Blue Shield PPO Plan
Frequently Asked Questions

If you have any questions about your plan benefits, call your dedicated Blue Shield Member Services team at (855) 724-7698. They are available to assist you from 7 a.m. to 7 p.m. Pacific time, Monday through Friday. You can also go to blueshieldca.com/cseba for basic information about the PPO plan.

GENERAL

1. What is the PPO plan?

With the PPO plan, you can receive care from any of the physicians and hospitals within the plan’s network, as well as outside of the network for covered services.

Within the provider network
Preventive care services such as a flu shot are fully covered. You pay 100% for all other services until you meet your plan-year deductible. After your deductible is met, you pay a copayment or coinsurance for covered services. PPO network providers submit their claims directly to Blue Shield, so it’s convenient for you.

Outside the provider network
When you see a non-network provider, what you ultimately pay depends on fees above Blue Shield’s allowable amounts. Those fees vary and can be costly. For covered services:
• You pay 100% of the amount billed until you meet your plan-year deductible.
• Only the amount allowed by Blue Shield applies to your deductible.
• After you meet your deductible, you pay a copayment or coinsurance based on Blue Shield’s allowable amount, plus any charges above the allowable amount.

Non-network providers usually require you to pay the full amount at the time you receive care. You then submit a claim with an itemized doctor’s bill to Blue Shield.

2. Does the PPO plan offer any wellness programs?

With the PPO plan, you can participate in Wellvolution®, Blue Shield’s easy, social and fun approach to wellness. Wellvolution features easy-to-use online programs that can help you learn about your health and improve your well-being. You can also invite your family and friends to join.

Visit mywellvolution.com for access to:
• **Well-Being Assessment** – Complete a short questionnaire and receive a confidential, personalized report of your overall well-being, including ways you can improve your health.

• **Daily Challenge** – With Daily Challenge®, you will receive a daily email that includes suggestions for simple and fun wellness-related tasks that can help improve your well-being.

• **QuitNet** – Get the help you need to quit smoking with encouragement and support from the largest quit-smoking community in the world. QuitNet® now includes nicotine replacement therapy (NRT) at no additional cost.

• **Walkadoo** – Walkadoo® is a wellness program for every walk of life. Make a move toward better health by using your smartphone to receive your daily step goals and count your steps – or bring your own step tracker. **Note:** The Walkadoo app is available for iPhone 5s and later, and Android version 14 (Ice Cream Sandwich) and later. Walkadoo is also compatible with all models of Fitbit, Jawbone and Misfit, as well as the Moves app for iPhone® and Android™.

• **Diabetes Prevention Program** – You may be eligible for the Diabetes Prevention Program. This program can help you lose weight, adopt healthier habits and reduce your risk of developing type-2 diabetes. It's available at no cost to members who qualify. Find out more at solera4me.com/shield.

**MEDICAL BENEFITS**

1. **How do I know if my doctor is in the PPO network?**

To search for a network provider, go to blueshieldca.com/networkppo.

2. **What if my current doctor is not in the PPO network?**

When you see a non-network provider, what you ultimately pay depends on fees above Blue Shield’s allowable amounts. Those fees vary and can be costly. For covered services:

- You pay 100% of the amount billed until you meet your plan-year deductible.
- Only the amount allowed by Blue Shield applies to your deductible.
- After you meet your deductible, you pay a copayment or coinsurance based on Blue Shield’s allowable amount, plus any charges above the allowable amount.

Non-network providers usually require you to pay the full amount at the time you receive care. You then submit a claim with an itemized doctor’s bill to Blue Shield.
3. Do I need to select a primary care physician?

With a PPO plan, there is no requirement to select a primary care physician (PCP). You can choose any doctor or specialist in your plan’s network and make an appointment.

While the PPO plan doesn’t require you to select a PCP, building a relationship with a primary care physician that provides primary care has several advantages. A primary care physician:
- Gets to know you well and understands your healthcare needs, and
- Can help you achieve your health and well-being goals

4. What is the difference between a primary care physician that provides primary care and a specialist?

Primary care physicians are usually general practitioners, including internal medicine and family practice doctors as well as pediatricians. Specialists focus on one area of medicine, such as dermatology, OB/GYN, or allergies.

5. Is there a medical office or group where I can select all the doctors for my family in one place, so I don’t have to go to multiple locations? In other words, can I avoid going to one office for primary care, another office for OB/GYN, and yet another for pediatrics?

Unlike an HMO, a PPO plan does not require you to choose doctors who belong to only one medical group. We are contracted with individual physicians as well as multi-specialty medical groups so you can get many of your healthcare needs in a single location. You can use our online Find a Doctor tool at blueshieldca.com/networkppo to look up the locations of any doctors.

6. If I need to see a specialist, do I need a referral from a provider I’ve visited for primary care (such as my primary care physician) or can I select one myself and make my own appointment?

With a PPO plan, you do not need a referral to see a specialist. However, if you are not sure where to go, you can ask the provider you’ve visited for primary care for a referral. You can make an appointment at any time with a specialist. Make sure to choose a doctor who is in your plan’s network to save on costs. In most cases, the copayment or coinsurance to see a specialist is different from a general office visit with a primary care physician. For more details, check your health plan documents.

7. What do I do if I am a new enrollee in the middle of receiving care for a medical condition?

If you are currently receiving care for planned surgeries, pregnancy and newborn care, acute and serious chronic conditions, or a terminal illness from a provider who is not in the Blue Shield network, continuation of care may be available to you during your transition to the PPO plan.
Continuation of care allows you to continue to see your current non-network provider during the course of your treatment while still receiving the network level of benefits. If you have questions about continuation of care, please call your dedicated Blue Shield Member Services team.

8. I am a new enrollee, I have received authorization for a medical procedure, but it takes place after my Blue Shield coverage goes into effect. Do I need to get a new authorization?

If you have been scheduled for treatment that required authorization from your former health plan carrier, Blue Shield will likely need to authorize this treatment.

9. What is the cost for preventive care?

You have access to services defined as routine preventive care at no additional charge and without having to pay a copayment/coinsurance or meet the plan’s deductible. You can download a list of recommended screenings and immunizations at blueshieldca.com/preventive.

10. Do I have coverage while traveling outside of California or the United States?

Through the BlueCard® Program, PPO plan members can access emergency and urgent care services across the country and around the world. Getting urgent care with the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services at the time you receive them.

11. What is the Alternative Care Discount Program?

With this program, you can save on alternative healthcare services from practitioners participating with American Specialty Health Group, Inc. Just make an appointment with a participating practitioner. Then, show your Blue Shield ID card at your appointment to get your discount. It’s that easy!

To find a participating provider in the Alternative Care Discount Program, go to blueshieldca.com/networkppo.

You can also call American Specialty Health Group, Inc. (888) 999-9452, Monday through Friday, 5 a.m. to 6 p.m., Pacific time, for assistance.

Services in the Alternative Care Discount Program include:

**Acupuncture services**
Members receive 25% off the usual and customary fees for services including:
- Examinations
- Acupuncture or electro-acupuncture
- Adjunctive therapeutic procedures
Chiropractic services
Members receive 25% off the usual and customary fees for services including:
• Examinations
• Manipulative treatment
• Adjunctive therapeutic procedures
• X-rays
• Supports and appliances

Massage therapy
Members receive 25% off the usual and customary fees for massage therapy visits. A variety of techniques may be used including:
• Swedish massage
• Deep-muscle massage
• Deep-tissue massage

Health and wellness products
Members may browse and purchase a broad selection of health improvement and wellness products, fulfilled by an e-retail site. These include:
• Vitamins and minerals
• Food supplements
• Sports nutrition
• Herbs and botanicals

Relaxation resources
• Pilates, yoga and tai chi
• Fitness and activity
• Health books and videos
• Beauty and personal

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

Please check your health plan documents to verify if you have pharmacy through Blue Shield or with a separate carrier.

2. What is a drug formulary?

A formulary is a list of preferred generic and brand-name medications approved by the Food and Drug Administration (FDA) that are covered under your Blue Shield prescription drug benefit. The formulary serves as a guide for physicians and members in selecting the most cost-effective drug therapy. The fact that a drug is listed in the formulary does not guarantee it will be prescribed by your physician. To determine whether the formulary applies to your plan, please check your health plan documents.
3. How do I know if my medication is in Blue Shield’s drug formulary?

It’s easy to access the Blue Shield Drug Formulary to see if your medication is on the list of preferred prescription drugs. Just go to blueshieldca.com/pharmacy.

4. I am interested in using the Blue Shield mail service pharmacy to refill my prescriptions. How do I get started?

If you take stabilized doses of covered long-term maintenance medications for conditions such as diabetes, you can order a mail service prescription of up to a 90-day supply. You may save money on your copayment, and there is no charge for shipping.

After you enroll in a Blue Shield health plan, it’s easy to get started. Go to blueshieldca.com/pharmacy. To receive medications through the mail service pharmacy, you must first register online, by phone or by mail to provide the information required, including your name, shipping address, payment method and drug allergies. You will also need to send your prescription to the mail service pharmacy electronically, or by phone, fax or mail.

Once your prescription is on file with the mail service pharmacy, you can order your refill prescriptions online at caremark.com, or by phone or mail. If you have any questions, you can call the mail service pharmacy at (866) 346-7200.

5. What is step therapy, and why is it required for members?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost-effectiveness, and then progressing to other drugs that may have more side effects or risks, or that are more costly. Blue Shield’s step therapy typically requires the use of a generic drug first before covering a brand-name drug. We require step therapy to ensure that members get the most medically and cost-effective drug possible.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Blue Shield’s Pharmacy & Therapeutics (P&T) Committee, which includes active practicing physicians and pharmacists in the Blue Shield network, performs a rigorous clinical review of coverage policies such as step therapy.

If your doctor feels that a medication is medically necessary for you, your doctor may request an exception to the step therapy requirements by requesting a drug prior authorization review. Your doctor simply needs to contact Blue Shield Pharmacy Services by phone or fax.

**Note:** Drug prior authorization allows your doctor to obtain advanced approval of coverage for a prescription medication. Most medications are covered by Blue Shield
without requiring prior authorization. However, some select drugs require your doctor to provide information about your prescription to determine coverage.

6. What are drug tiers?

Drugs in a formulary are typically grouped into tiers based on defined categories. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers: Tier 1 usually includes generic medications. You can find information about what you pay by drug tier in your health plan documents.

The column titled “Tier” identifies the cost level you pay for a drug.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Most generic drugs and low-cost, preferred brand drugs</td>
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<tr>
<td>2</td>
<td>Non-preferred generic drugs, preferred brand drugs, or drugs recommended by Blue Shield’s P&amp;T Committee based on drug safety, efficacy and cost</td>
</tr>
<tr>
<td>3</td>
<td>Non-preferred brand drugs; drugs recommended by Blue Shield’s P&amp;T Committee based on safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier</td>
</tr>
<tr>
<td>4</td>
<td>Drugs that are required by the FDA or drug manufacturer to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; drugs manufactured using biotechnology; or drugs with a plan cost (net of rebates) greater than $600</td>
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7. I am a new enrollee. I have received prior authorization for a prescription drug from my previous carrier. Do I need to get authorization from Blue Shield in order to refill this prescription after my plan’s effective date?

The list of drugs that require prior authorization for coverage varies from one health plan carrier to another. If you are currently covered under another carrier and have enrolled in a Blue Shield health plan, your prescribing physician may need to obtain prior authorization from Blue Shield to ensure that your prescription will be covered after your plan’s effective date. Be sure to ask your prescribing physician to contact Blue Shield for prior authorization to refill your prescription.

8. I currently take a prescription drug that is listed on my current plan’s specialty prescription drug list. How do I verify if this prescription drug is on Blue Shield’s specialty drug list?

To verify that your prescription drug is on Blue Shield’s Specialty Drug List, visit blueshieldca.com/pharmacy, or call your dedicated Blue Shield Member Services team.
9. How can I find a specialty drug pharmacy?

To find a specialty drug pharmacy, visit blueshieldca.com/pharmacy.

AFTER YOU BECOME A MEMBER

1. When will I receive my subscriber ID card?

New subscribers will receive a Blue Shield member ID card in the mail before their effective coverage date. The plastic member ID card lists the name of the subscriber on the front, and the name of the primary care physician on the back. All covered dependents will also receive their own ID card that lists the name of their primary care physician. Please review your new ID card carefully to make sure all of the information is correct.

2. How do I get a replacement ID card?

If you need to order an additional Blue Shield member ID card, go to blueshieldca.com/cseba. Under “Contact Us,” click Log in to blueshieldca.com or Register for an account.

Once you have registered and logged in to blueshieldca.com, you can print a temporary ID card or order a new ID card and have it mailed to you. Except for the paper stock, temporary cards are identical to permanent ID cards.

To print a temporary card at any time, click My Plan & Claims and then ID Card. Then, click View/Print a Temporary ID Card.

If you order a replacement member ID card by mail, you will receive it by U.S. mail within seven to 10 business days.

3. What is the Blue Shield mobile app and what can I use it for?

The Blue Shield mobile app gives you quick and easy access to important health plan and benefits information anytime, from almost anywhere. With the Blue Shield mobile app, you can:

- View your Blue Shield member ID card
- Get benefits information*
- Find a doctor, hospital or urgent care center
- View deductible and copayment year-to-date totals
- View claims
- Access NurseHelp 24/7™
- Contact us

* See your health plan documents or check with your company’s plan administrator for your specific benefit coverage.
Download the app today from the App Store® or Google Play™ and search for “Blue Shield of California Mobile.” Member registration is easy! One username and password gives you 24/7 access to your health plan information from your mobile device, laptop or desktop. Be sure to log in with your username and password to get the most from the app experience. Visit blueshieldca.com/mobile for more information, including answers to frequently asked questions.

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