

“Providers” are doctors, hospitals, clinics, pharmacies, and others you go to for medical care. A “network” is the set of providers that have contracts with a health plan. If you have a provider you would like to continue to use, it is important to make sure they are in your health plan's network.

The list of doctors, hospitals, and other providers in your plan network is key. If you visit a provider that is **not** in your plan's network (often called an “out-of-network” provider), your insurance plan may not pay anything or may only pay a small amount, meaning that you will have to pay more.

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

In some types of plans, you can only use providers that are in your network. Some types of plans – like Health Maintenance Organizations (HMOs) and Exclusive Provider Organizations (EPOs) – generally will **not** pay if you use a doctor or hospital that is out-of-network, and you will have to pay for everything yourself. Preferred Provider Organizations (PPOs) will usually pay for **some** of the cost of out-of-network doctors or hospitals, but you will be responsible for the rest of the cost.

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

Covered California has a built-in Provider Directory you can use when you shop on the website. If you know the name of the provider you'd like to use, you can enter their name into the Covered California Shop and Compare tool while you are reviewing your available health plans to find out if they are in the plan's network.

You can also find out if your provider is in a Covered California 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 that are in the network. Be sure that you are looking at the provider directory for the specific Covered California plan you want to know about. Insurance companies offer many different plans on their own websites, and the networks may be different. You should also call the plan and provider to confirm the information in the online directory, and to make sure they are accepting new patients. Make sure to write down the name of the person you spoke with, the date, and the information they gave you.

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

Under the Affordable Care Act, your plan **cannot** charge you a higher out-of-network rate for emergency services. When you have an emergency, go to the nearest hospital. It doesn't matter if the hospital is in-network. For emergency care, your cost-sharing amount should be the same as the in-network rate.

## 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 health plan and to the state of California. You can file consumer complaints for issues such as balance billing, billing for services that your health plan states is not a covered benefit, if you have a dispute on the amount paid on a claim, a copayment dispute, cancellation of your coverage or if you have a complaint about the provider's attitude. Most Covered California health plans are under the authority of the Department of Managed Health Care (DMHC), but there is also the California Department of Insurance (CDI). You can also call Covered California's Service Center.

### Contact Information to File a Complaint

DMHC:  
**(888) 466-2219**  
DMHC.CA.GOV

Covered CA:  
**(800) 300-1506**  
COVEREDCA.COM

CDI:  
**(800) 927-4357**  
INSURANCE.CA.GOV

### Want more information? Check these out:

*FAQs for Enrolling in Covered California*  
*Bronze, Silver, Gold, or Platinum: How to Choose the Right Level of Coverage*  
*Cost-Sharing: Understanding Copayments, Coinsurance, and Deductibles*  
*Financial Assistance from Covered California*  
*Reporting Income to Covered California*

Find the these factsheets and more at  
**ConsumersUnion.org/CalHealthInsuranceHelp**