



Health plans and provider networks

Every health plan has a specific network, which includes a list of contracted doctors, providers, hospitals, and pharmacies. Each network type handles network and coverages differently (see chart below).

Network type	Description
Preferred provider organizations (PPOs)	PPOs give consumers the choice of getting care from in-network or out-of-network providers. Typically, costs are lower if care is from an in-network provider, hospital, or pharmacy, but consumers have the option to go out of network with a higher cost. PPO plans allow visits to any doctor without getting a referral.
Point-of-service (POS) plans*	POS plans allow consumers to get medical care from both in-network and out-of-network providers. Consumers will choose a primary care doctor from a list of participating providers. That doctor can refer people to other network providers when needed. To visit an out-of-network provider, consumers must get a referral and may pay higher out-of-pocket costs.
Health maintenance organizations (HMOs)*	HMOs typically limit coverage to care from providers who are in network. An HMO will not typically cover or has limited coverage for out-of-network care, except in an emergency. If consumers use a doctor or facility that is not in network, they may have to pay the full cost of the services they get. HMO members usually have a primary care doctor and must get referrals to see specialists.
Exclusive provider organizations (EPOs)	EPOs generally limit coverage to care from providers in the EPO's network, except in an emergency. Most EPOs will require that consumers choose a primary care provider. Some EPOs require a referral to visit a specialist.

*These plan types are not available through the Oregon Health Insurance Marketplace via HealthCare.gov.

You can see the type of plan in multiple places, including by directly contacting the insurance company. To determine if a preferred provider, facility, or pharmacy is in network, each plan offers a search tool on its website or you can search on OregonHealthCare.gov/WindowShop.

HealthCare.gov plan comparison tool:

Moda Health Plan, Inc.
[Moda Health Beacon Bronze 6500](#)
 Bronze **EPO** Plan ID: 39424OR1620004

OregonHealthCare.gov/WindowShop

[KP Oregon Standard Bronze Plan](#)
 Kaiser Permanente - **EPO** - Bronze
 Monthly Premium: **\$65** - after \$202 subsidy
 Deductible: \$7,900

Plan Summary of Benefits and Coverage document:

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
[Providence Health Plan: HSA Qualified 6750 Bronze - Choice Network](#)
 Coverage Period: 01/01/2020 - 12/31/2020
 Coverage for: All Coverage Tiers | Plan Type **EPO**