



# PacifiCare Health Watch

## POS Options

### It's Your Choice – POS Options

The PacifiCare Point-of-Service (POS) Plan gives you flexibility to choose where you receive care. Your PacifiCare health plan is either a Dual or Triple Option POS Plan. Please refer to your member materials to determine which plan your employer has chosen. The charts below describe the options available to you under the Dual Option and Triple Option POS Plans.

#### Dual Option\*

Your Provider Choice At the Time of Service Determines Your Payment Responsibility

Option 1/In-Network	Option 2/Out-of-Network
(Primary Care Physician)	(Any Licensed Provider)
<ul style="list-style-type: none"> <li>• No deductibles</li> <li>• Minimal Copayments for doctor visits</li> <li>• No dollar limits for physician care or hospitalization</li> <li>• No claim forms</li> </ul>	<ul style="list-style-type: none"> <li>• Applicable Deductible</li> <li>• Must submit a POS Medical Claim Form</li> <li>• Percentage coinsurance</li> <li>• Charges in excess of Reasonable and Customary Charges (or Limited Fee Schedule for Small Employer Groups with 2-50 eligible employees)</li> </ul>

#### Triple Option

Your Provider Choice at the Time of Service Determines Your Payment Responsibility

Option 1/In-Network	Option 2/PPO	Option 3/Out-of-Network
(Primary Care Physician)	(PPO Preferred Provider)	(Any Licensed Provider)
<ul style="list-style-type: none"> <li>• No deductibles</li> <li>• Minimal Copayments for doctor visits</li> <li>• No dollar limits for physician care or hospitalization</li> <li>• No claim forms</li> </ul>	<ul style="list-style-type: none"> <li>• Applicable Deductible</li> <li>• Must submit a POS Medical Claim Form</li> <li>• Percentage coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Applicable Deductible</li> <li>• Must submit a POS Medical Claim Form</li> <li>• Percentage coinsurance</li> <li>• Charges in excess of Reasonable and Customary Charges (or Limited Fee Schedule for Small Employer Groups with 2-50 eligible employees)</li> </ul>

\*This is the only POS option available in Oregon and Washington.

POS

# POS

*With both POS plans, you choose which option you will access each time you seek care.*

Option 1/In-Network	Option 2/PPO (Triple Option Only)
<p>You access this option when your care is provided and coordinated by the Primary Care Physician you select from PacifiCare's <i>HMO Provider Directory</i>. Specialist referrals and hospitalizations authorized by your Primary Care Physician are covered according to your Schedule of Benefits. Option One provides the most extensive coverage, with the lowest out-of-pocket expense.</p>	<p>Under Option 2, you can choose to receive care from any provider listed in PacifiCare <i>PPO Provider Directory</i> without a referral from your Primary Care Physician. The contract between the Preferred Provider and the plan allows for payment for services at a predetermined negotiated rate that is often discounted from the provider's standard fee. You may be responsible for an annual deductible (if applicable) and a portion of each medical bill. You or your provider will also be required to file claim forms with PacifiCare to receive reimbursement for covered services.</p>

## Option 3/Out-of-Network

Under Option 3, you can access any licensed provider in the U.S. who is not listed in PacifiCare's *HMO* or *PPO Provider Directories*. You will be responsible for an annual deductible (if applicable), a portion of each medical bill, and filing claim forms to receive reimbursement for covered services. You will also be required to pay any portion of the bill that exceeds the Reasonable and Customer Charges (or Limited Fee Schedule for Small Employer Groups with 2-50 eligible employees).

It is important to realize that the highest out-of-pocket expenses will be incurred when you access providers who are not listed in PacifiCare's *HMO* or *PPO Provider Directories*. These providers have not accepted any discount arrangement with PacifiCare and may

charge substantially more than the allowed charges.

Please refer to your member materials for information regarding Covered Services, exclusions, and limitations, as well as any required Copayments and deductibles under the different POS options described here.

The purpose of this plan is flexibility. Whenever the need for medical care arises, you can decide where you want to receive care. Your benefits and out-of-pocket expenses will differ depending on your selection — but the choice is yours.

*Questions?*

*Call the*

*Customer Service*

*department*

*toll-free at*

*1-800-531-3341.*