

TYPES OF PLANS

Whether you enroll in a group or individual plan, there are generally only a few types of plans. Below are the most common types:

Preferred Provider Organizations (PPO)	Health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.
Health Maintenance Organization (HMO)	Health plan that usually limits coverage to care from doctors who work for or contract with the HMO. Out-of-network care is generally not covered except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.
Exclusive Provider Organization (EPO)	A managed care plan, similar to an HMO, where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).
Point of Service (POS)	Health plans where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor to see a specialist.
Catastrophic Plan	To be eligible for the catastrophic plan, the individual must be under 30 years of age. This plan has lower premiums and allows the greatest amount of flexibility on the choice of provider. However, the deductible for the catastrophic plan is very high; before choosing this type of plan consider the amount you have in savings due to the high deductible.