Which health insurance network type is best for you?

Circle your answers, then tally up your choices — your result is based on the letter you selected most often.

1. Do you want a primary doctor to manage your care?

A. Yes or don't care either way
B. Not really, I want to avoid referrals
C. Yes, but I want flexibility to see out-of-network specialists
D. No, I want freedom to see any doctor

2. Do you want to have a wide selection of doctors?

A. No, not necessary
B. Not really, I'm happy to stay in network unless it's an emergency
C. I want to balance choice vs. cost
D. Yes, I want the most flexibility

3. How much are you willing to pay for that flexibility?

A. I want to pay as little as possible
B. I don't want to pay extra for out-of-network flexibility
C. I prefer lower costs with some flexibility
D. I'll pay more; flexibility is important

4. Do you travel or live in multiple locations?

A. No
B. Rarely; I likely only need care in my area
C. Sometimes; I travel occasionally
D. Often; I travel a lot or live other places

Results

Mostly A's: An HMO plan. It's low-cost, but you'll need referrals from a primary care doctor to see specialists. It's ideal if you prioritize lower costs over flexibility.
Mostly B's: An EPO plan. It offers flexibility to see in-network specialists without referrals.
Mostly C's: A POS plan. It combines HMOs and PPOs, balancing cost and flexibility. You need a primary care doctor and referrals, but can see out-of-network providers at a higher cost.
Mostly D's: A PPO plan. It's the most flexible, allowing you to see any in- or out-of-network doctor or specialist without referrals. It's ideal if you have extensive health care needs or travel often.