

HMO (Health Maintenance Organization)

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

The HMO arranges for this care either directly in its own group practice and/or through doctors and other health care professionals under contract. Usually, your choices of doctors and hospitals are limited to those that have agreements with the HMO to provide care. However, exceptions are made in emergencies..

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 HMO than with other plans available.

Because HMOs 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. HMOs typically provide preventive care, such as office visits, immunizations, well-baby checkups, mammograms, and physicals. The range of services covered vary in HMOs, so it is important to compare available plans.

Many people like HMOs 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 HMOs, you choose one doctor to serve as your primary care doctor. This doctor monitors your health and provides most of your medical care, referring you to specialists and other health care professionals as needed. You usually cannot see a specialist without a referral from your primary care doctor who is expected to manage the care you receive. However, there are some plans that do not require these types of referrals.