PPOs and EPO/HMOs- What’s the Difference?

Simply put, “Autonomy” is the major difference between our PPO and HMO plan. When choosing to be covered under a PPO plan, you are choosing a plan that allows you to decide who, what, where, and how care is received (i.e. seeing specialist without a referral). The HMO plan offers less autonomy in deciding how care is administered because your care is managed by a primary care physician within the HMO’s network. HMOs, however, are more cost effective when using the plan because they generally have lower copayments. Annual deductibles, coinsurance and plan maximums are not part of a HMO’s plan design; unlike with PPO plans.

Our Preferred Provider Organization (PPO) Plans through United Healthcare provides the greatest level of Autonomy. If you choose to participate in either PPO plan (basic or plus), you have flexibility when choosing who care is being received from, you do not have to select a Primary Care Physicians to manage your care and are not required to have a referral in order to see specialists. Under both plans, you also have the option of using In-Network Providers or going Out of Network to providers who do not participate in the PPO’s network and have some costs covered.

Our Exclusive Provider Organization (EPO) Plan through Oxford provides a moderate level of Autonomy. If you choose to participate in our EPO plan your flexibility when choosing who care is being received from is limited to the plan’s network of doctors and facilities only- services received outside of the EPO will not be covered. Like with the PPO plan, you do not have to select a Primary Care Physicians to manage your care and are not required to have a referral in order to see specialists.

Our Health Maintenance Organization (HMO) Plan through Empire provides the lowest level of Autonomy. If you choose to participate in the HMO plan, you must select a Primary Care Physician (PCP) who manages your care and authorizes for you to see specialists. Care is limited to the HMO’s network of doctors and facilities only- services that are not sanctioned by your PCP and or are out of the HMO’s network will not be covered.

Our EPO and HMO plans are more cost effective when using the plan because they generally have lower copayments. Annual deductibles, coinsurance and plan maximums, which are typical with and apply to our PPO plans, are not part of the EPO and HMO plan designs. However, regardless of which plan you choose to be covered under, having a good understanding of the Plan’s network of providers and facilities is important in maximizing use under the plan because costs are generally lower when using the plan in network.

Visit the HR Portal at www.nyuonsitehealth.org and click the Benefits tab for more details on the benefit plans you are eligible to participate in.