|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Model Type | HMO | PPO | POS | EPO |
| Detailed description |  |  |  |  |
| Example Health Plan | Google “Gold 80 Trio HMO Blue Shield California”  for PDF booklet | Google “Gold 80 PPO Blue Shield California”  for PDF booklet | Google “Cape POS Blue Shield California”  for PDF booklet | Google “Silver 70 EPO  Blue Shield California”  for PDF booklet |
| Annual deductible |  |  |  |  |
| Maximum out of pocket |  |  |  |  |
| Monthly Premium |  |  |  |  |
| Patient office co-pay primary care network MD |  |  |  |  |
| Patient office co-pay for specialist MD |  |  |  |  |
| Do you need a referral to see a specialist? |  |  |  |  |
| Prescriptions included? |  |  |  |  |

<https://blueshieldcaplans.com> (use zipcode 94240 in order to see all of the needed information)

**Summary:**