

Be an Informed Shopper

Health insurance plans have different rules and costs. Let's break it down:

FEATURES	Plan Type			
	HMO (Health Maintenance Organization)	PPO (Preferred Provider Organization)	EPO (Exclusive Provider Organization)	POS (Point-of-Service Plan)
Required to select a primary care provider (PCP)	✓	✗	Sometimes	✓
Need a referral to see a specialist	✓	✗	✗	✓
Out-of-network coverage	Emergency only	Yes, ↑ cost	Emergency only	Yes, ↑↑↑ cost
Monthly premium	\$	\$\$\$	\$\$	\$\$

Before You Choose a Plan, Ask:



- Are my current doctors, nurses, therapists and preferred hospital in the plan's network?
- Will I have a good choice of other healthcare providers in the network?
- Can I use doctors, hospitals and other providers that aren't included in the plan's network? What is the added cost?

- Are my prescriptions covered? What will I pay for them?
- Does the plan include vision coverage?
- Will I need a separate plan for dental coverage?
- Are there services I use that the plan doesn't cover?
- Do I need a referral to see a specialist?



- How much will I pay when I get care – such as copays for medical appointments?
- What's the deductible? How much would I need to pay for covered services before the plan begins paying?
- What's my out-of-pocket limit? What's the "worst case scenario" on how much I might have to spend on covered, in-network care in a year?

Don't Look at the Premium Alone



A plan with a lower monthly premium isn't necessarily the least expensive option for you. Compare the premium, deductible, copays, coinsurance and out-of-pocket limit, along with the providers and prescriptions the plan covers.