Medical Plans

You have 5 medical plans from which to choose. In general, all options under each type of plan and carrier cover the same services. However, the participating provider networks for the plans are different. Be sure to carefully review what is covered by each plan, as well as the plan’s limitations and the participating providers and facilities in the plan’s network.

There are (3) three types of medical plans structures offered by the State:

**PPO (Preferred Provider Organization)** - A PPO is a health insurance plan that utilizes a network of physicians and facilities contracted by the insurance carrier to provide services within negotiated price boundaries. PPO members have the option to use physicians and facilities that are not part of the network, but their out of pocket costs will be significantly higher.

**Integrated Health Model IHM) Plan** - An IHM plan refers to care that allows doctors, hospitals and the plan to work together to coordinate a patient’s care for a total health approach. It allows for a smooth transition from clinic to hospital or from primary care to specialty care. This plan option is available through Kaiser Permanente. If you elect this option, you must visit providers and facilities that are part of the Kaiser Permanente network in the Baltimore/DC/VA area only for all your care (except in an emergency).

**EPO (Exclusive Provider Organization)** - An EPO is a type of managed care plan. The EPO uses a network made up of providers from which a member must choose. EPO members are restricted to using In-Network providers only.