Societies Insurance

HMO vs. POS vs. PPO vs. EPO - Health Plan Comparison

Prepared by Societies Insurance - 800-616-3490 - general overview; actual rules vary by carrier and plan.

Health plans differ mainly in whether you need a primary care doctor, whether specialists need a referral, and what happens if you go outside the plan's network. This chart lines up the four common plan types so you can see the trade-offs at a glance. It is a general overview; actual rules vary by carrier and plan.

Feature	HMO	POS	PPO	EPO
Primary care doctor (PCP) required	Yes	Yes	No	Usually no
Referral needed to see a specialist	Yes	Yes, for in-network care at the lowest cost	No	Usually no
Out-of-network coverage	None, except emergencies	Yes, at higher cost	Yes, at higher cost	None, except emergencies
Premium	Lowest	Middle	Highest	Low to middle
Paperwork	Little	Some, such as claim forms for out-of-network care	Some, for out-of-network care	Little
Best for	Cost-focused members who are fine staying in one network	Members who want HMO pricing with an escape hatch	Members who want freedom to see any doctor without referrals	Members who want no referrals but can stay in network
How it works	You pick a PCP who coordinates all your care. Specialists need a referral, and you stay in network or pay full cost. Kaiser is the classic example.	You have a PCP and referrals for in-network care, which keeps costs low. You can go out of network without a referral, usually with a deductible, then coinsurance (often 30-50%), and you may file the claim yourself.	No PCP and no referrals. You can see any provider, and in-network care costs less. You pay for that flexibility in higher premiums.	Like a PPO without referrals, but with no out-of-network coverage.

California small group note

POS plans are less common in California small group than HMOs, PPOs and EPOs. With CalChoice, employees can each pick the plan type that suits them, so an HMO and a PPO can sit side by side in the same group.

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QUESTIONS TO ASK BEFORE YOU CHOOSE

- Are my current doctors and hospital in the plan's network?
- How often do I see specialists, and am I willing to get referrals?
- Do I travel or live part of the year outside the plan's service area?
- What is the total cost - premium plus deductible, copays and coinsurance - not just the premium?
- Are my prescriptions on the plan's formulary?

HOW WE HELP

1. **Tell us about your household or group**
   Doctors you want to keep, prescriptions, budget and where you live or work.
2. **We compare the plan types and carriers**
   Individual, family, Marketplace (ACA) and small-group options, including CalChoice in California.
3. **Review side by side**
   Networks, total cost and benefits - in plain language.
4. **Enroll with confidence**
   We handle the paperwork and stay your advisor after enrollment.

Questions? Talk to a licensed advisor.

Scan the code or visit our Resources page for this chart and more. Free, no-obligation quotes.

800-616-3490 **info@societiesinsurance.com** **www.societiesinsurance.com**

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