



## What is a PPO?

A PPO, or preferred provider organization, gives you flexibility when choosing health care options. You can go to any health care professional you want without a referral—inside or outside of your network.

Staying inside your network means lower out-of-pocket costs. If you go outside your network, you'll have higher out-of-pocket costs, and not all services are covered.

Even though you may not need a primary care physician, it's always a good idea to select one because they can help coordinate your care for you.

Think a PPO plan might be right for you?  
See our [Understanding PPO plans](#) document.

## Different types of PPOs

**Broad network or traditional PPO:** This network gives you flexibility. Each time you need care, you can choose providers and hospitals within our broad network that includes doctors and hospitals in almost every county in Michigan.

- If you prefer, you can receive care from providers outside the network, but your out-of-pocket costs will be higher.
- This is a good plan if you or family members have medical issues that require specialty doctors, want more choices or live in a rural community where more doctors are likely to accept your plan.

Do you or family members have health issues that require a broad network of doctors? For example, you have dependents away at college or see specialists across the state

**Local network PPO:** This network includes a select group of health care providers within a specified area.

- This is a great option if you are loyal to your primary care physician, don't have a lot of specialty health concerns and only travel within a small radius of your home and workplace.
- In most cases, these plans will cost you less than a traditional PPO plan.

If you love your primary care physician, make sure he or she is in your plan's local network.

**PPOs with a high-deductible plan:** Sometimes, you have an option for a PPO that has a high-deductible. These plans are offered to give you all the access you want, often at a lower cost.

- You have to meet your deductible for the year, before your cost sharing coverage kicks in.
- Your monthly premiums are low, which means you'll pay less to carry this plan.
- If you're someone who doesn't see a doctor too often, this plan, is a good choice.

**HSAs:** To further help you with the cost of health care, you may have the option of a Health Savings Account, or HSA. HSAs are basically money you (and in some cases, your employer) put aside to help you cover qualified medical expenses including some premiums. To learn more about HSAs, go [here](#).