



A Guide to Provider Networks



While the Marketplace groups plans by price, it's important to make sure that the plan you choose includes the doctors you want to see in its provider network.

What is a Provider?

Provider is a term for doctor or health professional or anyone you see for health care – including nurses, nurse practitioners, physical therapists and more. Insurance plans categorize providers two ways:

- **Regular Provider:** A doctor or other health care professional who provides general medicine services.
- **Specialist:** A provider who focuses on a specific area or group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. Examples include oncologists (cancer doctors) or physical therapists.

What is a Provider Network?

A provider network is a list of doctors and is determined by the insurance company and plan. Each plan has a different provider network, and provider networks may also be different between different plans offered by the same insurance company.

Plan Types and Provider Networks

You should always call your insurance company, or any insurance company you are looking to buy from, to make sure your doctor is in network. Plan types, designated by abbreviated names, can tell you a little bit about how open your plan is.

- **Exclusive Provider Organization (EPO):** Generally, services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).
- **Health Maintenance Organization (HMO):** Generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.
- **Point of Service (POS):** A type of plan where you pay less if you use doctors, hospitals, and other health care providers who belong to the plan's network. POS plans require you to get a referral from your primary care doctor (a designated doctor you pick who is in charge of managing your care) in order to see a specialist.
- **Preferred Provider Organization (PPO):** Generally, you pay less if you use providers in the plan's network. For an additional cost, you can use doctors, hospitals, and providers outside the network without a referral.

A Guide to Picking the Right Plan

It's important that you take both cost and network into account when you pick your plan. Use this checklist to make sure your doctor is in network.

- Find a plan that has a good balance of premium and out-of-pocket costs for your family.
- Identify your health needs and make sure your potential plan has hospitals, doctors' offices, and other places for care near you.
- Look up your plan's provider network online and make sure your current doctors or hospitals are covered.
- Call the insurance company and confirm that your current doctors and hospitals are covered.

WHERE CAN I FIND HELP TO ENROLL?

- **Online** – Visit myARinsurance.com for more information
- **In Person** – Visit myARinsurance.com to find help near you
- **By Phone** – Call 844-355-3262, Monday – Friday, 8 a.m. – 4:30 p.m.

