**Understanding Types of Healthcare Plans**

Consumer-Driven Health Plans (CDHPs)

Lower premiums.

Higher deductibles.

Most plans come with a pre-tax health reimbursement arrangement (HRA) to assist with costs.

Ideal if you are healthy most of the time and rarely need health care services.

Not ideal if you are managing a lot of healthcare expenses.

High Deductible Health Plans (HDHPs)

Lower premiums.

Higher deductibles.

Most plans come with a pre-tax health savings account (HSA) to assist with costs.

Consumers can choose physicians and providers.

If you rarely go to the doctor, you can save more on your annual health care costs.

Health Maintenance Organizations (HMOs)

In-network benefits only.

Must use doctors that contract with health maintenance organizations.

Visits to providers outside of network are typically not covered by insurance.

Must have a primary care physician (PCP).

Usually limited to a specific geographical area.

Need a referral to see any other health care provider except in an emergency.

Preferred Provider Organizations (PPOs)

Inside and outside of network benefits.

In-network is paid at a higher benefit, which means the patient responsibility is lower.

Out-of-network is paid at a lower benefit, which means the patient responsibility is higher.

Flexible, as referrals and primary care physicians are not required.

Source: Centers for Medicaid and Medicare Services