



HMO VS PPO COSTS

As we head into Open Enrollment, we want to make sure you have all the tools to evaluate the health plan options available to you as a CSBT member. Differences in out-of-pocket costs between a PPO versus the HMO plans can be staggering. Below is a sample scenario (routine pregnancy with normal delivery and no complications) highlighting the member's total costs during all of the services provided. As demonstrated, the member experiences the same process with the same exact doctors, while the out-of-pocket costs are vastly different. The PPO plan member is projected to pay \$2,912 in out-of-pocket costs contrasted with the HMO plan member expected to pay \$0 in out-of-pocket costs.

In evaluating which plan is right for you and your family, it is important to review the following information:

- **Care is the same in both the HMO and PPO plans offered to you.** A detailed comparison of the differences between a PPO and HMO are included on the back of this flyer.
- **Your doctor(s) may participate in both the HMO and PPO networks.** Instructions on how to find out if your provider participates in the HMO network is included on the other side of this flyer.

PERFORMANCE HMO NETWORK 1 MEMBER

(\$0 Deductible, \$3,000 Out-of-pocket maximum)

Type of Service	Bill	Plan Pays	Member Pays	Deductible Balance	OOP Max Balance	Total Member Paid
Routine Prenatal Appointments (8)	\$864	\$864	\$0 (preventive care)	\$0	\$3,000	\$0
Diagnostic x-rays & laboratory charges (2)	\$500	\$500	\$0	\$0	\$3,000	\$0
Ultrasounds (2)	\$339	\$339	\$0	\$0	\$3,000	\$0
Normal Delivery	\$6,560	\$6,560	\$0	\$0	\$3,000	\$0
Breastfeeding Counseling & Supplies	\$400	\$400	\$0 (preventive care)	\$0	\$3,000	\$0
Vaccines	\$40	\$40	\$0 (preventive care)	\$0	\$3,000	\$0

SELECT PLUS PPO MEMBER (IN NETWORK)

(\$2,000 Deductible, \$5,000 Out-of-pocket maximum)

Type of Service	Bill	Plan Pays	Member Pays	Deductible Balance	OOP Max Balance	Total Member Paid
Routine Prenatal Appointments (8)	\$864	\$864	\$0 (preventive care)	\$2,000	\$5,000	\$0
Diagnostic x-rays & laboratory charges (2)	\$500	\$500	\$0	\$2,000	\$5,000	\$0
Ultrasounds (2)	\$339	\$339	\$0	\$2,000	\$5,000	\$0
Normal Delivery	\$6,560	\$3,648	\$2,000 (to reach deductible) plus \$912 (coinsurance)	\$0	\$2,088	\$2,912
Breastfeeding Counseling & Supplies	\$400	\$400	\$0 (preventive care)	\$0	\$2,088	\$2,912
Vaccines	\$40	\$40	\$0 (preventive care)	\$0	\$2,088	\$2,912



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WHAT IS THE DIFFERENCE BETWEEN HMO AND PPO?

Plan Type	Primary Care Physician (PCP)	Specialists	Out-of-Network Care	At Time of Service Costs
HMO Plan	Required to select a PCP. PCP acts as a gatekeeper in determining your treatment plan.	You may need a PCP referral to be covered when you see a specialist or have a special test done.	If you opt to see a doctor outside of an HMO network, there is no coverage. Member is required to pay the entire cost of medical services (except in the case of a medical emergency)	HMO plans typically have no deductible and the member can expect to pay less for out-of-pocket medical services due to set co-pays. For example, in the PHMO Network 1, the member can expect to pay no charge for inpatient hospital care.
PPO Plan	You have the ability to see the doctor or specialist you want without a PCP to authorize treatment.	You have the ability to see the doctor or specialist you want without a PCP to authorize treatment.	You may see a doctor or go to a hospital outside the network and may be covered. However, benefits will be better if you stay within the PPO network.	Out-of-pocket medical costs can run higher in a PPO plan due to a deductible as well as coinsurance for services. For example, in the Select Plus PPO, the member can expect to pay 20% coinsurance (after deductible) for inpatient hospital care.

TO FIND A PROVIDER:

1. Go to WelcomeToUHC.com/CSVEBA
2. Scroll down to choose the corresponding network
3. Click "Search the network"
4. Click "Okay"
5. Click "Continue"
6. Search by Name, Specialty, or Medical Group

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter to expand benefits, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.

