Blue Cross Blue Shield Blue Care Network of Michigan

Your plan type affects how and where you get care

During open enrollment, knowing the basics of PPO, HMO and point-of-service plans can help you prepare for care and avoid confusion later.

The type of health plan you have can shape how you access healthcare, choose doctors and see specialists. Some plans offer more flexibility. Others require coordinated care through a primary care provider.

PPO, HMO and point-of-service at a glance

What to know	Preferred provider organization (PPO)	Health maintenance organization (HMO)	Point-of-service
What is it?	A plan type that gives you flexibility to see any provider, in or out of network.	A plan type that focuses on coordinated care through a primary care provider.	A plan type that combines features of PPO and HMO. This hybrid lets you balance coordinated care with the ability to see a specialist without a referral, in or out of network.
Am I required to have a primary care provider, or PCP?	No, but we recommend you have one who oversees your whole health.	Yes. If you don't, your health plan will automatically select one for you. Your PCP manages your healthcare needs. Exceptions: Emergency room and urgent care visits.	Yes, if you live in Michigan. Your PCP should oversee your whole health. No, if you live outside of Michigan.
Do I need a referral to see a specialist, such as a cardiologist or dermatologist?	No. It's still a good idea to update your PCP on your specialty care.	Yes. Your PCP must submit a referral for you to see a specialist. Exceptions: In-network behavioral health and OB-GYN services.*	No. It's still a good idea to update your PCP on your specialty care.
Can I get out-of-network care?	Yes, but you'll have higher copays, deductible and coinsurance. Going to in-network providers ensures you pay the least.	No. HMO plans don't cover out-of-network care. You'll pay for healthcare services in full. Exceptions: Emergency room and urgent care visits.	Yes, but you'll have higher copays, deductible and coinsurance. Going to in-network providers ensures you pay the least.

*You don't need a referral to see a behavioral health specialist or an OB-GYN for routine women's health services as long as you go to an in-network provider.

We're always ready to help you understand how each plan type works for when you or your family needs care next year.

READY TO HELP

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