

Health Insurance Provider Networks

What Is a Provider Network?

A provider network is a group of doctors, healthcare professionals, and hospitals that have agreements with a health plan to offer medical services to its members. These providers are referred to as “network providers” or “in-network providers.” In contrast, those who are not contracted with the plan are known as “out-of-network providers.”

Providers include doctors, therapists, and healthcare facilities like hospitals and pharmacies. Networks vary by plan, so check each one when comparing.

Before enrolling, compare kynect plans and estimated costs. Make a list of your healthcare providers and check if they are included in each plan’s network. When reviewing plans, search for your doctors and medical facilities to ensure they are covered. It can be a good idea to call your doctor or provider directly to double check and be sure to write down or print out the exact name of the plan you are considering. For example, instead of saying “I am going to have Anthem” state “I am considering Anthem Silver Pathway X Transition HMO 6500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) from kynect Marketplace.”

What Is a Health Maintenance Organizations?

Health Maintenance Organizations (HMOs) have smaller networks than some other types of plans such as those offered from large employers. HMOs usually limit care to doctors who work for or contract with the HMO and aren’t covered for out-of-network care (except in an emergency). All individual plans available through kynect health coverage are HMOs.

Can I go to the hospital in my hometown?

It depends. If the hospital or doctors practicing in the hospital system are in network, yes. If they are not in your network, you will have to pay full price or find services from another provider. Generally speaking, insurers are required to ensure that providers are no more than thirty miles or thirty minutes away (for cities) and fifty miles or fifty minutes ways in rural counties. Insurers are required by the law to assist you in finding a provider.

What if I have an emergency?

All emergency rooms are considered in network. Insurance plans cannot charge higher copayments or coinsurance for emergency care at out-of-network hospitals. They also cannot require prior approval for emergency services from out-of-network providers.



If I find out my doctor is no longer in network can I just switch plans?

Generally speaking, you cannot change plans outside of Open Enrollment without a qualifying life event such as change in household size or permanent move. Exceptions can be made if a misrepresentation or error during enrollment has occurred, but these are rare. Please see the [Special Enrollment Fact Sheet](#) for more information.

You may be able to request an exception to have out-of-network care covered like in-network care. If your provider's contract ends while you're in treatment, you may qualify for continued in-network coverage. Contact your insurance company to check eligibility.

What if I have questions?

Individual insurance companies are the best source of information when questions arise about network providers. You may not be able to see the same doctor you have been seeing before, but the insurance company must work with you to find a provider.

Plan Type	Issuer	Phone	Website
Qualified Health	Ambetter	833-705-2175	Ambetter
Qualified Health	Anthem	855-738-6671	Anthem
Qualified Health	CareSource	833-230-2009	CareSource
Qualified Health	Molina	888-466-4477	Molina
Dental	Anthem	855-769-1464	Anthem
Dental	BEST Life	877-205-8767	Best Life
Dental	Paramount	800-462-3589	Paramount

