

Plan provider networks

Knowing how to use them will save you money

Health insurance plans each have a network of doctors, hospitals and other providers, called a provider network, who give care to plan members at a lower cost.

When you enroll in a plan and get care from a provider in your plan's network, you'll get special member prices. If you get care from a provider who's not in-network, you'll pay a higher fee or you may have to pay the entire bill out of your own pocket.

Check with your doctor before buying a plan!

If you already have doctors and pharmacies you like, call them to see which health plan networks they belong to. This will help you decide which health plan to buy.

Learn about your health plan's provider network

Health plans fall into 3 types, depending on the way they let you use out-of-network healthcare to choose your doctors and specialists:

	EPO (Exclusive Provider Organization) plans	PPO (Preferred Provider Organization) plans	HMO (Health Maintenance Organization) plans
Out-of-network care	<p>Not covered, except in an emergency</p> <p>If you see an out-of-network provider, you will pay the full cost of the service</p> <ul style="list-style-type: none"> For example, if you need a cancer specialist and there are none in-network, an EPO will not pay for you to see an out-of-network cancer specialist 	<p>Covered, but with an extra cost</p> <p>You can see out-of-network providers but you'll have to pay more out of your own pocket</p> <ul style="list-style-type: none"> For example, if you want to see a cancer specialist who is not in-network, the PPO will pay some of the cost, but you will pay a larger share of the bill 	<p>Not covered, except in an emergency or when care is not available in the network</p> <p>You must get approval before seeing an out-of-network provider</p> <ul style="list-style-type: none"> For example, if you need a cancer specialist and there are none in-network, an HMO will pay for an out-of-network cancer specialist
Referral (permission from your doctor or insurance plan to visit a provider)	<p>Not needed for most plans</p> <p>Most plans don't require a referral from your primary care doctor to see an in-network specialist, but some plans do. Check your Summary of Benefits and Coverage (SBC) to find out.</p>	<p>Not needed</p> <p>You can use doctors and other providers in and out of the network without getting a referral</p>	<p>Needed</p> <p>You usually must get a referral from your primary care doctor to see a specialist. Call your insurance company if you aren't sure.</p>



How to find plan type

Healthcare.gov (the Health Insurance Marketplace website) lists the health plans available in your area. You can see the plan type in 2 ways:

- Right under the plan name, you'll see the plan type
- You can sort by plan type. For example, if you want to see a list of all the EPOs for your area, click on "EPO" under the Plan Type button in the left hand column.

The screenshot shows the Healthcare.gov interface for a specific health plan. At the top, it indicates '18 plans available' and shows filters for 'Silver Plans'. The main plan details for 'Cigna Healthcare - Cigna Connect HSA Silver 2700' are displayed, including the plan type 'Silver EPO', estimated monthly premium of \$190, deductible of \$2,700, and out-of-pocket maximum of \$6,500. The plan category is 'Silver plans' and the plan type is 'EPO'. A 'CALCULATE' button is visible for the estimated total yearly costs.

Have questions?



Find free, in-person help

Find free in-person help from trained assisters near you. Visit covermissouri.org or call **1-800-466-3213** to set up an appointment to learn more or enroll.



Contact the Marketplace

The Marketplace Call Center is open 24 hours a day, 7 days a week. Call **1-800-318-2596** (TTY **1-855-889-4325**). You can also have a live online chat at healthcare.gov.



Para El Español

Encuentre ayuda gratuita de personas capacitadas cerca de usted llamando **1-800-318-2596** o visitando cuidadodesalud.gov.



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