# Medical Plan Comparison Chart

UC offers four types of medical plans:

- health maintenance organization (HMO)
- point-of-service plan (POS)
- preferred provider organization (PPO)
- fee-for-service (or indemnity) plan

Each type of plan is described briefly below.

The information on this chart is arranged so that as you move to the right, the plan choices allow you more flexibility for your coverage needs. At the same time, however, you usually pay higher monthly premiums for these plans.

| TYPE OF PLAN | HMO* | POS | PPO | Fee-for-Service (Indemnity Plan) |
|---|---|---|---|---|
| **Definition** | Health Maintenance Organization **(Health Net, Kaiser, WHA)** | Point-of-Service Plan **(Blue Cross PLUS)** | Preferred Provider Organization **(Blue Cross PPO)** | Traditional Fee-for-Service Plan **(Core)** |
| **Reasons People Choose This Type of Plan** | Least costly overall. Focus on preventative care; no deductible or coinsurance balance. | Greater choice of medical providers than an HMO; ability to go outside the network for care (at a higher cost). | Broader network of providers than HMO or POS; worldwide coverage available. | No limits on access to providers; desire to self-insure a larger part of front-end cost (high deductible). |
| **Choice of Providers** | You choose a Primary Care Physician (PCP) or a primary care group from the network. Both your primary and specialty care are through your chosen PCP/medical group. | You choose a PCP; you pay less if you use a network provider. (see "Cost Sharing for Services" below). | Two benefits levels: in-network (IN) and out-of-network (OON). IN works like an HMO. OON-you may choose any provider, but you pay more of the costs (see "Cost Sharing for Service" below). | Unrestricted access to any provider (see "Cost Sharing for Services" below). |

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|---|---|---|---|---|
| **Provider Relationships** | Providers and medical groups are contracted through the HMO network. | Providers and medical groups are contracted through the POS network for IN; OON has no network. | Providers contracted through the PPO network. Offers services at less cost than non-PPO. | No Network. |
| **Primary Care** | Care is coordinated by a PCP. | IN-care is coordinated by a PCP; OON has no network. | No PCP required. | No PCP required. |
| **Specialty Care** | Your PCP authorizes referrals to specialists. | IN-your PCP authorizes referrals. OON-you may self-refer. | You may self-refer to providers in or out of network. | You self-refer to any provider. |
| **Networks** | Plan networks are limited, especially in rural areas. | IN is similar to an HMO network. OON has no network. | Networks tend to be wider than HMO networks. Plans often have nationwide networks. | No network. |
| **In-Area Coverage** | You must receive services from a network provider. | You must receive services from a network provider to have coverage at the IN benefit level; OON has no requirement. | You must receive services from a network provider to have coverage at the highest level in the plan. | No restriction. |
| **Out-of-Network Coverage** | You are only covered for emergency services. | For services outside the network, you pay a deductible and share more of the cost. | For services outside the network, you pay a deductible and share more of the cost. | No restriction. |
| **UC Premiums** | Lowest premiums (except for Core). | More expensive than an HMO; less expensive than PPO. | Most expensive. | Lowest premium due to plan design (high deductible, catastrophic coverage). |
| **Cost Sharing for Services (co-payment = flat dollar cost; coinsurance = % of total cost)** | Co-payments for services; no deductibles or coinsurance. | IN-higher co-payments for services than HMO; OON-deductibles and co-insurance. | Annual deductibles; coinsurance payments lower for network providers; higher for non-network providers. | Coinsurance coverage after high annual deductible is satisfied. |

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|---|---|---|---|---|
| **Out-of-Pocket Maximum** | Yes | Yes | Yes | Yes |
| **Claims** | No claims, but preauthorization required for some services (see plan details). | IN-like an HMO. OON-you file claims for partial payment of costs after deductible is satisfied. | For PPO providers, no claims to file. You file claims for non-PPO providers. | You file claims for partial payment of costs after deductible is satisfied. |
| **Prescription** | Typically, a card program with a formulary and different co-payments for generic, brand name, and non-formulary drugs. Usually has a mail-order program for maintenance drugs. | Typically, a card program with a formulary and different co-payments for generic, brand name, and non-formulary drugs. Usually has a mail-order program for maintenance drugs. | Typically, a card program with a formulary and different co-payments for generic, brand name, and non-formulary drugs. Usually has a mail-order program for maintenance drugs. | No formulary; prescriptions covered on straight percentage reimbursement with no discounts. No mail order program. |

*****Kaiser Permanente-California HMO services are only provided through Kaiser facilities.