



What is the difference between HMO, HMO-POS and PPO plans?

Many Medicare Advantage shoppers make their choice based on the doctors and hospitals that are in a plan's network. These networks are usually organized as a health maintenance organization (HMO) plan, a health maintenance organization with a point of service (HMO-POS) plan,

or a preferred provider organization (PPO) plan. The size and accessibility of provider networks vary from plan to plan. When comparing plans, be sure the Medicare Advantage plans you're considering offer a network that meets your needs.

The following are important differences between these types of plans:

	HMO	HMO-POS	PPO
DESCRIPTION	<ul style="list-style-type: none"> HMO plans can be an affordable option for people who are working with a variety of physicians, and would benefit from coordinated care across a network of connected, local providers 	<ul style="list-style-type: none"> HMO-POS plans are a good option for individuals who value more flexibility and choice when accessing certain services 	<ul style="list-style-type: none"> PPO plans are a good option for individuals who value more flexibility and choice when accessing provider services
NETWORK	<ul style="list-style-type: none"> Usually consists of a network of providers who are connected and able to manage patient care 	<ul style="list-style-type: none"> Usually provides additional provider choices for certain services 	<ul style="list-style-type: none"> Usually consists of a wide network of providers
FLEXIBILITY	<ul style="list-style-type: none"> Includes a group of specialists to cover member needs. The choice of specialists may be narrow to keep costs lower 	<ul style="list-style-type: none"> Most plans require you to use an in-network provider for medical care, but you have the flexibility to see out-of-network providers for certain services 	<ul style="list-style-type: none"> Gives flexibility to visit doctors, specialists or hospitals that are out of network, but it may cost more
PRIMARY CARE	<ul style="list-style-type: none"> In most cases, you need to choose a primary care doctor 	<ul style="list-style-type: none"> In most cases, you need to choose a primary care doctor 	<ul style="list-style-type: none"> In most cases, you are not required to have a primary care doctor
REFERRAL	<ul style="list-style-type: none"> In some cases, you need a referral to see a specialist 	<ul style="list-style-type: none"> In some cases, you need a referral to see a specialist 	<ul style="list-style-type: none"> In most cases, you do not need a referral to see a specialist

Plan features and availability may vary by service area. The provider network may change at any time. You will receive notice when necessary. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.