

NOTICE

Please Read if you have Independent Health

The thRed POS PCP Required Plan (thRed Bronze) requires referral/authorization from your PCP. You can still be seen by our Practice without it, but you will be responsible for the visit cost. Please see your plan detail for more information.

POS plans require referrals from the PCP to see a specialist.

Information from the IHA handbook

Under our POS, you will be subject to an annual deductible and coinsurance. You will owe all balances for covered services in excess of our plan allowance. For more information regarding this benefit, see HMO Benefits Section 5(i) Point of Service Benefits.

A point-of-service plan (POS) is a type of managed care plan that is a hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, patients may go outside of the provider network for health care services. When patients venture out of the network, they'll have to pay most of the cost, unless the primary care provider has made a referral to the out-of-network provider. Then the medical plan will pick up the tab.

Those claims (1) that require preauthorization, prior approval, or a referral and (2) where failure to obtain preauthorization, prior approval, or a referral results in a reduction of benefits

If you need to see a specialist frequently because of a chronic, complex, or serious medical condition, your primary care physician will develop a treatment plan and recommend a specialist. Your primary care physician will use our criteria when creating your treatment plan ([PCP may have to get our authorization or approval beforehand](#)).