

MASSACHUSETTS MEDICAL PLANS

A breakdown of each common medical plan available for families in Massachusetts



Health Maintenance Organization (HMO):

- **Network-based care:** HMOs require individuals to choose a primary care physician (PCP) from the network. All non-emergency care typically starts with the PCP, who can then provide referrals to specialists within the network when needed.
- **Costs and coverage:** Lower out-of-pocket costs (likely fixed copayments for doctor visits and prescriptions). Only in-network providers are covered (except in emergencies). Preventative care is emphasized and covered.

Preferred Provider Organization (PPO) - Sometimes Available:

- **Larger Network:** Larger network of healthcare providers compared to HMOs or POS plans.
- **No requirement for referrals:** Members typically don't need referrals to see specialists within or outside the network.
- **Higher costs for out-of-network care:** While PPOs offer more flexibility, using out-of-network providers often involves higher out-of-pocket costs.

Point of Service (POS):

- **Network flexibility:** Combination of HMO structure and PPO flexibility. May require a primary care physician but allow members to see specialists without referrals, both within and outside the network.
- **Cost variation:** In-network care generally low cost & fixed copayments. Out-of-network care usually higher deductibles and coinsurance--more expensive.

High-Deductible Health Plans (HDHPs):

- **Lower premiums, higher deductibles:** HDHPs usually have lower monthly premiums but come with higher deductibles that need to be met before the insurance covers most services.
- **Health Savings Account (HSA):** These plans might be compatible with an HSA, allowing individuals to save pre-tax money for qualified medical expenses. HSA funds can be used to cover qualified medical costs.