

### ***POS (Point of Service)***

This type of health insurance Plan offers more choices than an HMO or an EPO. You can choose any doctor you wish and change doctors any time, however, most POS plans require a Primary Care Physician referral to see a specialist.

With POS plans, the insurer only pays a percentage your doctor and hospital bills when you go out of network, and with some Carriers when you stay in network as well. This is what you pay:

- A certain amount of money each year, known as the deductible, before the insurance payments begin. Depending on the insurer, the deductible will vary for each person in your family, with a family deductible of usually 3 times the individual deductible. The deductible requirement applies each year of the policy. Also, not all health expenses you have count toward your deductible. Only those covered by the policy do.
- After you have paid your deductible amount for the year, you share the bill with the insurance company. For example, you might pay 20 percent while the insurer pays 80 percent. Your portion is called coinsurance.

To receive payment for POS claims, you may have to fill out forms and send them to your insurer. Sometimes your doctor's office will do this for you. You also need to keep receipts for drugs and other medical costs. You are responsible for keeping track of your medical expenses.

There are limits as to how much an insurance company will pay for your claim if both you and your spouse file for it under two different group insurance plans. A coordination of benefit clause usually limits benefits under two plans to no more than 100 percent of the claim.

Some POS plans have a maximum "Out Of Pocket" (OOP) (expense, which is the most you will have to pay for medical bills in any one year. You reach the OOP when your out-of-pocket expenses (for your deductible and your coinsurance) total a certain amount. It may be as low as \$1,000 or as high as \$5,000. or possible more, depending on the plan design. Then the insurance company pays the full amount in excess of the (OOP) for the items your policy says it will cover. The (OOP) does not include the monthly premium amount.

Some services are limited or not covered at all. You need to check on preventive health care coverage such as immunizations and well-child care.