

Comparing health plans

	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	High-Deductible Health Plan (HDHP)	Point of Service (POS)	Exclusive Provider Organization (EPO)
How it works	Covers care from in-network providers, with copays and out-of-pocket maximums	Offers referral-free access to a large network, with higher premiums and a higher deductible	Premium is lower but deductible is higher and most non-preventive services are subject to deductible; can be combined with a health savings account	Encourages the use of in-network and primary care, but also covers out-of-network care; deductibles are higher	Covers only in-network care; premiums and deductibles are lower
Main features	Lower premiums Lower costs than PPO Restricted provider network Referrals required	Larger network No referrals needed Higher premiums	Lower premiums Use of HSA or FSA (and possible contribution from employer) Higher deductible	No referrals needed Option to go outside network Higher deductible	Lower premiums No out-of-network coverage (except emergencies)
Out-of-network coverage?	No	Yes	Yes	Yes	No
Annual deductible?	Typically no	Typically yes	Typically yes	Typically yes	Varies
Copay or coinsurance?	Typically copay	Varies	Typically coinsurance	Typically copays for in-network	Varies
Primary care provider required?	Yes	No	Varies	Yes	No
Referral required?	Yes	No	Varies	Varies	No