



CHOOSING A HEALTH PLAN IS AN IMPORTANT DECISION. ASKING THE RIGHT QUESTIONS WILL HELP YOU MAKE AN INFORMED DECISION.

When considering a new plan, ask:

- *How much do I have to pay for care? Are there deductibles, copayments, and/or a coinsurance percentage?*
- *Are there pre-existing conditions, limitations, or exclusions?*
- *What are the specific exclusions/limitations of the policy?*
- *Is there a maximum out-of-pocket cost?*
- *What is the extent of the network in size and location?*
- *Do I have coverage for preventive care?*
- *Is there a prescription drug benefit?*
- *Is there a mental health benefit?*
- *Is there a limit to the number of inpatient hospital days I am allowed?*
- *How do I access services?*
- *How do I obtain specialty care?*
- *Are referrals required for specialist visits?*

Types of Health Insurance Plans:

Health Maintenance Organization (HMO)

An HMO is a type of managed care health plan consisting of a network of doctors and hospitals dedicated to providing high-quality, affordable health care. When enrolled in an HMO, a primary care physician (PCP) coordinates all of your care and refers you to network specialists when needed.

Indemnity

An indemnity plan is a type of health plan that allows you to choose any doctor of your choice; however, the plan only pays part of your medical bills. Your out-of-pocket costs will be higher than with a managed care plan, and you will likely be required to pay up front for services and then file for reimbursement.

Preferred Provider Organization (PPO)

A PPO plan is a type of managed care health plan that allows you to see any doctor of your choice, offering both in-network and out-of-network coverage. Under a PPO plan, your out-of-pocket costs will be lower when using in-network providers.

Point-of-Service (POS)

A POS is a type of managed care health plan that provides the same level of coverage as an HMO plan, but affords members the opportunity for greater flexibility to seek care without a referral from a PCP and/or to seek care from a physician or hospital that does not participate in your plan's network. You will have higher out-of-pocket costs when self-referring for care and/or when using out-of-network providers.