Types of Health Insurance Plans

As you are shopping for health insurance plans that fit your needs, you may notice that there are many different types of health insurance plans. Each plan type offers different coverage options, lets you see different health care providers, and may cost a different amount. Each plan type is defined for you and the chart that follows shows you some of the basic differences between each type of health insurance plan. This information will be helpful as you are making a Smart Choice health insurance decision.

Definition of Plans:

EPO - Exclusive Provider Services - A plan that covers services only if you go to doctors, specialists or hospitals on the plan's approved list (network). You can go to any provider in an emergency.

HMO - Health Maintenance Organization - A plan that only covers care from doctors who are part of the HMO. It generally will not cover out-of-network care unless it's an emergency. You may have to live or work in a certain area to be covered.

POS - Point of Service - A plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. You will need to select a primary care provider for regular checkups and referrals to see a specialist. You can use out-of-network health care providers at a higher cost.

PPO - Preferred Provider Organizations - A plan that has a special network or group of health care providers. You pay less if you use providers in the plan's network. You may not need a referral from your primary care provider to see a specialist. This type of plan usually has payment options for using health care services that are in and out-of-network. Copayments are charged for each visit.

For each health care plan you are considering you should review the **Summary of Benefits and Coverage (SBC)**. The **SBC** is an easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you. You will get the **Summary of Benefits and Coverage (SBC)** when you shop for coverage on your own or through your job, renew or change coverage, or you can request an **SBC** from the health insurance company.

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Plan Type	Do I have to stay in network to receive coverage?	Can I choose my own primary care provider (PCP)?	Do I need a referral to see a specialist?	Can I use out-of-network health care providers and facilities?	How do the costs compare?
EPO	Yes, except in an emergency.	Yes but the PCP must be in network.	No but the health care provider must be in-network	Only in an emergency. Even in an emergency you may pay some or all of the expenses out-of-pocket if you go out of network.	You have a monthly premium, lower out-of-pocket costs with no required referrals.
HMO	Yes, except in an emergency	Yes, but the PCP must be in-network.	Yes, you need a referral from your PCP.	Only in an emergency. If you see an out-of-network provider, the plan will not cover any of these costs.	In addition to monthly premium, you will pay a copayment at the time of service.
POS	No.	Yes, but costs will be higher if the health care provider is out-of-network.	Yes you will need a referral from your PCP to see a specialist.	Yes, but in network care is less expensive. You may have to pay more for out-of-network health care services.	You have a monthly premium; you will have to pay most of costs when you go out-of-network unless your PCP has made a referral to the out-of-network provider.
PPO	No, but in-network care is less expensive.	Yes, but costs will be higher if your PCP is out-of-network.	No, but you will pay more if health care provider is out-of-network.	Yes but you may have to pay more than when you use in-network health care providers.	You have a monthly premium; more health care provider options with no referrals; and higher out-of-pocket costs when you go out-of-network.

Sources: www.healthcare.gov; www.healthcoverageguide.org ; www.nerdwallet.com