

WHAT IS A PPO?

What is a PPO Plan?

Preferred Provider Organization, or “PPO” plans, are one of the most popular and flexible types of insurance plans. PPO “Providers” are groups of doctors and hospitals that accept a certain health insurance plan. When a doctor or hospital, accepts your health insurance plan they’re called a PPO or “in network” Provider. When a Provider does NOT accept your health insurance they are called a Non PPO or “out of network” Provider.

How does a PPO Plan work?



With a PPO plan you can choose any Provider you want, both in- and out-of-network. You’ll pay less when you go to a PPO Provider.

For example, if you go to a PPO Provider, then your insurance plan might pay 80 percent of the bill and you’ll pay 20 percent. However, if you go to an Non PPO Provider, your insurance plan might pay 60 percent of the bill and you will pay 40 percent. That’s more expense to you!

PPO Savings



When a Provider joins the insurance company network, they agree to accept a preset dollar amount for their services. For example, a Provider might normally charge \$150 for a service but they have agreed to discount that service charge to \$90 for members of your insurance plan. So, you save \$60.

On your insurance explanation of benefits (EOB) statements, you’ll see these savings listed as a discount. Providers who aren’t in network don’t discount their charges and you’ll be responsible for paying the difference between the Provider’s full charge and your plan’s allowable charge. That’s means you pay more at NON PPO Providers!

Find a PPO Provider



You can find PPO providers by calling the insurance company or visiting their website. Before you visit a Provider, it’s always a good idea to call ahead and double check that they still take your insurance plan. Make sure you show your Medical ID card to all Providers who treat you or if you do not have your medical ID card provide them with the insurance plan information from your plan brochure.