

CHOOSING YOUR HEALTH PLAN: HMO VS. PPO VS. OTHER PLANS EXPLAINED

PRINCIPAL INVESTIGATOR
GELAREH SADIGH, MD

DEPARTMENT OF RADIOLOGICAL SCIENCES
UNIVERSITY OF CALIFORNIA, IRVINE



TABLE OF CONTENTS



01 HEALTH MAINTENANCE
ORGANIZATION (HMO)

04 PREFERRED PROVIDER
ORGANIZATION (PPO)

05 POINT OF SERVICE (POS)

06 EXCLUSIVE PROVIDER
ORGANIZATION (EPO)

07 HMO VS. PPO FOR COMMERCIAL
AND PUBLIC INSURANCE

09 STUDY SPONSOR

HEALTH MAINTENANCE ORGANIZATION (HMO) HEALTH PLANS



=



**Lower
Monthly
Premiums**

Deductibles

Has Co-pays

- One of the most affordable types of health insurance.
- Often has lower monthly payments (premiums) and deductibles.
- You usually pay a fixed amount (i.e., copay) when visiting your healthcare provider.
- HMOs are great if you're on a tight budget and don't have many health issues.

HEALTH MAINTENANCE ORGANIZATION (HMO) HEALTH PLANS



=



In-network Providers

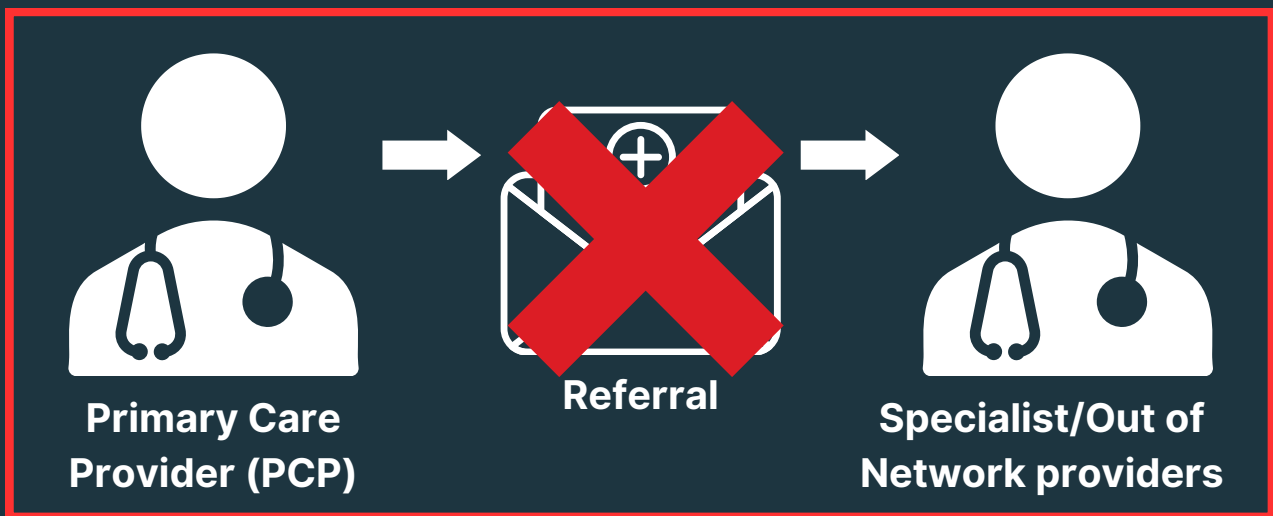
- You have to use healthcare providers in your health insurance plan network. That means you might have fewer choices.
- If you go to a provider outside your health insurance plan network, you might have to pay the full cost unless it's an emergency.

HEALTH MAINTENANCE ORGANIZATION (HMO) HEALTH PLANS



- You pick a main healthcare provider, which is your primary care provider (PCP), and takes care of regular checkups.
- You'll need your primary care provider's referral to see a specialist healthcare provider.

PREFERRED PROVIDER ORGANIZATION (PPO) HEALTH PLANS



- Higher premiums but more flexibility.
- You can see specialists and out-of-network providers, usually without asking your primary care provider first.
- You usually pay less for in-network visits compared to out-of-network.

POINT OF SERVICE (POS) HEALTH PLANS

	<i>HMO</i>	<i>PPO</i>	<i>POS</i>
No need for Primary Care Provider			
Out-of-Network Coverage			
Specialist visit without referral			
Cost		  	 

- Point of Service (POS) plans are kind of in the middle of HMO and PPO.
- Same as PPO as they generally cover out-of-network services.
- You need referrals for specialists.

EXCLUSIVE PROVIDER ORGANIZATION (EPO) HEALTH PLANS

	<i>HMO</i>	<i>PPO</i>	<i>POS</i>	<i>EPO</i>
No need for primary care provider				
Out-of-Network Coverage				
Specialist visit without referral				
Cost		  	 	 

- Exclusive Provider Organization (EPO) do not cover out-of-network care unless it is an emergency.
- You do not need referrals for specialists in-network.
- Premiums are higher than HMOs, but lower than PPOs.

HMO VS. PPO FOR COMMERCIAL AND PUBLIC INSURANCE



- When you're looking at commercial insurance or Medicare Advantage, you usually get to pick the type of plan (HMO vs. PPO vs. Other) you want.
- Most Medi-Cal plans are what's called "managed care plans," which work a lot like HMOs. You'll need to stick to providers and services in your insurance network, and you might need referrals to see specialists.

IF YOU WOULD LIKE TO
WATCH A VIDEO ON
“CHOOSING YOUR HEALTH PLAN”
SCAN QR CODE BELOW



**THIS EDUCATIONAL MATERIAL IS
FUNDED BY THE UNIVERSITY OF
CALIFORNIA IRVINE CHAO FAMILY
COMPREHENSIVE CANCER CENTER
CANCER HEALTH DISPARITY AWARD**

