

HEALTH INSURANCE BASICS

HMO General

You want to stay healthy and keep your healthcare expenses low. Who doesn't? An important part of wellness is knowing how to utilize the services offered by your Health Maintenance Organization, (HMO).

With an HMO, you pay a set fee, usually monthly or yearly. Because costs are fixed to members in advance, preventive care is key in an HMO arrangement. It's to an HMO's advantage to keep you healthy and try to reduce unnecessary or expensive services. While covered benefits vary among the plans, generally healthcare providers encourage you to take advantage of well-person visits and check-ups.

As a covered member, typically you will have to choose a primary care doctor or P-C-P from a list of approved physicians. This doctor coordinates your care, which means that in most cases you must contact him or her to be referred to a specialist. In many plans, specialist visits are only paid for if you are referred by your primary care doctor. Some plans also allow women to choose an OB/GYN, whom they can see without a referral. Some chronically ill patients may also be allowed to select a specialist in the field of their illness as a PCP.

In some HMOs, you will pay nothing when you visit doctors. With other HMOs, there may be a copayment for some services. Depending on the type of plan you have, you may be able to go out of your network and visit another doctor by providing a copayment or you may have to pay the entire cost for the out-of-network services. Check with your HR manager or HR department to learn what options are available in your plan.

