

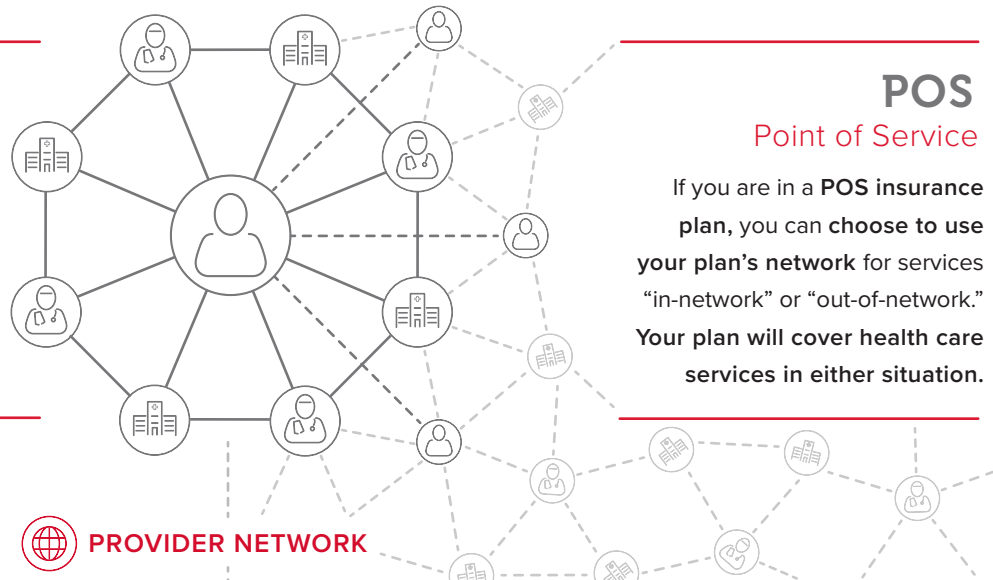
DIFFERENCES BETWEEN HMO AND POS PLANS



HMO

Health Maintenance Organization

With an **HMO insurance plan**, you need to get all non-emergency services **from your plan's defined network** in order to be covered. You can choose from a large list of doctors, hospitals and other medical professionals.



POS

Point of Service

If you are in a **POS insurance plan**, you can choose to use **your plan's network** for services "in-network" or "out-of-network." **Your plan will cover health care services in either situation.**

PROVIDER NETWORK

You are required to use doctors and facilities **in your network** for full coverage. Search at [QuartzBenefits.com/FindaDoctor](https://www.QuartzBenefits.com/FindaDoctor).

You **do not need a referral** to see a specialist within your Quartz network.

You can choose **any health care provider or facility**. You **do not need a referral** before seeing a specialist within your Quartz network. If you choose to use doctors or facilities outside of your Quartz network, you will pay **additional costs**.

PRIOR AUTHORIZATION

Certain services or medicines require review by Quartz and is known as prior authorization. **Prior authorization is a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.** Your health insurance or plan may require prior authorization for certain services before you receive them, except in an emergency. Prior authorization isn't a promise Quartz will cover the cost.

PRIMARY CARE

Quartz members are asked to choose a **primary care provider (PCP)** or **primary care clinic (PCC)**. If you don't make a selection, we'll assign you to a PCC near your home.

PREVENTIVE CARE SERVICES

Some preventive health care services are covered at no cost to you when delivered by an in-network provider. However, if a **new or existing health problem is discussed** during a preventive health care visit, a **separate office visit will be billed** as required by national coding and billing guidelines.

To view the list of covered preventive care services, refer to [QuartzBenefits.com/preventive](https://www.QuartzBenefits.com/preventive).

EMERGENCY OR URGENT CARE

When you visit an ER, you will be responsible for the **ER copay, deductible and / or coinsurance if applicable.** (see your Schedule of Benefits or Summary of Benefits and Coverage). You may also have other charges such as lab and X-ray, as a result of your visit.

If you visit an Urgent Care facility, you will be responsible for the urgent care copay, deductible and / or coinsurance if applicable (see your **Schedule of Benefits or Summary of Benefits and Coverage**).

If you receive services from an **out-of-network** urgent care facility, coverage is limited to usual, customary and reasonable (UCR) charges. **UCR is the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.** Charges in excess of UCR may be billed to you by an out-of-network provider but **do not apply** to your plan's annual out-of-pocket limit.

This is a summary of the differences in obtaining coverage for services under Quartz's HMO and POS plans. Benefits are determined in accordance with your Certificate of Coverage. Questions? Contact Customer Service –



Send a message via **MyChart**



Call **(800) 362-3310**