

CHOOSING A HMO PROVIDER

Medical or Dental Coverage



Once you've selected your HMO plan, follow these steps to choose your provider. This process is important to ensure you receive the best possible care within your network.

Review Available Providers

- Use the provider directory linked in your plan profile or quote.
- Visit www.benefitsstore.com → *Resource Center* for details on provider background, education, experience, and ratings.

Check Availability

- Some providers may not accept new patients. This is due to capacity limits at the office.
- If you're already an existing patient with a provider listed as "closed," your provider may submit a request on your behalf to continue under the new HMO plan.

Making & Changing Selections

- Enter your chosen provider's code/ID (shown in their profile) on your enrollment form.
- If you leave this blank, the insurer will assign one for you.
- Your provider's name will appear on your ID card.
- You can change providers during the year by notifying your insurer (usually by the 5th of the current month for changes effective the 1st of the next month).
- Avoid sending requests too early, as changes could be processed prematurely.

Family Selections

Families may choose different providers (e.g., pediatricians for children, female physicians for spouses/daughters).

Network Requirement

HMO benefits are only available when you use network providers and the provider you selected/assigned. Staying in-network is crucial for cost-effective coverage.

Summary

This document outlines the steps for choosing an HMO provider, including reviewing available providers, checking availability, making and changing selections, family considerations, and network requirements. Following these guidelines helps ensure you receive the appropriate care within your HMO plan.