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Understanding your Medicare Advantage Plan's provider network

Many Medicare Advantage (MA) Plans (like HMOs or PPOs) have networks of health care providers which include doctors, other health care providers, hospitals, and facilities. It's important to understand your plan's provider network to make sure you get the care you need at the lowest cost.

Questions to ask your MA Plan about providers in its network

- How can I find out if my providers are in the plan's network?
- How much do I pay for services in-network?
- How much do I pay for services out-of-network?
- What if I need covered treatments that aren't available from a provider in the plan's network?
- What happens if my provider stops participating in the network?
- Who can I call with questions or concerns?

Your health care provider (or your provider's staff) also can be a good source of information.

Things to remember

- You can find your provider directory on your MA Plan's website, or you can contact your plan to request a provider directory.
- In some MA Plans, when you choose a primary care doctor, you're also choosing the hospitals and specialty networks associated with that doctor. If there's a particular hospital or health care provider you want to use, you may need to ask your primary care doctor for a referral.
- Your MA Plan can add or remove providers from its provider network at any time during the year. Your provider also can choose to leave your plan's network at any time. If your provider is no longer in the network, you'll need to choose a new provider in the network to get covered services.
- Even though your MA Plan can change its network at any time, your plan must protect you from interruptions in medical care and must make sure you have adequate access to services.
- Check with your provider when you schedule an appointment to confirm they're still in your plan's network.
- Each year, during the Medicare Open Enrollment Period (October 15 – December 7), you can review the provider networks for the plans you're considering.
- Different plan types have different rules. Learn more on the next page.

Can I get my health care from any doctor, other health care provider, hospital, or facility?

Health Maintenance Organization (HMO) Plans

In HMO plans, you generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis). In some plans, you may be able to go out-of-network for certain services, usually for a higher cost. This is called an HMO with a point-of-service (POS) option.

Preferred Provider Organization (PPO) Plans

Generally, you can get your health care from any doctor, other health care provider, or hospital in a PPO's network.

You can also go to doctors, other health care providers, or hospitals that aren't in the plan's network, but it usually costs more.

Private Fee-for-Service (PFFS) Plans

If you join a PFFS plan that has a network, you can see any of the network providers who have agreed to treat you. You can also choose an out-of-network doctor, other health care provider, or hospital that accepts the plan's terms, but it may cost more.

If you join a PFFS plan that doesn't have a network, you can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. Not all providers will.

In an emergency, doctors, other health care providers, and hospitals must treat you.

Medicare Special Needs Plans (SNP)

Generally, you must get your care and services from doctors, other health care providers, and hospitals in the SNP network (except emergency care, out-of-area urgent care, or out-of-area dialysis). SNPs typically have specialists in the diseases or conditions that affect their members.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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