

EPO (Exclusive Provider Organization)

EPO plans provide comprehensive care, including doctors' visits, hospital stays, emergency care, surgery, lab tests, x-rays, and therapy.

The EPO arranges for this care through doctors and other health care professionals under contract. Your choices of doctors and hospitals are limited to those that have agreements with the EPO to provide care. However there are exceptions to this for emergency treatment.

There could be a co-payment for each office visit. These co-payments can range from \$0-\$30 for a doctor's visit and usually range from \$0-\$500 but can be more if your plan design calls for in network deductibles for hospital emergency room treatment. Your total medical premiums will likely be lower and more predictable in an EPO than with PPO, or POS plans.

Because EPO plans receive a fixed fee for your covered medical care, it is in their interest to make sure you get basic health care for problems before they become serious. EPO plans typically provide preventive care, such as office visits, immunizations, well-baby checkups, mammograms, and physicals. The range of services covered vary between EPO plans, so it is important to compare available plans.

Many people like EPO plans because they do not require claim forms for office visits or hospital stays. Instead, members present a card (which contains the information about your plan) at the doctor's office or hospital.

In almost all EPO plans, referrals are not required. You usually are allowed to see a specialist without a referral from your primary doctor. However, there are some carriers that do not require these referrals and consequently you premiums will be lower on these plans.