What You Should Know About Provider Networks

What's a provider network?

A provider network refers to a list of doctors, healthcare providers, and hospitals that a plan has contracted with to supply medical care to its members. Those contracted to provide medical care are called "network providers" or "in-network providers." Those providing medical care that is not contracted with the plan is referred to as 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?

You should write down all the providers you currently use. These include healthcare professionals, such as doctors, psychologists, or physical therapists, and health care facilities, like hospitals, urgent care clinics, or pharmacies. Depending on the insurance company, different plans can have different networks, so it is always best to search the provider network of each specific plan you compare. The insurance company's customer service phone number could also be a great resource to check if your providers are in the plan's network. If you travel, be sure to check if the plan's network has providers where you are traveling to.

Before applying

Compare plans offered through the Marketplace before enrolling by going to HealthCare.gov/see-plans to look at different plans and their estimated prices. When comparing plans, you can search for your doctors and health care facilities. You will also be able to search if each plan includes your doctors and facilities in their network. After finding a plan that you like, you can print or email the information so you will have the plan's name and 14-digit Plan ID to refer to when you're ready to apply and enroll.

After submitting your application

When applying for coverage through the Marketplace, you have the ability to compare prices and see any savings that could be available to help lower monthly premiums. Specific plans, providers, facilities, or Plan IDs can be searched. Plan descriptions include a link to their provider directory. If you are seeking coverage for dependents, you can search for their doctors and facilities as well.

How do different types of plans use provider networks?

Depending on the plan you buy, it may only cover your care when you see a network provider. You could end up paying more and/or get a referral if you go out of your network to receive care. Types of plans include:

- Preferred Provider Organizations (PPOs): You will pay less if you use a provider 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 will pay less if you use in-network providers. You must receive a referral from your primary care doctor in order to see a specialist.
- Health Maintenance Organizations (HMOs): Typically, you will be limited to care from doctors that work for or are contracted with the HMO and are not covered for out-of-network care (except in an emergency.) You could be required to live or work in the HMO's service area to be eligible for coverage.
- Exclusive Provider Organizations (EPOs): You are only covered if you use in-network providers. (except in an emergency)

If you receive emergency care from an out-of-network hospital, insurance plans cannot force you to pay more in copayments or coinsurance. They also cannot require you to get prior approval before receiving emergency room services from an out-of-network provider. However, you may need to pay some out-of-pocket costs, like a deductible.

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

Network providers agree to offer benefits or services to the plan's enrollees at prices both the provider and plan agreed on. Generally this 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 different providers

to make sure their plan members are getting the plans services. You may be required to pay the full cost of the benefits and services you get if you use an out-of-network provider, except for emergency services.

If you receive emergency services from an out-of-network provider, they will be covered as if you used an in-network provider. But be aware that 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 enroll in a Marketplace plan and your doctor isn't in its network, you have the ability to switch into another plan until your coverage effective date. After your coverage effective date, you will not be able to change your plan until the next Open Enrollment period unless you get a Special Enrollment Period. To receive a Special Enrollment Period, you would have to have experienced certain life events such as losing health coverage, moving, having a baby, or getting married. Go to HealthCare.gov/reporting-changes to update your application because of a life event.

Always find out when your new coverage starts before canceling your current plan. This way, you won't have a coverage gap. If you switch plans, ask your doctor which insurance companies' provider networks they are part of. In the plan description of your Marketplace account, you can find a link to a list of providers in each plan's network. Your health insurance company will also know which doctors, hospitals, and other health care providers are in your plan's network.