

# Features of health plans

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There are five different health plan options that are available for people that want health coverage. Indemnity Plans let a patient see whoever they would like to see with no limit and there are pre-agreements required for few procedures. Preventative care is usually not covered with the plan and there is higher costs deductibles and can be a co-insurance. Health Maintenance Organizations or HMOs only allow people to see providers that are within the HMO system. The primary care physician has to make all referrals and manages all the care.

There are no payments for out of plan non-emergency services but some care requires pre-authorizations. This plan features low copayments, there is a limited provider organization and pre-emptive care is covered with this plan. Point of Service or POS plans will let a person see either network providers or out of organization providers. If a person sees a physician within the organization, the person will see a primary care physician. The features of this plan are lower copayments for network providers; higher cost for out of organization providers and this plan covers pre-emptive health care.

Preferred Organization Provider or PPO plans have higher costs out of organization providers that are seen. Preventative care coverage changes within the plan but is available. With this plan, a referral to another physician specialist is not required. There are some pre-authorizations required for other procedures and some fees are involved or can be discounted within this type of plan. The fifth and last plan is Consumer-Driven Health Plan. This plan is usually similar to PPO plan but does have its differences.

This plan increases the patient's information of health care costs and the patient pays directly to provider until the high deductible is met. I believe that the plan that offers greater financial benefits is the HMO. This plan has a limited network but doctors have a low payment plan. As far as a plan offering greater coverage benefits I would think that the either Preferred Provider Organization, Point-of-Service, or the Consumer-Driven Health Plan; would be considered since we could choose a physician either from within the organization or outside of the organization.