Getting Emergency Care

In an emergency, you can get care from the hospital closest to you. If that hospital participates in Medicare and has an emergency department, it must provide an appropriate screening examination and, in the case of an emergency medical condition, stabilize you, whether or not you have insurance. For most types of private insurance, your insurance company can't impose higher cost sharing requirements (like a deductible, copayment, or coinsurance) on you, for getting emergency room services at an out-of-network hospital than at an in-network hospital.

If I'm having an emergency, do I need to call my insurance company before I go to the hospital?

No. If you're having a medical emergency, go straight to the hospital. Insurance companies can't require you to get prior approval from them before getting emergency care, including from a provider or hospital outside your plan's network.

What does it mean that insurance companies can't charge me more?

Getting out-of-network care usually costs more than getting in-network care, but in an emergency your plan can't impose a higher cost sharing requirement even if you get care at a hospital that's out of network.

By law, insurance companies can't impose a higher cost sharing requirement than your in-network cost-sharing requirement if you get emergency care from an out-of-network hospital. The hospital can't bill you for more than this amount.

What will I have to pay for emergency room services?

This depends on the plan that you have and the hospital you go to. For example, you may have to pay a deductible.

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

HealthCare.gov