shopping in the Marketplace?

When comparing plans on [HealthCare.gov](https://www.healthcare.gov), the plan type is listed immediately below its name. 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." If you're not sure if a plan is a PPO, POS, HMO, or EPO, or you want to know more about the coverage it offers, you can call the health insurance company directly. You can also call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). To find in-person assistance in your area, visit [LocalHelp.HealthCare.gov](https://www.healthcare.gov/local-help).

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

Network providers have agreed to offer benefits or services to the plan's members at prices that the provider and the plan agreed on. This generally means that they provide 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 for 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, you may have to pay some out-of-pocket costs, like a deductible.

## What can I do if I'm enrolled in a Marketplace plan, but my doctor isn't in my plan's network?

If you've enrolled in a Marketplace plan and find out that your doctor isn't in the plan's network, 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 get a Special Enrollment Period because you experience certain life events. Qualifying life events include losing health coverage, getting married, moving, or having a baby. Visit [HealthCare.gov/reporting-changes](https://www.healthcare.gov/reporting-changes) if you need to update your application because of a life event.

Find out when your new coverage starts before you cancel your current plan. This way, you won't have a gap in coverage. If you decide to switch plans, ask your doctor which insurance companies' provider networks they're in. You can find a link to a list of providers in each plan's network in the plan description in your Marketplace account. You can also contact your health insurance company to see which doctors, hospitals, and other health care providers are in your plan's network.

Call the Marketplace Call Center at 1-800-318-2596 if you need help applying for coverage and enrolling in the Marketplace plan with the provider network that's right for you. TTY users can call 1-855-889-4325.

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.

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