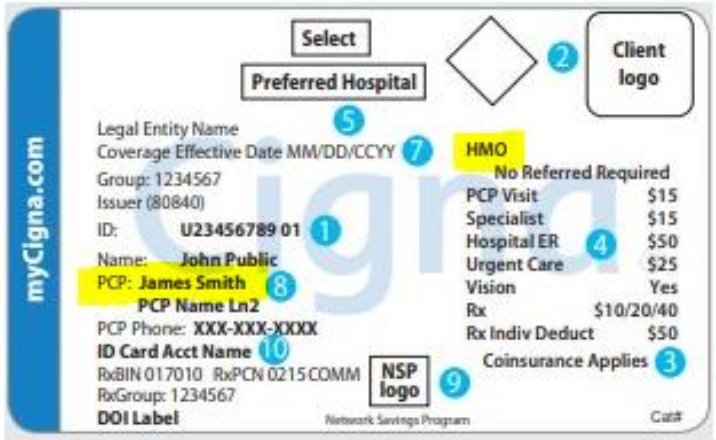
Types of Insurance Plans

PPO/POS: “Preferred Provider Organization” usually tied to an employer group. Members are allowed to go to any provider within the network. No restrictions on who the member can see within the network and no referrals are needed because there is no PCP requirement. POS allows members to use the same PPO model, but there will be benefit levels applied if the member goes out of network.

Sample ID

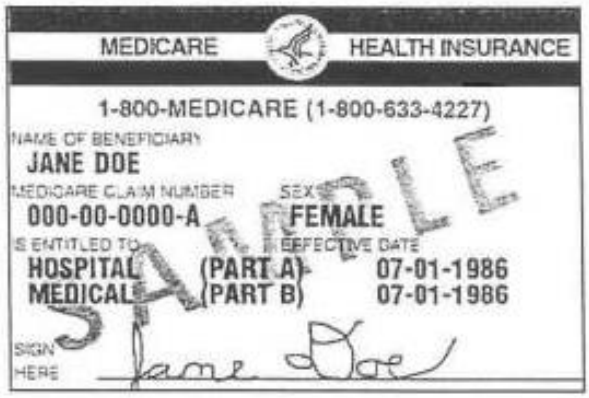
HMO: “Health Maintenance Organization” can be tied to an employer group or self-insurance. Members must choose a PCP and are only allowed to utilize providers in a small subset of a network ex. Kelsey Seybold only or HCA only. Referrals may be required. There are no benefits for out of network providers. Members will pay out of network if they choose to go to a provider outside of the network.

Sample ID



Medicare: a federal system of health insurance for people over 65 years of age and for certain younger people with disabilities. **Part A**: Hospital coverage **Part B:** Provider coverage **Part C:** Managed Care **Part D:** Pharmacy

Sample ID



Medicare Part C "Medicare Advantage Plans": Medicare members can choose to participate in a managed care Medicare plan. These plans may offer benefits Medicare does not. The plans bundle all Medicare parts into one plan. Private companies such as Devoted Health, Aetna, Cigna and United Healthcare offer Medicare Part C plans. PCP designation and referrals vary based on the plan.

Sample ID

Medicaid: a federal system of health insurance for those requiring financial assistance. Most coverages do not allow members to be billed for covered services. Coverage is granted monthly, and members will receive an eligibility letter. Like Medicare, Medicaid plans also have Advantage plans members can choose instead of traditional Medicaid.

Medicaid Advantage Plans

Molina	Aetna Better Health
United Healthcare Community Plan	Community Health Choice
Amerigroup	Star Plus plans

Medicare/Medicaid Dual Plans: Members who are eligible for Medicare based on age and Medicaid based on income. Medicare will pay the primary portion of the claim, then forward the claim to Medicaid for the secondary portion of the claim. Medicaid will not pay the primary portion or pay more than Medicaid allows. Example, Medicare allows $100 and pays $80, Medicaid will consider the claim as paid in full since the Medicare allowable is more than their allowable.

Sample ID

Supplemental Plans: Plans that cover Medicare coinsurances/deductible expenses. The plans are not mandatory, but help to offset the 20% costs Medicare members are required to pay.

Market Exchange Plans: Plans members purchase outside of an employer. Plans can be purchased on cms.gov or through a broker. These plans operate like an HMO. Members have no out of network benefits and must stay within their designated network. Most plans require a PCP and referrals.

Market Exchange Plans examples

Community Health Choice	Bright Health
Aetna CVS	Friday
My Blue (BCBS)	Oscar