HMO VS. PPO

Choose a plan when you are a new employee, during Open Enrollment, or following a qualifying status change.

	STANDARD HMO	HDHP HMO	STANDARD PPO	HDHP PPO
Choice of Providers	Network Only	Network Only	In- or Out-of-Network	In- or Out-of-Network
Preventive-Routine	$0	$0	$0	$0
Specialist Visit	$40/visit	CYD + 20%	$25/Visit	CYD + 20%
Emergency Room	$100/visit	CYD + 20%	$100/visit	CYD + 20%
Calendar Year Deductible (CYD) – Network	$0	$1,700/$3,400	$250/$500	$1,700/$3,400
CYD – Non-network (Individual/Family)	NA	NA	$750/$1,500	$2,500/$5,000
Annual Out-of-Pocket Maximum	$1,500/$3,000	$3,000/$6,000		
Global Out-of-Pocket Maximum	$10,150/$20,300	$3,000/$6,000	$10,150/$20,300	$4,700/$9,400
Coinsurance Maximum			$2,500/$5,000	$3,000/$6,000
Out-of-Pocket per Person/Family Aggregate			Combined with In-Network	$8,050/$16,100