

# 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.

YOUR CHOICE				
		HMO level of care	PPO level of care	Out-of-network level of care
Plan features		<ul style="list-style-type: none"> <li>• Lowest out-of-pocket cost, fixed copayments.</li> <li>• Highest level of benefits.</li> <li>• No deductible, no claim forms.</li> </ul>	<ul style="list-style-type: none"> <li>• Choose from our PPO provider network at a higher out-of-pocket cost.</li> <li>• Pay affordable copayments (calendar-year deductible may apply).</li> </ul>	<ul style="list-style-type: none"> <li>• See any provider, pay for services, and submit claims to Blue Shield.</li> <li>• After you meet your calendar-year deductible, pay a portion of the costs and any costs over the allowable amount.</li> </ul>
Choosing a doctor				
To find an HMO network or PPO network provider, please see the instructions on page 8 of the Enrollment 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.

View the POS plan benefit summaries at [blueshieldca.com/cape](https://blueshieldca.com/cape).

## 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.	Go to the nearest emergency room. There is no copayment if admitted to the hospital.	Go to the nearest emergency room. There is no copayment if admitted to the hospital.
Urgent care	Call your PCP or your assigned medical group/ IPA first for instructions if possible. 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 <i>Find a provider</i> section of <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> 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 as soon as possible.	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 <b>(877) 263-9952</b> . Go to <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> 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 <b>(800) 810-BLUE</b> or going to the <i>Find a provider</i> section of <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> .	Find a PPO BlueCard provider by calling <b>(800) 810-BLUE</b> or going to the <i>Find a provider</i> section of <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</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.
Prescription drug coverage	<p>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 <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> and select <i>Pharmacy benefits</i>, or call Blue Shield Member Services.</p> <p>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 <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> and select <i>Pharmacy benefits</i>. Then click <i>Mail service prescriptions</i>. You can also order refills on this page by selecting <i>Mail service prescription refills</i>.</p> <p>Specialty drugs: Specialty drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply. To be covered, specialty drugs require prior authorization by Blue Shield. For more information about specialty drugs, visit <a href="https://blueshieldca.com/cape">blueshieldca.com/cape</a> and select <i>Pharmacy benefits</i>.</p>		