

YOUR HMO PLAN

WHAT YOU NEED TO KNOW



An HMO—or health maintenance organization—plan consists of a network of providers and hospitals who discount their services. You must choose a primary care physician (PCP) who manages your basic health care needs, including referring you to specialists and approving further medical treatment when needed.

HOW YOU PAY FOR SERVICES



1. You pay a predetermined flat dollar amount—or copay—for services received under your PCP.
2. You must obtain a referral for treatment from outside specialists and certain types of tests and procedures. Note: Women do not need a referral to see an obstetrician/gynecologist or OB/GYN for routine care.
3. If you go outside of the HMO's network, you are responsible for 100 percent of the cost of the services you receive.

MEET LISA

After a week of coughing and congestions, Lisa makes an appointment with her PCP.

Here's what happens next:



1. Lisa's doctor diagnoses her with seasonal allergies and recommends an over-the-counter drug.
2. Her doctor bills her insurance and then sends Lisa a bill directly to her.
3. Lisa's insurance sends her an explanation of benefits (EOB) detailing how much the insurance paid for her visit and how much she still owes. Lisa compares the EOB to her doctor's bill to make sure the two match up.
4. Lisa pays the total cost of the bill—a flat \$20 copay—out of her own pocket.

FINDING A PCP



As an HMO plan participant, you must select a PCP in order to receive coverage. Simply log in to your medical plan administrator's website or call the number on your medical ID card to find PCPs in your area and/or verify whether your current provider is a part of the HMO plan network.

MORE ON HMOs

- You must choose a primary care physician (PCP) in order to receive coverage.
- In most cases, the HMO plan does not provide coverage for care received outside the network. Exceptions include emergency care.
- Premiums and out-of-pocket costs are typically low as long as you stay within the HMO plan's network.