

HMO Plans FAQs (for Active Employees)

*These questions and answers are designed to give you a summary of some of the plan's highlights. For a complete description of your benefits please refer to the appropriate **Plan Summary** document in the **Resource Library** section of the Benefits Web site. If there are any differences between this information and the plan documents, the plan documents will govern.*

What is an HMO?

A Health Maintenance Organization (HMO) provides complete medical services from a closed network of providers. Generally, coverage is not provided and benefits are not paid if you get care outside of the network without prior approval from your primary care physician (PCP) and your medical group. HMO plans use PCPs as gatekeepers to manage your care.

What is a primary care physician?

A primary care physician (PCP) is a doctor you choose to manage all your health care. Your PCP provides preventive and routine care and refers you to specialists and hospitals when you need them. A PCP can be an internist, a family or general practitioner, or a pediatrician for a child. You choose your PCP from the network of doctors in your health plan.

Do I have to choose a PCP?

You must choose a PCP in the Health Net and PacifiCare HMO plans. Participants enrolled in the Kaiser Permanente plan are not required to choose a PCP.

Can I change my PCP?

Yes. To change your PCP, contact your HMO customer service line using the number on your medical ID card.

Can each member of my family go to a different PCP?

Yes. You and your dependents can have different PCPs. You elect your PCPs when you enroll, but you can also contact your HMO plan's customer service line to make sure each member of your family has the right PCP. You can reach your plan's customer service line using the number on your medical ID card.

Do I have to get a referral from my PCP in order to see an OB/GYN doctor for my annual exam?

No. As long as the gynecologist is part of your PCP's medical group, you can refer yourself.

What happens if I get care outside my HMO network without my PCP's referral?

If you get care outside your HMO network without your PCP and medical group's referral and the HMO's approval, the HMO will pay nothing toward the cost of care unless it is considered an out-of-area medical emergency.

Do the HMO plans cover emergencies?

Yes. The HMO plans cover emergency care for injury or illness worldwide. You must contact your health plan within 48 hours of getting emergency care. Remember, there is no coverage for non-emergency treatment or routine care you receive out of your HMO network. If you have questions about emergency care or getting care when you travel, contact your HMO plan's customer service line using the number on your medical ID card.

Do the HMO plans offer a maternity benefit?

Yes. The HMO plans offer a maternity benefit to the employee and eligible dependents. You can see the comparison charts by clicking on the link to compare medical plans, which is the **Medical & Life** section. The charts will show you more about what is covered and how much you pay when you get care. You can also refer to your HMO plan's Plan Summary, located in the **Resource Library**, or contact your plan's customer service line using the number on your medical ID card. You can also find contact information for your medical plan in the **Contacts** section.

Do the HMO plans offer a preventive care benefit?

Yes. The HMO plans offer a preventive care benefit that covers routine physicals every year for adults and children, plus annual exams for women. You can see the comparison charts by clicking on the link to compare medical plans, which is the **Medical & Life** section. The charts will show you more about what is covered and how much you pay when you get care. You can also refer to your HMO plan's Plan Summary, located in the **Resource Library**, or contact your plan's customer service line using the number on your medical ID card. You can also find contact information for your medical plan in the **Contacts** section.

Do the HMO plans cover vision care?

Stanford HMO plans cover routine eye exams only. They also provide coverage for medically necessary treatments of your eyes, such as surgery. Other vision care benefits, such as glasses and contact lenses, are covered by Stanford's vision plan.

Do the HMO plans cover work-related accidents or illnesses?

Coverage for work-related accidents or illness may not be provided by your HMO plan. If you have questions about work-related accidents or illness, please contact your HR Manager for assistance.

What is coordination of benefits?

Coordination of benefits helps to prevent duplication of payments for the same services if you or your dependents are covered under more than one health plan. For additional information please see your HMO plan's **Plan Summary**, located in the **Resource Library**, or contact your plan's customer service line using the number on your medical ID card.

HMO networks seem small. Am I getting less coverage for my dollar by choosing an HMO instead of a PPO?

You have full coverage for medically necessary conditions and emergency care worldwide, just like a PPO plan. HMO networks may feel small because you must see your PCP and other doctors and providers in your PCP's medical group. But this does not limit your access to the

type of care you may need. Your PCP will manage your care and refer you when you need to see a specialist or need hospitalization.

Stanford offers three HMO plans. Is one HMO better than another?

All three of Stanford's HMO plans are quality insurance companies. PacifiCare and Health Net have physician networks that are very similar to each other. Kaiser Permanente has their own hospitals and facilities where you receive all your care, including prescription drugs.

Are there any pre-existing conditions exclusions?

No. There are no pre-existing condition limits or exclusions in any of Stanford University's health plans.

How are prescription drugs covered?

Your prescription drugs are covered by your HMO plan. The cost of your medication depends on whether or not it can be dispensed in a generic form or if it is included in the plan's formulary.

What is a formulary?

A formulary is a list of approved prescription drugs covered by your HMO plan. PacifiCare's and Health Net's formularies have three tiers: generic, formulary or non-formulary, so your medication will generally be available to you, although you may have to pay a higher copayment when you purchase it. Kaiser's formulary has two tiers: generic and formulary.

To find out if a particular medication is on your HMO's formulary, go to your HMO's Web site or call their customer service line using the number on your medical ID card.