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Health Plan Types

Choosing the right plan for you and your family's care.



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When choosing health insurance coverage, you may have options for the type of plan you can enroll in. The exact choices you have will depend on how you are covered and what is offered. If you are enrolling through an employer, your human resources department should be able to inform you of your options. A Summary of Benefits and Coverage (SBC) is also available to anyone looking to enroll in a plan.

Once you know what plan options you have, you will need to decide which one is best for you and anyone else who will be covered on the plan. The four main types of health plans are:

Health Maintenance Organization (HMO)

Preferred Provider Organization (PPO)

Point of Service (POS)

High Deductible Health Plan (HDHP)

When to enroll

The time you select/register for a plan is called Open Enrollment Period (OEP). For Medicare, it's called the Annual Election Period (AEP).

When you're shopping for individual health insurance for yourself or your family, Open Enrollment occurs at the end of the calendar year and coverage begins January 1 of the following year. For health insurance through your employer, Open Enrollment can occur any month but usually takes place at the end of the year, too. For Medicare and the Annual Election Period, you choose your plan between October 15 through December 7.

You can only enroll outside of Open Enrollment if you have a situation that is defined as a Qualifying Life Event (QLE).

Examples would be:

- Change in employment status
- Losing other health coverage
- Marriage or divorce
- Moving to a new state
- Having a child or adding a dependent
- Death of a family member enrolled in your plan

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How to decide which plan is best

There are several factors to consider when choosing which type of health plan to enroll in. Your specific healthcare needs and budget are important things to consider.

For example, if you or a family member on your plan has a chronic condition that requires frequent appointments and medications, a plan with a higher monthly premium amount but lower deductible and coinsurance amounts may be best to keep out-of-pocket costs lower. However, if you only see a provider for yearly checkups, a plan with a lower monthly premium but higher deductible can save you money since you aren't seeking regular care.

Looking at your health history and expenses can help you choose the right type of health plan. This guide will help you learn about the different types of health plans so you can be confident when making decisions for you and your family.







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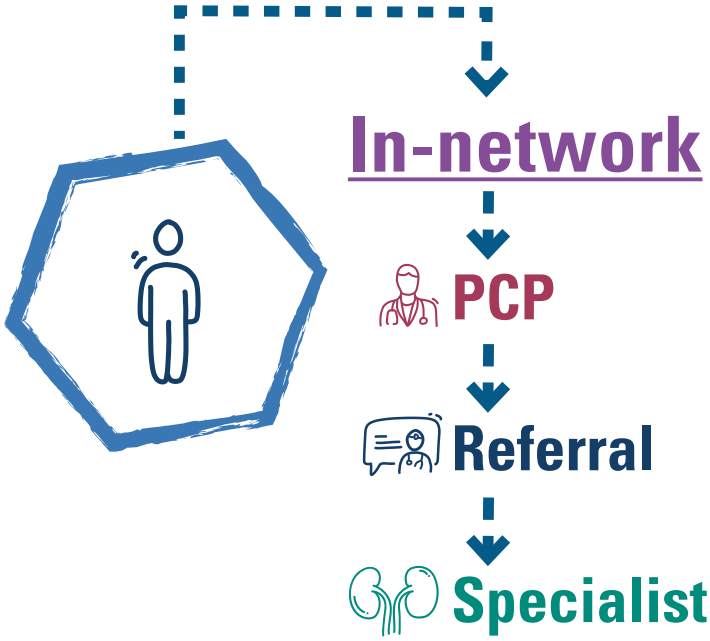
Health Maintenance Organization (HMO)

HMO at a glance:

- Lower monthly premium and deductible
- In-network coverage only
- Your primary care provider (PCP) is the center of your healthcare
- Referrals are required to see a specialist

With this plan, you choose a PCP who coordinates your care using doctors and hospitals that are in your plan's network. If you need a specialist, such as a cardiologist, a referral from your PCP is required. Generally, an HMO won't cover services from an out-of-network provider, which can mean a limited number of providers. An HMO plan will usually have a lower monthly premium and deductible, but include coinsurance and copays.

You may find this to be your best choice if you don't have health needs that require you to see a specialist very often, if all your specialist care is close by and in-network or you're only seeking coverage for routine health services with an in-network PCP.



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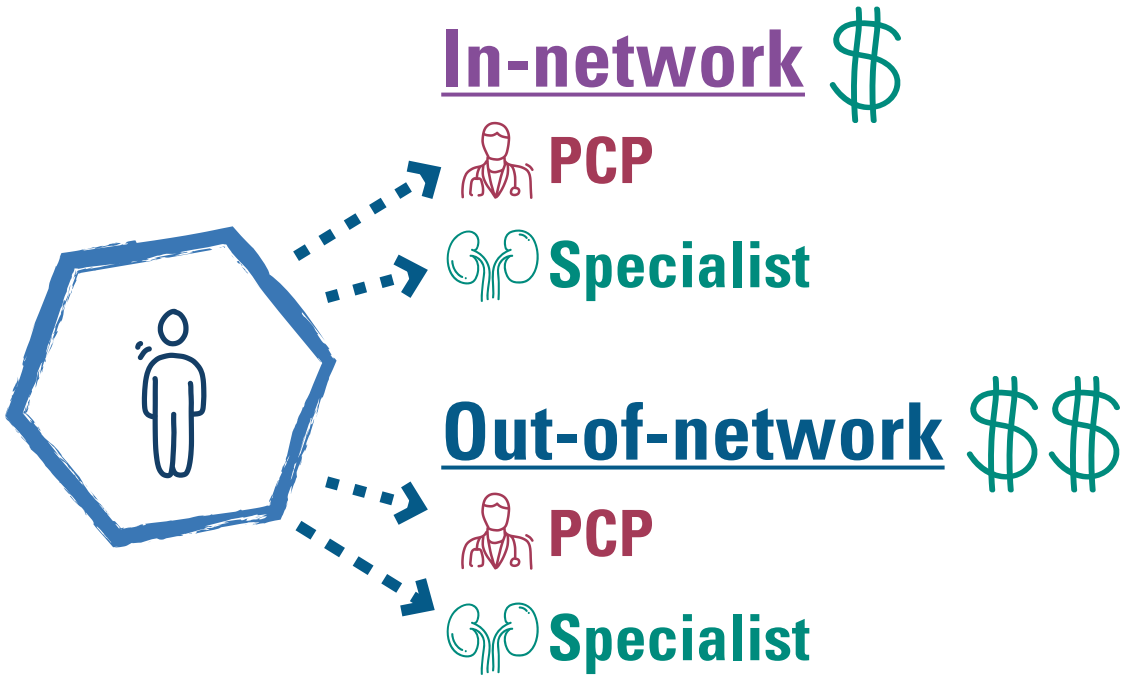
Preferred Provider Organization (PPO)

PPO at a glance:

- Higher monthly premium, lower deductible and out-of-pocket maximum
- In- or out-of-network coverage (saving money by saying in-network)
- See a specialist without a PCP referral

This plan allows you to manage your own care, with or without referrals from a PCP. You have a choice in which provider to see, although you'll save money if you remain in-network. A PPO will likely have higher premiums than other types of plans, but lower copayments and coinsurance.

You may find this to be your best choice if you typically choose care within your network (you'll save money) but want flexibility to see other providers or if you want to see specialists without always needing a referral.



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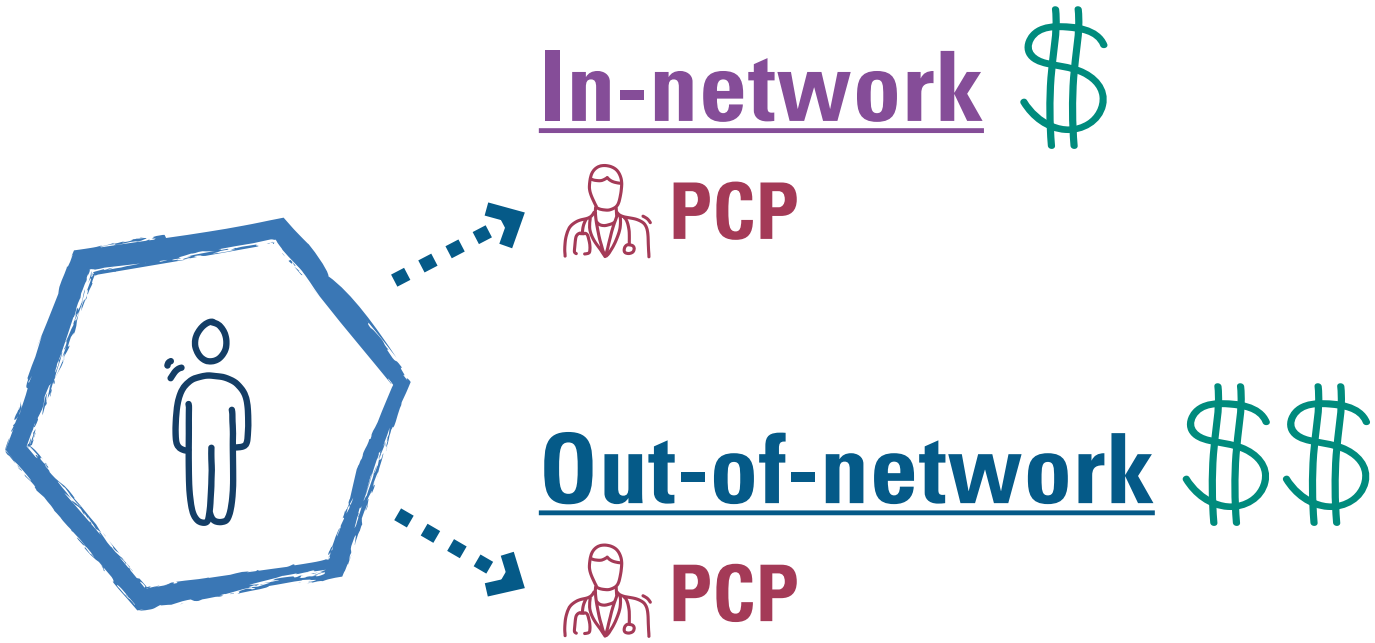
Point of Service (POS)

POS at a glance:

- Higher monthly premium but lower deductible when in-network
- Access to both in- and out-of-network care (saving money by staying in-network)
- Your primary care provider (PCP) is the center of your health care
- May require a referral from PCP for a specialist or out-of-network care

A POS is a combination of HMO and PPO. Like an HMO, you choose a PCP who may have to give you a referral for a specialist. But like a PPO, you can get care from both in- or out-of-network providers. You'll pay less when you use an in-network provider or hospital and more if you choose someone out-of-network. A POS plan may require you to pay a higher premium and have copays, but most have no deductible for in-network services referred by your PCP.

This may be the best choice for you if you have an in-network PCP, don't mind them coordinating your care and want a little more flexibility.



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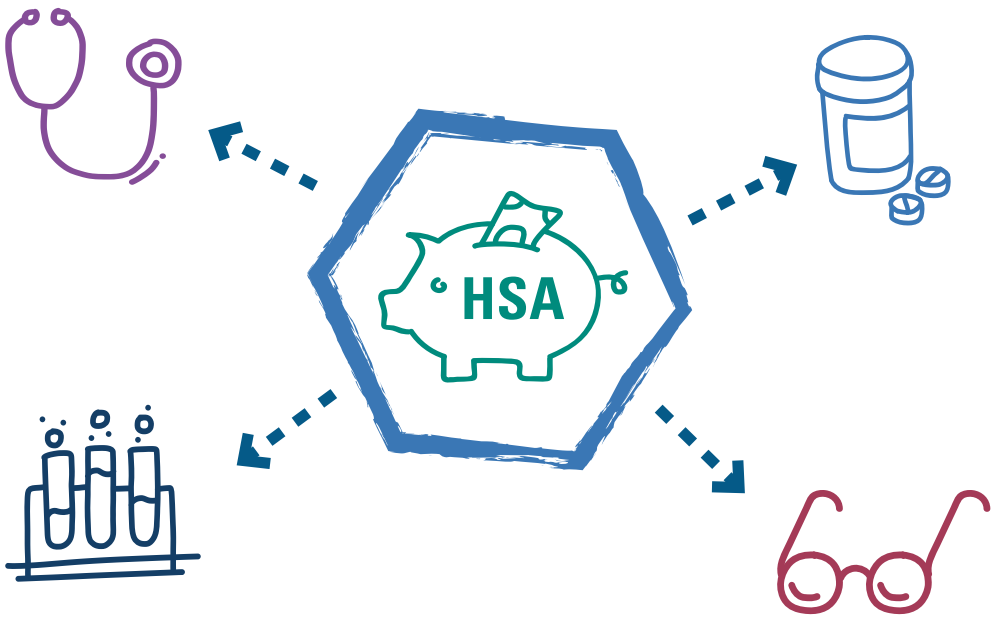
High Deductible Health Plan (HDHP)

HDHP at a glance:

- Lower monthly premium, no copays, higher deductible and out-of-pocket costs
- In- and out-of-network care with different deductible amounts for both (save money by staying in-network)
- Features a health savings account (HSA) funded by your tax-free money for approved healthcare expenses
- Does not require referrals to see a specialist

This plan gives you the most control on how your healthcare dollars are spent. You will pay more out-of-pocket for healthcare because the deductible is higher, but that shouldn't be a problem for people who don't plan to spend much on care throughout the year. And the HSA is a great tool to save for expected and unexpected costs. People with HDHPs are encouraged to put some of the money they save on the lower premiums into their HSA account so they're prepared for any expenses that do pop up. HDHPs cover most preventive care, but you will pay 100% for other care and prescriptions until you hit your deductible amount.

A HDHP may be the best choice for you if you are in relatively good health and only see a provider for preventive care services. You may also benefit from this plan if your employer contributes to your HSA account.



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Health insurance is not just for people with chronic health conditions or expensive situations. Even if you do not have health issues you are aware of, taking advantage of preventive care can allow you to get ahead of unplanned circumstances and make sure you are maintaining your health. Now that you know more about the different types of health plans, you can confidently choose the plan that is best for you and your family.

To learn more about the basics of health insurance, visit **arkbluecross.com/healthbasics**.



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