

## Medical Plan Comparison Chart

UC offers five types of medical plans:

- health maintenance organization (HMO)
- Health Reimbursement Account (HRA) with preferred provider organization (PPO)
- point-of-service plan (POS)
- preferred provider organization (PPO)
- fee-for-service (or indemnity) plan

Each type of plan is described briefly below.

TYPE OF PLAN	HMO*	HRA with PPO	POS	PPO	Fee-for-Service (Indemnity Plan)
<b>Definition</b>	Health Maintenance Organization ( <b>Health Net, Kaiser, WHA</b> )	Health Reimbursement Account with Preferred Provider Organization ( <b>CIGNA Choice Fund</b> )	Point-of-Service Plan ( <b>Blue Cross PLUS</b> )	Preferred Provider Organization ( <b>Blue Cross PPO</b> )	Traditional Fee-for-Service Plan ( <b>Core</b> )
<b>Reasons People Choose This Type of Plan</b>	Least costly overall. Focus on preventative care; no deductible or coinsurance balance.	Greater choice of providers; up-front dollars from an employer-funded HRA to help pay eligible medical and prescription drug expenses	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).

TYPE OF PLAN	HMO*	HRA with PPO	POS	PPO	Fee-for-Service (Indemnity Plan)
<b>Choice of Providers</b>	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 may see any doctor or specialist you choose; however costs for in-network providers may be lower.	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).
<b>Provider Relationships</b>	Providers and medical groups are contracted through the HMO network.	Providers contracted through network may offer services at less cost than out-of-network providers.	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.
<b>Primary Care</b>	Care is coordinated by a PCP.	No PCP required.	IN-care is coordinated by a PCP; OON has no network.	No PCP required.	No PCP required.
<b>Specialty Care</b>	Your PCP authorizes referrals to specialists.	You may self-refer to providers in or out of the network.	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.
<b>Networks</b>	Plan networks are limited, especially in rural areas.	Networks tend to be wider than HMO networks. Plans often have nationwide networks.	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.
<b>In-Area Coverage</b>	You must receive services from a network provider.	Services from a network provider may be less expensive.	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.

TYPE OF PLAN	HMO*	HRA with PPO	POS	PPO	Fee-for-Service (Indemnity Plan)
<b>Out-of-Network Coverage</b>	You are only covered for emergency services.	Services from an out-of-network provider are generally more expensive.	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.
<b>Medical Plan Costs</b>	Lowest employee costs (except for Core).	Usually a little higher than an HMO.	More expensive than an HMO.	Usually the most expensive.	Lowest premium due to plan design (high deductible, catastrophic coverage).
<b>Cost Sharing for Services (co-payment = flat dollar cost; coinsurance = % of total cost)</b>	Co-payments for services; no deductibles or coinsurance.	Full costs paid from employer-funded HRA first, then by member up to annual deductible; coinsurance after deductible is satisfied	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.
<b>Out-of-Pocket Maximum</b>	Yes	Yes	Yes	Yes	Yes
<b>Claims</b>	No claims, but preauthorization required for some services (see plan details).	Typically, network providers file the claim. You file claims for out-of-network providers.	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.
<b>Prescription</b>	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 co-insurance based upon in or out-of-network pharmacies. Mail order program available.	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.