

How will I know.....differences in healthcare plan?

www.ncqa.org (Healthcare Plan Ratings)

HMO- Health Maintenance Organization (HMO)

An HMO gives you access to certain doctors and hospitals within its network a network made up of providers that have agreed to lower their rates for plan members and also meet quality standards, there are typically more restrictions for coverage such as allowing only a certain number of visits, tests or treatments, some plans may require you to select a primary care physician (PCP), who will determine what treatment you need and you may need a PCP referral to be covered when you see a specialist or have a special test done.

If you opt to see a doctor outside of an HMO network, there is no coverage, meaning you will have to pay the entire cost of medical services.

Premiums and/or copayments are generally lower for HMO plans, and there is usually no deductible or a low one

PPO-Preferred Provider Organization (PPO)

PPO plans provide more flexibility when picking a doctor or hospital, fewer restrictions on seeing non-network providers, will pay if you see a non-network provider, although it may be at a lower rate, and you can see the doctor or specialist you'd like without having to see a PCP first.

You can see a doctor or go to a hospital outside the network and you may be covered. However, your benefits will be better if you stay in the PPO network.

Premiums tend to be higher, and it's common for there to be a deductible.

Plan Ratings

The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality founded in 1990 .

NCQA has helped to build consensus around important health care quality issues by working with large employers, policymakers, doctors, patients and health plans to decide what's important, how to measure it, and how to promote improvement this is made possible by developing quality standards and performance measures and these measures and standards are the tools that organizations and individuals can use to identify opportunities for improvement. The formula for this improvement: **Measure. Analyze. Improve. Repeat.**

The annual reporting of performance against such measures has become a focal point for the media, consumers, and health plans, which use these results to set their improvement agendas for the following year.