These plans require you to choose a primary care physician who will refer you for care to the specialized providers that are within your network.

These plans have a network of providers, but they will still pay towards out-of-network care, but at a lower rate. You do not need a referral to go to a specialist under this plan.

These plans do not require you to choose a primary care physician or obtain a referral to see a specialist, but often have a very limited network of providers, and there is no out-of-network benefit.

These plans resemble HMOs but are less restrictive because you can get coverage for out-of-network care in certain circumstances. But, like HMOs, most POS plans require you to get a referral from your primary care physician for specialized care.

**HMO: HEALTH MAINTENANCE ORGANIZATION**

These plans require you to choose a primary care physician who will refer you for care to the specialized providers that are within your network.

**PPO: PREFERRED PROVIDER ORGANIZATIONS**

These plans have a network of providers, but they will still pay towards out-of-network care, but at a lower rate. You do not need a referral to go to a specialist under this plan.

**EPO: EXCLUSIVE PROVIDER ORGANIZATION**

These plans do not require you to choose a primary care physician or obtain a referral to see a specialist, but often have a very limited network of providers, and there is no out-of-network benefit.

**POS: POINT OF SERVICE**

These plans resemble HMOs but are less restrictive because you can get coverage for out-of-network care in certain circumstances. But, like HMOs, most POS plans require you to get a referral from your primary care physician for specialized care.
In an emergency situation, you must go to the hospital or urgent care facility that is closest to you. Most plans will make an exception for out-of-network care in the case of a true emergency. It’s important to that you or a loved one contact your insurance company as soon as possible in the event of an urgent situation and inform them that you had to seek out-of-network care.

If you live in a rural area and there is no network specialist close by, you may need to utilize an out-of-network doctor. Contact your insurance company if this is the case and they may be able to negotiate with a non-participating doctor for your care. In these cases, many health plans will cover the cost at an in-network rate.

If you have a rare condition, specialists can be limited, so out-of-network care may be your only option. Or if your treating specialist leaves your insurance network, you may choose to continue that care by going out-of-network. Depending on your plan, you may need to appeal for continued in-network coverage, if only for a period of time or a set number of visits.

If you need medical care while away from home, you may have to visit a doctor not connected with your plan. If it’s not an emergency, it’s a good idea to call your health plan first to find out if there are any in-network doctors in the area. Sometimes insurers handle your visit to a non-participating provider as if it were in network.

Here’s an example of how the same plan may pay for in-network and out-of-network care:

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider’s retail charge</strong></td>
<td>Plan pays 80%, you pay 20%</td>
<td>Plan pays 50%, you pay 50%</td>
</tr>
<tr>
<td></td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Amount allowed by health plan</strong> (maximum amount the health plan will allow the provider to bill)</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Total member pays to provider</strong></td>
<td>20% of allowed charge $3,000 x 20% = $600</td>
<td>50% of allowed amount ($1,500) plus the difference between the billed amount and allowed amount ($2,000) $1,500 + $2,000 = $3,500</td>
</tr>
</tbody>
</table>

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