

How does a POS plan work?

Your CAPE/Blue Shield of California POS plans combine the predictable out-of-pocket costs of an HMO plan with access to our extensive PPO network. You can choose an HMO, PPO, or out-of-network provider each time you access care. You do not need a referral from your HMO primary care physician (PCP) to access care under your PPO (Level II) or out-of-network (Level III) benefits.



Plan features

	HMO level of care	PPO level of care	Out-of-network level of care
	<ul style="list-style-type: none"> • Lowest out-of-pocket cost, fixed copayments. • Highest level of benefits. • No deductible, no claim forms. 	<ul style="list-style-type: none"> • Choose from our PPO provider network at a higher out-of-pocket cost. • Pay affordable copayments (calendar-year deductible may apply). 	<ul style="list-style-type: none"> • See any provider, pay for services, and submit claims to Blue Shield. • After you meet your calendar-year deductible, pay a portion of the costs and any costs over the allowable amount.

Choosing a doctor

		HMO level of care	PPO level of care	Out-of-network level of care
To find an HMO network or PPO network provider, please see the instructions on page 8 of the brochure.	Preventive care	No charge. See your PCP.	No charge. See any PPO network physician.	No charge. See any out-of-network physician.
	Primary care	Choose a PCP who will provide and coordinate your medical care.	Select a PPO network physician and make an appointment (calendar-year deductible may apply).	See any doctor, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
	Specialist care	Get a referral from your PCP and make an appointment with the specialist.	Select any PPO network specialist and make an appointment (calendar-year deductible may apply).	See any specialist, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.

Visit blueshieldca.com/cape to view the POS plan benefit summaries.

YOUR CHOICE

HMO

level of care

PPO

level of care

Out-of-network

level of care



Emergency care

Go to the nearest emergency room. There is no copayment if admitted to the hospital.

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Urgent care

Call your PCP or your assigned medical group/IPA first for instructions. Urgent care centers are an alternative when your doctor is not available. Call Blue Shield Member Services for help.

Call a PPO doctor or go to a network urgent care center. Go to the *Find a provider* section of blueshieldca.com/cape or call Blue Shield Member Services for help.

See any provider, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Going to the hospital

Your PCP may admit you. Tell Blue Shield if you are admitted.

Go to a PPO hospital and pay less than at an out-of-network hospital. You or your doctor must call for preauthorization (calendar-year deductible may apply).

Go to an out-of-network hospital and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Mental health care

Call the mental health service administrator (MHSA) at (877) 263-9952. Go to blueshieldca.com/cape to find a provider.

N/A

See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Coverage outside California and abroad

Find an HMO BlueCard® provider by calling (800) 810-BLUE or going to the *Find a provider* section of blueshieldca.com/cape.

Find a PPO BlueCard provider by calling (800) 810-BLUE or going to the *Find a provider* section of blueshieldca.com/cape.

See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Prescription drug coverage

Retail pharmacies: Blue Shield's pharmacy network includes major drugstore chains and independent pharmacies. Show your Blue Shield member ID card at a network pharmacy to receive up to a 30-day supply of covered medications. To find a pharmacy, visit blueshieldca.com/cape and select *Pharmacy benefits*, or call Blue Shield Member Services.

Mail service pharmacy: If you take covered maintenance drugs for long-term medical conditions or for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. To learn more, go to blueshieldca.com/cape and select *Pharmacy benefits*. Then click *Mail service prescriptions*. You can also order refills on this page by selecting *Mail service prescription refills*.