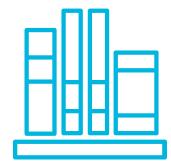
# WHAT IS DOCTOR NETWORK?





#### **PROVIDER NETWORKS**

- Exclusive Provider Organization
- Health Maintenance Organization
- Preferred Provider Organization

#### **EPO**

The EPO network requires patients to be treated within the provider network designated by the insurance company. And the insurance company does not cover patients for medical expenses if providers are out-of-network except for emergency cases EPO does NOT require patients to select the Primary Care Physician and no need for referral to see the Specialist Prior-Authorization: Major surgery or diagnosis require





#### **HMO**

The HMO requires that patients MUST seek medical treatment within the network designated by the insurance company. And the insurance company does not cover patients for medical expenses if providers are out-of-network except for emergency cases.

Will appoint a Primary Care Physician and require referral to see the Specialist.

Prior-Authorization: No Regired

#### PPO

Patients on the PPO network can seek medical treatment within the provider network or outside the provider network but patients need to bear higher costs. Does NOT require to select the Primary Care Physician and no need for referral to see the Specialist Prior-Authorization: Major surgery or diagnosis require Beginning 2016, NO PPO network for in CO for individual





the government.

and family medical insurance plan.

## INSURANCE COMPANY - PROVIDER NETWORK

**EPO:** Friday Health Plan; Bright Health; Cigna; Oscar **HMO:** Kaiser Permanente; Anthem; Denver Health

PPO: NONE

### EMERGENCY MEDICAL CONDITIONS FOR OUT-OF-NETWORK VISIT

Both EPO and HMO patients can go to Emergency Room outside the provider network. But due to the type of the network, providers will not be subject to any contract restrictions to charge patients, and there is no obligation for providers to provide patients with any discount.

The insurance company will only pay for the emergency services according to the price standards recommended by



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DOCUMENTS PROVIDED BY THE INSURANCE COMPANY OR TO THE BILLING DOCUMENT.

