

## ***PLAN TYPE***

## ***NETWORK RESTRICTIONS***

## ***MEMBER BILLING ARRANGEMENTS***

***HMO***  
*(Health Maintenance Organization)*

*Must use a network provider*

*No balance billing (difference between billed and allowed charges)*

***PPO***  
*(Preferred Provider Organization)*

*In-network and out-of-network benefits*

*In-network benefits work like an HMO (no balance billing)  
Out-of-network claims are subject to balance billing*

***Indemnity***

*No network*

*Reimbursement arrangement  
Members can be balance billed*

***Schedule/  
Copay Plan***

*Must use a network provider (typically very narrow)*

*No balance billing  
Member copay associated with each ADA code*