# What to do when your health network changes

**OREGON HEALTHCARE.gov**

**DFR | Division of Financial Regulation**

## Before getting care

### Understand the cost of care

Check your Summary of Benefits and Coverage, plan materials, or plan website to make sure your preferred doctors, facilities, pharmacies, and specialists are in-network with your plan. Estimated cost sharing (co-payments and coinsurance) can be found in the same place. Contact your health insurance plan with questions or to confirm coverage and network status.

## When getting care

### Ask questions before receiving care

Contact your health provider to make sure your health insurance plan is accepted and to update your coverage information for the new year.

### Bring your insurance card

When you go to your health appointment or to seek care at a hospital, bring your insurance card. Your doctor's office may need to update their billing information for you. They will also be able to tell you if they are now out-of-network.

## After getting care

### Check your Explanation of Benfits (EOB)

You will be sent an EOB document a couple of weeks after your appointment. This document shows what services were billed to your insurance company and how they paid for the services. If the care you received does not match the services that were billed, contact the billing department at your provider's office to fix any errors. Your provider will send you a bill to pay if there are any excess costs. Do not make a payment based on your EOB.

## Planning for the future

### Take note

If you have a preferred provider or facility that is out-of-network for your current health plan, ask what companies and networks they accept. This will narrow your options if you look to change plans in the future.

### Explore options

Open enrollment is the only time of year then most people are able to change health plans. Shortly before or during open enrollment, you may use the Marketplace Window Shopping tool to compare plan options. It will allow you to put your doctor or preferred hospital into the tool to check coverage.

## Questions?

855-268-3767

info.marketplace@odhsoha.oregon.gov

# Consumer Protection Resources

## Help with Oregon Health Plan (OHP) benefits

- Contact your application assister or connect with an assister at OregonHealthCare.gov/GetHelp.
- Contact your Coordinated Care Organization (CCO, orhim.info/CCOs).
- Contact the OHP Ombuds office at 877-642-0450 or email OHA.OmbudsOffice@odhsoha.oregon.gov.

## Help with employer-sponsored plans

- Contact your health plan to check coverage and networks.
- Contact your employer for health plan information, including the name of your insurance carrier, policy number, and dates of coverage.

## Help with individual and family plans

- Contact your insurance agent or connect with an agent at OregonHealthCare.gov/GetHelp.
- Contact your health plan - information is on the back of your member card.
- Contact the Oregon Health Insurance Marketplace at 855-268-3767.

## Help with Medicare plans

- Contact your insurance agent or connect with an agent at OregonHealthCare.gov/GetHelp.
- Contact your health plan - information is on the back of your member card.
- Contact the Senior Health Insurance Benefits Assistance (SHIBA) program at 800-722-4134.

## Disagreement or issues with your health plan

- Contact your provider to make sure billing is correct.
- Contact your health plan to file an appeal.
- Contact consumer advocacy at the Division of Financial Regulation (DFR) at 888-877-4894 or file a complaint online at DFR.Oregon.gov. DFR does not regulate OHP, Medicare Advantage, or self-funded plans.

## Questions?

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