



# Comparing Health Insurance Plans: HMO VS. PPO VS. POS




## Plan Type

From whom you receive health care?

Do visiting specialists require a referral?

## Summary


### HMO



Limits coverage to care from doctors who work for the HMO. Practically, It won't cover out-of-network care except in an emergency. You pick a primary care provider




Yes. If you have to visit specialists, it requires referrals (e.g. permission) from your primary care provider in order for the insurer to cover the visits



Makes sense if you want lower out-of-pocket costs and a primary doctor that coordinates your care. HMOs offer you lower premiums, predictable cost-sharing and administrative simplicity.

### PPO



PPO has a wider choice of providers. Allows you to venture out of the provider network and to see any doctor. However benefits are reduced for services outside the network.



No. You do not need a referral to see a specialist, but you may need to do some paperwork (such as fill out forms, send bills in for payment, and etc).




Makes sense if you want more provider options and no referrals. However straying from the PPO network means that you may pay a greater share of the costs.

### POS



You choose an in-network physician to be your primary care provider. However you can go outside of the network for health care services.



Yes, your primary care provider may make a referral to the out-of-network provider. In this case, the medical plan has to pick up the tab.



Makes sense if you want more provider options and a primary doctor. Offers more flexibility than HMOs but less than PPOs.