

When picking a health plan, comparing an EPO vs HMO, or an EPO vs PPO, can be confusing. Think of EPO health insurance as a cross-breed between an HMO and a PPO; an EPO has some of the characteristics of a PPO and some of the characteristics of an HMO.

#### **EPO vs HMO**

EPOs are like HMOs in that you must use your EPO's [provider network](#) when you get care. There's no partial-coverage for [out-of-network](#) care. Realizing that EPO stands for *exclusive provider organization* will help you remember this characteristic since you must use the health plan's provider network *exclusively*. If you accidentally get anything other than emergency care from an out-of-network health care provider, your EPO won't pay.

EPOs differ from HMOs in that you aren't required to have a [primary care physician](#). If you voluntarily choose to have a PCP, your PCP doesn't act as a gatekeeper to other services like PCPs do in HMOs.

EPOs also differ from HMOs in that your EPO won't make you get a referral to see a specialist. If you feel like you need to see an orthopedic surgeon for your knee pain, you just make an appointment with an in-network orthopedic surgeon; no jumping through hoops is involved.

#### **EPO vs PPO**

EPO's are like PPOs in that you have the freedom to see specialists without a referral, but you must get expensive services [pre-authorized](#). By requiring you to get permission from the health plan in advance of expensive services, an EPO makes sure it's only paying for things that are truly medically necessary.

Each EPO makes its own rules about which services require pre-authorization. As a rule of thumb, expect that things like hospitalization, surgery, procedures, expensive treatments, expensive medications, MRIs and CT scans, and home medical equipment like oxygen may need pre-authorization.

As in PPOs, your EPO physician will usually volunteer to get health care services pre-authorized for you. However, the responsibility to get pre-authorization is ultimately yours, not your doctor's. If you fail to get pre-authorization for a service that requires it, the EPO can refuse to pay for the service even if it's later determined that the service was medically necessary and you got it from an in-network provider.

EPOs differ from PPOs in that they tend to be more economical. Frequently, EPOs will have lower monthly [premiums](#) or lower [cost-sharing](#) than PPOs offering the same coverage. EPOs also differ from PPOs in that EPO members don't have the luxury of paying a little more to get care out-of-network. If you get care out-of-network in a PPO, you'll have to pay a higher [coinsurance](#) rate, but your PPO will still pay part of the bill. If you get care out-of-network in an EPO, you'll be footing the entire bill.