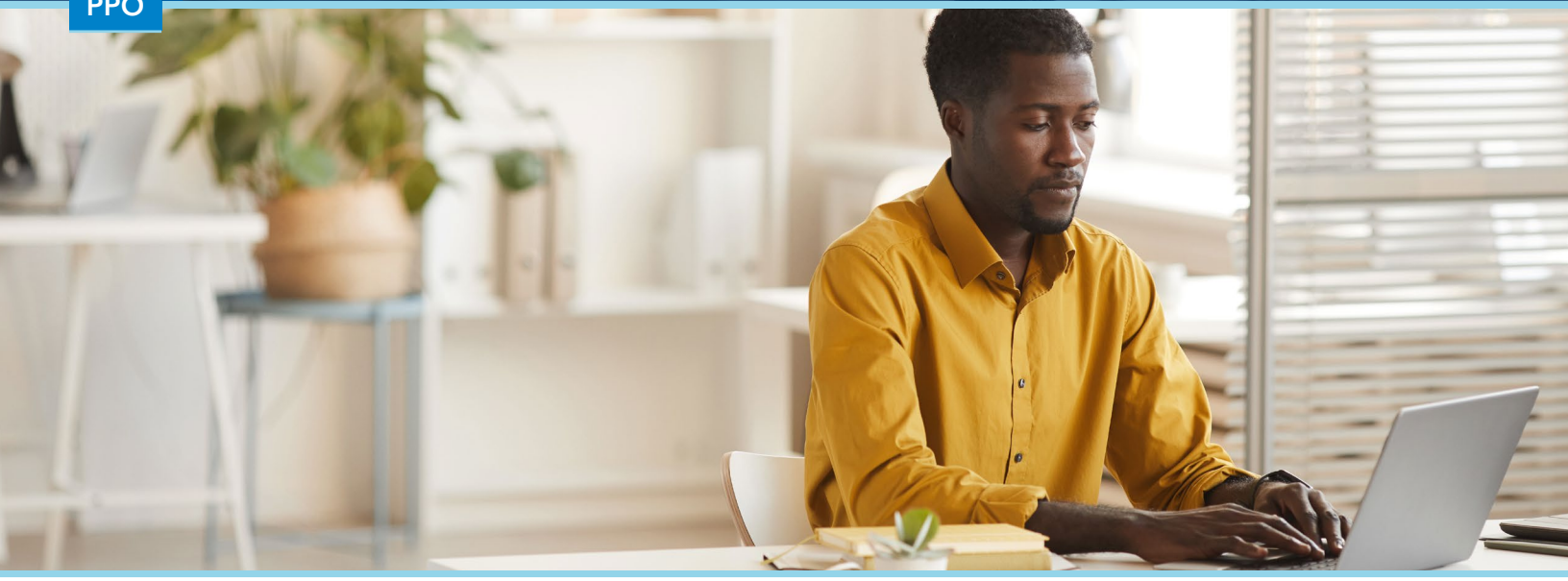
Blue Cross Blue Shield Blue Care Network of Michigan

Understanding PPO plans

PPO



Understanding PPO plans can help you determine if it's the right choice for you. There are some things to take into consideration before choosing a plan. Things like network, cost and coverage.

Network

A network is a list of physicians, hospitals and other health care providers you can see for your health care needs. If you go to a network provider, you'll pay less than you will if you see a provider outside your network. Plans with larger networks give you more choices, but they can cost more.

Some things to think about are:

- Do I currently see a physician? If so, would they be in my network?
- How often do I travel?
- Do I have a second home and need access to doctors in multiple parts of the state?

You can find out if your doctor is in a Blue Cross network by going to **bcbsm.com**, logging in as a member and using our *Find Care* tool. If you're not already a member, you can go to **bcbsm.com/find-a-doctor**.

Cost

Nearly as important as network size is how costs of your plan will be shared. Before you choose any plan, consider how much you'll have to pay out of pocket. This will include monthly premium, deductible, copayments and coinsurance. The total you spend each year is limited to a maximum set by your plan. In general, the lower your monthly premium, the higher your out-of-pocket costs. It'll help to understand these common health insurance terms.

Premium – The amount you pay every month to your healthcare company to keep your coverage.

Copayment – A fixed amount that you pay for a service, usually at the time the service is provided. NOTE: Some plans, like most of our HSA-eligible plans, don't have copayments.

Deductible – The amount you pay for healthcare services before your plan starts to pay. With a $2,000 deductible, for example, you'll pay the first $2,000. After that, you usually pay only a copayment or coinsurance.

Coinsurance – Your share of the costs of a healthcare service, usually a percentage of the allowed amount for the service that kicks in after you meet your deductible. For example, you may pay 20% while your plan pays 80%.

Out-of-pocket maximum – This is the most you'll pay in deductible, copayment and coinsurance combined during the year. (This doesn't include your monthly premium, which is a set amount.) Once you pay this specified amount, your plan pays 100% of the costs.

Allowed amount is the dollar amount Blue Cross has agreed to pay for health services in your plan.

Coverage

While most plans offer the same basic services, explore all options to see if one gives you better coverage for you and your family's individual needs. For example, one may have better prescription coverage and if you take a lot of medications, this could be the plan for you. Or maybe you need a plan with great maternity benefits because you're planning to start a family. If you travel a lot, check out plans with out-of-state coverage.

No matter what, Blue Cross Blue Shield of Michigan has a plan to meet your needs.

Note: Compare plans based on your healthcare needs. Ask questions about how much certain services, testing supplies, medications and surgeries, for example, will cost you out of pocket.

READY TO HELP

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W018921 AUG 26