

Plan Types

HMO

HMO stands for **Health Maintenance Organization**. An HMO plan offers healthcare services through a network of providers who have agreed to supply these services to members. You're likely to have coverage for a broad range of preventative healthcare services. You will be required to choose a primary care physician, or PCP, who will take care of most of your health care needs, including referring you to a specialist if you need to consult one.

HMOs typically have lower out of pocket costs, but you may be required to pay a deductible before your HMO begins paying for covered health services. Your copays will likely be reasonable. For example, you may pay a copayment of \$20 – \$35 for a doctor's visit, and the HMO will pay the rest of the eligible charge.

Keep in mind that with an HMO you will likely have no coverage for non-emergency care you receive out-of-network or for services you receive without a proper referral from your PCP.

A HMO plan may be the right plan for you if:

- You're shopping for a plan with a low monthly premium
- You want a plan with little or no deductible
- Your typical care is preventative

PPO

PPO stands for **Preferred Provider Organization**. PPOs are one of the most popular plan types for individuals and families. PPOs allow you to visit any in-network health care provider without requiring a referral from a primary care provider. Note: some PPO plans now require a PCP designation – it depends on the plan.

In-network care will be covered at a higher benefit level than any care you receive out-of-network. You can expect PPO plans to require you to pay an annual deductible before the insurance company begins paying its portion for most services. Depending on the plan, a co-pay or coinsurance may be charged for certain services.

A PPO plan may be right for you if:

- You want freedom to choose almost any medical facility or provider for your needs
- You want the option of some out of network coverage
- You don't want to need a referral in order to see a specialist

EPO

EPO stands for **Exclusive Provider Organization**. With an EPO, you exclusively use the healthcare providers within the plan network – this includes doctors, specialists, and hospitals. They typically cost less than HMOs or PPOs.

An EPO plan may be the right plan for you if:

- You do not want to have to get a referral to see a specialist
- Your preferred providers are in-network
- You want to receive a lower monthly premium than what you would typically get with an HMO or a PPO plan

POS

POS stands for **Point Of Service**. A POS plan is a hybrid of an HMO plan and a PPO plan. Like an HMO, POS plans require you to choose a primary care physician who will coordinate all of your care, including specialist referrals.

Similar to a PPO, you have more choices about where to receive care. In-network providers typically cost less, and the coverage tends to be better. However, you may see out-of-network specialists – just be aware that this typically incurs higher out-of-pocket costs.

A POS plan might be right for you if:

- Your preferred providers are in-network
- You are comfortable with your PCP coordinating your care
- You want lower overall costs, but are aware you may pay higher costs to see an out-of-network provider