

Health Insurance Smarts

FINDING A NETWORK PROVIDER



When selecting a health-care plan, one of the most important features to consider is the network. You may have questions about how to find a provider. Commonly asked questions about using health plan networks and providers are answered below.

WHAT IS A NETWORK?

A network is made of the different health-care providers with whom an insurance company has contracts to deliver health-care services at negotiated fees. This arrangement works well for consumers, health-care providers, and insurers.

It works well to make sure that costs are managed for both the insurance company and you as an insured person. It also works well for the providers because it channels patients their way by encouraging the insured to use providers in the network. Most insurers contract with all types of providers: physicians, surgeons, therapists, hospitals, pharmacies, and labs, to name the most common. A provider could be an individual physician — for example, your family doctor — or it could be a group of doctors who work together.

How Can You Find Out the Network in Your Plan?

Insurers are required to provide you with a list of all of the current providers in their plans' networks. It will likely be online but you may be able to request a paper copy. It is important to review the list of network providers to see if the doctors, hospitals, and other health-care providers you already see for health care, or would like to see for health care, are on that list. Liking the provider network is one of the main reasons why people choose a particular health insurance policy. If you aren't familiar with the providers on the

list, prefer not to use them, or your chosen provider is not on the list, you may want to consider an insurance plan that does include your desired providers in its network.

What is the Difference Between In-network and Out-of-network?

If a provider is under contract, that provider is considered "in-network." If the provider is not under contract, that provider is considered "out-of-network."

How Does a Network Work and Why Is it Important My Doctor Be in the Network?

The most important difference between using an in-network provider and an out-of-network provider is cost. Many insurance plans encourage you to use in-network providers by offering lower deductible, coinsurance, and copayment amounts when you use contracted providers. That does not mean that you cannot use other providers. But, if you do choose to use an out-of-network provider, the insurance plan will share the costs differently. Some plans will share a portion of the costs with you when you see an out-of-network provider, but it will be less than if you used an in-network provider. Other plans will expect you to pay all of the costs when you see an out-of-network provider. Use in-network providers to keep your health-care costs low.

You may have heard about situations where someone goes in for a procedure with an in-network surgeon only to find out later that the anesthesiologist was an out-of-network provider and was billed accordingly.

Some of those kinds of mistakes can be appealed to the insurance company. Regardless, it is best to know beforehand

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about the approved in-network providers if you are going to be receiving a lot of medical care.

Will My Doctor Be in My Network all the Plan Year?

In most cases, your doctor and other providers will be in the network for the full plan year. However, it is not unusual for doctors to leave their contracts with the insurance companies. There are all sorts of reasons for this (they may move, change their practice, or just decide to sign on with a different insurance company).

It is important for you to know if the providers you want to use are in your network. When you call to make an appointment, even if the doctor's office staff asks you about your health insurance, make sure that provider is still associated with your insurance plan. Ask if they are in-network. Usually you will be notified if your family doctor leaves the network during the policy year. Other providers you use may not notify you if they leave a network.

What if I Travel a lot During the Year?

When you think about providers you want to see, think about whether or not you travel a lot. Since most networks feature local health-care providers, you will be faced with an added out-of-network expense if you need medical care while you travel. Some plans allow you to use out-of-network providers in a medical emergency. However, what qualifies as an emergency in the legal terms of the health insurance contract may not be what you consider an emergency. If you travel a lot, you may want to consider policies with national

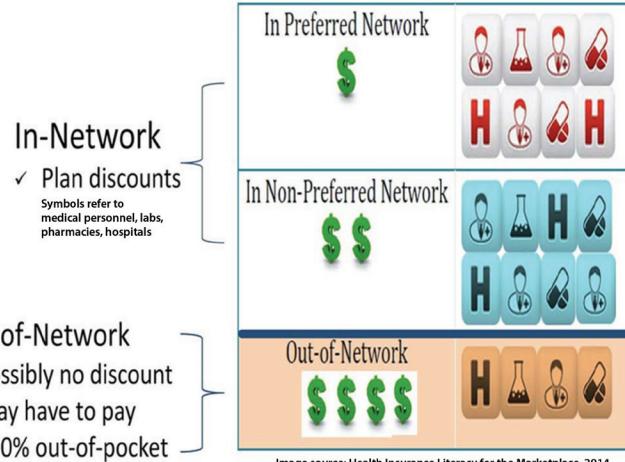


Image source: Health Insurance Literacy for the Marketplace, 2014

networks or expect to pay out-of-network rates if you are caught out of town, away from your network providers, when an acute illness strikes.

Can I See Whatever Specialist I Want?

Policies differ in how easily you can select the level of provider you want to see. Some plans instruct you to visit a primary-care provider (usually an internist or a family doctor) before seeking a consultation from a specialist. In those plans, it is the primary-care provider who gives you a formal referral to a specialist if it is determined that you need specialty care. If you want the freedom to go directly to a specialist, then you will want a policy that does not require you to go through the primary-care provider first. Some plans allow you to go to certain kinds of specialists without first seeking a referral. Pay attention to these differences in plans if this is important to you.

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