



How Do HMO and HMO/POS Plans Work?

HMOs deliver health care to members using provider networks, which are groups of doctors, hospitals and other health care providers that have agreed to serve members of a particular HMO. Health benefits are covered if the member uses providers that are in-network.

All New York HMOs offer a **point of service (POS)** option that allows members to seek care from providers that are out-of-network. Services provided by out-of-network providers generally cost members more in out-of-pocket expenses.

A Word About Premiums

To compare prices of HMOs in your area, view their current premiums on the Web at www.ins.state.ny.us/ihmoindx.htm

Choices Available for Individual Coverage

Under New York State Insurance Law, New Yorkers purchasing health insurance on their own can choose either an HMO or an HMO/POS plan option at any time during the year. You cannot be denied coverage if you have health problems, but you may be subject to a waiting period of up to one year for certain **pre-existing conditions**. See page 22 for more information.

Facts About HMO and HMO/POS Options

The table highlights some of the important similarities and differences between HMO and HMO/POS options.

	HMO	HMO/POS
Can I get services from providers who are out-of-network?	No. The HMO pays for all covered services as long as you use in-network providers. If you go out-of-network, you pay the entire cost.	Yes. You pay more for out-of-network providers, and fewer health services may be covered.
How do I pay for services?	There is no deductible. You are charged a copayment (typically between \$20 and \$40) for a physician office visit.	If you use an in-network provider, there is no deductible and you are charged a copayment. You do not need to fill out a claim form. If you use an out-of-network provider, you may pay a deductible and a greater portion of the medical expenses. You may need to fill out a claim form.
Do I need to choose a primary care physician (PCP)?	Yes. You are usually required to choose a PCP from a list of in-network doctors. Your PCP takes care of most of your medical needs.	Yes. You usually need to choose a PCP from the list of in-network doctors. You have the option of using the PCP or going to an out-of-network doctor.
Do I need a referral from my PCP to see a specialist?	Yes. Before you go to a specialist, you usually need a referral from your PCP.	You usually need a referral from your PCP to see an in-network specialist, to be covered for the maximum benefit with minimum cost to you. You do not need a referral to see an out-of-network specialist, but you will probably pay more in co-insurance and deductibles.