

Is My Doctor in a Plan? Why “Networks” Matter

Summary

Making sure your doctor is in your health plan is an important part of shopping for insurance. In this fact sheet, we explain how to find a doctor in your state’s Marketplace health plan networks. We also explain the costs involved if you go to doctors or hospitals that are not in the network.

What is a network?

A “network” is a list of providers that have contracts with a health plan. “Providers” are doctors, hospitals, clinics, pharmacies, and others you go to for medical care. Not all providers are in every health plan network. Each plan can have a different network of providers.

Will it cost me more if my doctor is not in the network?

The list of doctors, hospitals and other providers in your plan network is very important. If you use a doctor that is **not** in your plan’s network (often called an “out-of-network provider”), your insurance plan might not pay for the services. Or, they will pay less for the services, meaning that you will have to pay more.

What happens if I go to an “out-of-network” doctor?

In some plans, you can only use doctors, hospitals or pharmacies that are in the network. The plan will not pay if you use a doctor or hospital that is “out-of-network.” **You** will have to pay the full cost yourself. Health maintenance organizations (HMOs) and Exclusive Provider Organizations (EPOs) are examples of plans that don’t pay for out-of-network doctors or hospitals. (There are exceptions, including for emergency care.)

Other plans will pay for some of the costs of out-of-network doctors or hospitals. However, they won’t pay as much. That means you will have to pay more. Plans that will pay for some of the cost of out-of-network doctors or hospitals are called Preferred Provider Organizations (PPOs) or Point of Service (POS) plans.

How do I know if my doctor or hospital is in the network?

You can find out if your doctor or hospital is in a Marketplace plan's network by looking on the health plan's website. The plan's "provider directory" will show you a list of doctors and hospitals who are in the network. Be sure that you are looking at the provider directory for the specific Marketplace plan you want to know about. Insurance companies offer many different plans on their websites. Each plan has its own provider directory.

Insurance companies also have to give you a paper copy of the network directory if you ask for it. But, paper directories get outdated very quickly. If you use a paper directory, it is always good to call and confirm the information with your health plan and/or doctor's office.

How can I be sure that the doctor has room for new patients?

It also is a good idea to check the provider directory to see if a doctor is accepting new patients. If a doctor you want to see is not accepting new patients, you may not be able to make an appointment with that doctor. If the plan website does not list that the doctor as accepting new patients, call the doctor's office to check.

If my hospital is in the network, does that mean all the doctors are, too?

Just because a hospital is part of the network does not mean the doctors who work there are in the network. You should check that the doctors working in the hospital are actually "in-network." You can check this by using the provider directory. You can also call the hospital or your health plan.

This can be hard when you don't know the names of all of the doctors who will be involved in your care. It's important to call the hospital to be sure that the doctors taking care of you will be in-network. Make this call *before* scheduling hospital-based services.

What if I have a medical emergency and I can't find out what doctor or hospital is in-network?

When you have an emergency, go to the nearest hospital. It doesn't matter if the hospital is in-network. Your plan must cover emergency services regardless of whether the provider is in-network. The plan cannot charge you any co-payment or coinsurance above the in-network rates. Depending on your state, however, the doctors who care for you in the emergency room may be out-of-network – which means they can make you pay the difference between what the plan pays and what they charge.

Can I rely on the provider directory?

Because some provider directories are not updated every day, you should check with the health plan to see if your doctor is in the health's plan Marketplace network. You should also call the doctor or hospital to be sure that they are in the network and accepting new patients. Keep track of who you talk with. Write down:

- The name of the person;
- The date you called; and
- The information they share with you.

What if I cannot get the care I need?

If you cannot get the care you need from an in-network doctor, you should complain to your state's Department of Insurance and to your state's Marketplace.

Helpful websites & resources

- Tips for Shopping for 2016 State Marketplace Health Plans
- Bronze, Silver, Gold or Platinum: How to Choose the Right Level of Coverage
- Cost-sharing: What's the Difference between "Co-Insurance" and "Co-Payment"?
- Is My Doctor in a Plan? Why "Networks" Matter
- How to Report Your Income when you Apply for Financial Help in 2016
- Health Insurance and Tax Credits: What to do at Tax Time
- Premium Tax Credits and "Tax Reconciliation"

This fact sheet was prepared by Geraldine Slevin & Julie Silas, Consumers Union. For more information, contact geraldine.slevin@consumer.org
