



# Give it to me straight...

## what ARE the major differences between HMOs and the Ohio Med PPO plans?

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### Out-of-network option

**HMO**

- You cannot use doctors outside the HMO network of providers except in a true emergency.
- When you use network providers, the plan pays 80 percent of the costs.

**Ohio Med PPO**

- If you use an out-of-network provider, the plan will pay only 60 percent of the costs and you will be billed for the remainder.
- If you use a network provider, the plan pays for 80 percent of the charges.

### Annual deductible

**HMO**

- There is no annual deductible in any of the HMO plans.

**Ohio Med PPO**

- Annual deductible of \$200 for single and \$400 for family that must be met at the beginning of each benefit year (applies to procedures, testing, hospitalization.)

### Mail order drugs

**HMO**

- The use of the mail order drug program is voluntary in this plan.

**Ohio Med PPO**

- For all maintenance drugs you must use the mail order drug program for all refills.

### Access to specialists

**HMO**

- Many, but not all HMOs require you to get a referral to a specialist before you can see one. (By law, you do not have to have a referral to see an OB GYN.)

**Ohio Med PPO**

- Referrals are not required to see a specialist.

### Designate a PCP

**HMO**

- Many, but not all HMOs require you to select a primary care physician to coordinate your care.

**Ohio Med PPO**

- You do not have to designate a primary care physician.

### Premiums

**HMO**

- The state pays only 85 percent of the statewide average of the HMOs. That means if you select an expensive HMO, you may pay more than 15 percent of the premium.

**Ohio Med PPO**

- The state pays 85 percent of the cost of the Ohio Med PPO. You would need to pay 15 percent.

**As the time nears when you need to consider your health care options, be sure you're armed with the facts to choose what's best for you and your family!**