

Blue Shield Access+ HMO Plan

Frequently Asked Questions

Updated August 2021

If you have any questions about your health plan benefits, call your dedicated Blue Shield Member Services team at **(855) 724- 7698**. The team is 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 information about the Access+ HMO® plan.

This document provides an overview of the Access+ HMO plan benefits. Your *Evidence of Coverage* (EOC) and other plan documents provide a more complete description of the plan's benefits and coverage, including limitations and exclusions. If there are any discrepancies between the information contained in this document and the EOC and other plan documents, the plan documents will prevail.

GENERAL

1. What is the Access+ HMO plan?

The Access+ HMO plan is affordable and predictable – you pay only the copayment for most covered services like doctor visits, urgent care, and emergency care.

When you enroll in this plan, you'll need to select a primary care physician (PCP) for yourself and your covered dependents from the Access+ HMO Network. Your PCP coordinates all your care and refers you to specialists and hospitals within their medical group/independent practice association (IPA). Each member of your family can choose a different physician and medical group/IPA.

To find out if your current doctor is in the Access+ HMO Network:

- Go to blueshieldca.com/networkhmo.
- Select *Primary Care Physician*.
- Enter your location, and then click *Continue*.
- Select *Doctor Name*.

If you need guidance on how to use our Find a Doctor tool, visit blueshieldca.com/watchfindadoctor.

2. How is the Access+ HMO plan different from the Trio HMO plan?

The Access+ HMO plan offers access to a larger network of doctors, specialists, and hospitals than the Trio HMO plan. However, it has higher copayments. In addition, the Access+ HMO plan does not offer some of the services and programs offered by the Trio plan. These include the Healthy Savings® program, myStrength digital mental health treatment tools, and more.

Like Trio, the Access+ HMO plan offers Teladoc medical and mental health services by phone or video for a \$0 copay. To learn more about Teladoc, see the section below.

VIRTUAL CARE

1. What is Teladoc?

With Teladoc, you can speak with U.S. board-certified doctors and licensed mental health professionals by phone or video for a \$0 copay. Whenever you need care, Teladoc's national network of medical doctors is available 24/7. These doctors can treat non-emergency medical issues such as cold and flu symptoms and more. They can also prescribe medications when needed.

Teladoc's licensed mental health professionals are also available to help you manage depression, addiction, and other conditions. Mental health appointments are available for members age 13 and older from 7 a.m. to 9 p.m. local time, seven days a week,

On your plan effective date, you can set up your Teladoc account at blueshieldca.com/teladoc. Before you can use Teladoc, you'll need to register and complete your medical history. This gives Teladoc doctors the information they need to make an accurate diagnosis.

SHIELD CONCIERGE

1. What is Shield Concierge?

The Shield Concierge team provides personalized support on all aspects of your care, including benefits, claims, providers, pharmacy, health coaching, care coordination, case management, and more. You call one toll-free number – **(855) 724-7698** – for support.

The Shield Concierge team can:

- Help you find a provider in the Access+ HMO Network
- Assist you in transferring medical records and prescriptions
- Work with you and your doctor to coordinate care across all providers
- Help you manage a chronic condition such as diabetes

- Connect you with a registered nurse for health counseling
- Explain pharmacy benefits coverage, including formulary use

HEALTH AND WELLNESS PROGRAMS

1. Does the Access+ HMO plan offer programs to help me live a healthier lifestyle?

Yes. Wellvolution® is our digital platform for health and well-being. It offers over 50 tested apps and programs to help you achieve your health goals – at no extra cost. You choose the areas to focus on:

- **Prevent and reverse disease** – Prevent diabetes and reverse cardiovascular disease and other conditions.
- **Eat better** – Get help with meal planning, use nutritional calculators, and lose weight.
- **Exercise more** – Get support with movement tracking, workout routines, and coaching.
- **Manage stress** – Meditate, practice mindfulness, and more.
- **Sleep better** – Track sleep patterns and enjoy relaxation exercises for better rest.
- **Quit smoking** – Get the support you need to stop smoking with nicotine replacement therapy and other methods.

Visit wellvolution.com to get started today!

2. Does the Access+ HMO plan offer wellness discount programs?

Yes. You can get help saving money and living healthier with a wide range of discount programs,¹ including Fitness Your Way™. This program gives you access to thousands of fitness centers nationwide for just \$25 per month.* The wellness discount programs also include acupuncture and chiropractic services; therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

* Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

3. Do you offer discounts for acupuncture and other alternative care services?

Yes. As part of the wellness discount programs described above, you can save on alternative care services such as acupuncture, chiropractic services, and more from specialty healthcare providers participating in the ChooseHealthy® program.

Just make an appointment with a participating provider. Then, show your Blue Shield member ID card at your appointment to get your discount. It's that easy. For more information, go to blueshieldca.com/wellnessdiscounts and select *Alternative care*.

You can also call **(888) 999-9452**, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time, for assistance.

Alternative care discounts include:

Acupuncture services

Members receive 25% off on services including:

- Examinations
- Acupuncture or electro-acupuncture
- Adjunctive therapeutic procedures

Chiropractic services

Members receive 25% off on services including:

- Examinations
- Manipulative treatment
- Adjunctive therapeutic procedures
- X-rays
- Supports and appliances

Therapeutic massage services

Members receive 25% off on services including a variety of techniques, such as:

- Swedish massage
- Deep muscle massage
- Deep tissue massage

MEDICAL BENEFITS

1. Do I need to select a PCP in the Access+ HMO Network?

Yes. You must select a PCP in the Access+ HMO Network. You can choose a PCP or have one assigned to you. PCPs perform preventive care and treat medical conditions. They also coordinate other health care, including referrals to specialists and hospitals within their medical group/IPA. Each member of your family can choose a different physician and medical group/IPA.

To find a PCP in the Access+ HMO Network:

- Go to blueshieldca.com/networkhmo
- Select *Primary Care Physician* to search by PCP specialty

- Enter your location, and then click *Continue*
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.)

If you need guidance on how to use our Find a Doctor tool, visit blueshieldca.com/watchfindadoctor.

You will need your selected PCP's ID number when you enroll in the Access+ HMO plan for the first time. To find this number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

2. How can I find out if my current doctor is in the Access+ HMO Network, so I can select my doctor as my PCP?

To find out if your current doctor is in the Access+ HMO Network:

- Go to blueshieldca.com/networkhmo.
- Select *Primary Care Physician*.
- Enter your location, and then click *Continue*.
- Select *Doctor Name*.

3. What if my current doctor is not in the Access+ HMO Network?

If your doctor is not in the Access+ HMO Network, you can search for a new one at blueshieldca.com/networkhmo. See **Question 1** above for instructions.

4. What should I do once I've selected a PCP?

Once you've selected a PCP, you'll need to give Blue Shield the physician's name and ID number.

To find your selected PCP's ID number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

5. What happens if I don't select a PCP when I enroll in the Access+ HMO plan?

If you don't select a PCP during open enrollment, Blue Shield will automatically match you and any enrolled dependents with one based on your ZIP code, age, and gender.

If you prefer a different PCP than the one you were matched with, you can easily change your PCP online at any time. You can also call Shield Concierge for help in changing your PCP.

To find a new PCP in the Access+ HMO Network:

- Go to blueshieldca.com/networkhmo.

- Select *Primary Care Physician* to search by PCP specialty.
- Enter your location, and then click *Continue*.
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.).

If you change PCPs, you will need to give Blue Shield your new PCP's ID number. To find this number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

6. If I need to see a specialist, do I need a referral from my PCP?

Yes. If you want to pay your regular plan copayment to see a specialist, you will need a referral from your PCP before seeing a specialist.

If your PCP participates in our *Access+ Specialist* program, you may go directly to a specialist within your physician's medical group or IPA without a referral. You will pay a slightly higher copayment. Medical groups/IPAs that participate in the *Access+ Specialist* program are identified in our online directories and on your Blue Shield member ID card.

Important: Self-referral is for initial consultation only. Any follow-up care or treatment requires PCP and medical group authorization.

If your PCP does *not* participate in the *Access+ Specialist* program, you will need a referral from your doctor to see a specialist.

7. Can I self-refer to an OB/GYN?

Access+ HMO plan members can self-refer to an OB/GYN within their medical group/IPA for any OB/GYN-related services. You do not need a referral, and you will not have to pay an additional copayment.

8. Does this plan include preventive care, and what is the cost?

Yes. You have access to services defined as routine preventive care. You do not have to pay a copayment or meet the plan's deductible for these services. Visit blueshieldca.com/preventive to learn more.

9. What do I do if I'm a new enrollee in the *Access+ HMO* plan and I'm in the middle of receiving care for a medical condition from a provider that is not in the *Access+ HMO* Network?

As a new member, you are entitled to a medical review that may allow you to continue your current treatment plan with your prior provider for a specified time frame due to a specific diagnosis.

For example, a medical review is warranted if you or a family member:

- Are in the second or third trimester of pregnancy or a high-risk pregnancy and are currently established with an obstetrician
- Are scheduled for surgery within three weeks after your effective date of coverage
- Have documented follow-up care for surgery that was completed within six weeks prior to your effective date of coverage.
- Have complications resulting from surgery performed within the month prior to your effective date of coverage
- Are currently undergoing a course of chemotherapy or radiation therapy
- Are approved for or on a waiting list for a transplant
- Have an acute or serious chronic condition
- Are currently receiving outpatient mental health treatment or are currently in a chemical dependency treatment program

If you have a transition of care issue, please contact [Member Services](#) for assistance. Blue Shield will assign a case manager to assist you with your specific transition of care needs.

10. I am a new enrollee in the Access+ HMO plan. I have received authorization for a medical procedure, but it takes place after my Access+ HMO plan coverage goes into effect. Do I need to get a new authorization?

Yes. If you have been scheduled for treatment that required authorization from your former doctor who is not in the Access+ HMO Network, you will need new authorization from a doctor who is in the Access+ HMO Network. If you have questions, please call Shield Concierge.

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

When you're outside California or out of the country, you and your family can get urgent and emergency care through the BlueCard® and Blue Shield Global Core programs. The BlueCard national network includes more than 95% of providers in the United States. The Blue Shield Global Core network includes providers in 170 countries.

To find a provider in the United States, visit provider.bcbs.com, or call (800) 810-BLUE (2583). To find a provider outside the country, visit bcbsglobalcore.com, or call (804) 673-1177 collect.

12. My children are going to college outside California. How do they access care while they are away from home?

The [Away From Home Care® program](#) gives students, long-term travelers, workers on long-distance assignments, and families living apart flexible coverage across most of the country for extended periods of time. The Away From Home Care program is not available in all areas and states. Benefits from the host plan may differ from benefits in the Access+ HMO plan. To find out whether your family is eligible, call Shield Concierge.

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

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

2. What is a drug formulary?

A formulary is a list of medications approved by the Food and Drug Administration (FDA) that are selected based on safety, effectiveness, and cost, and that are covered under your Blue Shield prescription drug benefit. The formulary assists doctors and members in selecting cost-effective drug therapy. A drug listed in the formulary does not guarantee it will be prescribed by your doctor.

3. How do I know if my medication is on Blue Shield's drug formulary?

To see if your medication is on Blue Shield's drug formulary, go to blueshieldca.com/pharmacy. Under *Drug formularies*, select *Large group plans*.

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

After you enroll in the Access+ HMO plan, go to blueshieldca.com/pharmacy. Select *Pharmacy networks* and then *Mail service pharmacy*. To receive medications through the mail service pharmacy, you must first register online, by phone, or by mail to provide the information required. This includes 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 mail.

Once your prescription is on file with the mail service pharmacy, you can order your refill prescriptions online at [caremark.com](https://www.caremark.com), or by phone or mail. If you have any questions, call the mail service pharmacy at **(866) 346-7200 (TTY: 711)**.

If you take covered medications for chronic conditions such as diabetes, it's easy to order a mail-service refill. You can receive up to a 90-day supply, depending on benefits. You may save money on your copayment, and there is no charge for shipping.

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 safest and most 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 and 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. Your doctor simply needs to contact Blue Shield Pharmacy Services.

6. What are drug tiers?

Drugs in a formulary are typically grouped into tiers based on defined categories such as generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and specialty drugs. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers. You can find information about what you pay by drug tier in your health plan documents.

7. I am a new enrollee in the Access+ HMO Plan. I have received prior authorization for a prescription drug from my previous carrier. Do I need to get authorization from Blue Shield 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. Select *Drug formularies* and then *Large group plans and Specialty Drug List*. Or, call Shield Concierge.

AFTER YOU BECOME A MEMBER

1. When will I receive my member ID card?

New subscribers will receive a member ID card in the mail before their effective coverage date. Please review your new ID card carefully to make sure all the information is correct.

2. What are the benefits of registering for a Blue Shield online account?

Registering for a Blue Shield online account gives you access to a personalized dashboard with an easy-to-read overview of your health plan benefits. With an online account, you can do the following – and more:

- Access your ID card online 24/7
- View or change your PCP at any time
- Request access to your covered dependents' information, such as claims, so you can view it from your online account

Registering is simple:

1. Go to blueshieldca.com/register. You can also register on our mobile app, which you can download on the App StoreSM or Google PlayTM.
2. When prompted, enter your new Blue Shield member ID number.

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

The Blue Shield mobile app gives you quick access to your health plan information anytime, anywhere. With the mobile app, you can do the following – and more:

- View your Blue Shield member ID card

- Find a doctor, hospital, or urgent care center
- Get up-to-the minute information on your Blue Shield coverage, including benefit details

It's easy to get started. From your phone, download the Blue Shield of California mobile app on the App StoreSM or Google PlayTM. 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.

4. How do I get a replacement member ID card?

Get easy access to your digital ID card! Once you've registered for an account at blueshieldca.com/register, you can view your ID card online 24/7 – and never worry about losing it. (See account registration instructions in **Question #2** above.)

Once you have registered and logged in to blueshieldca.com, you can also 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. If you order a replacement ID card by mail, you should receive it within seven to 10 business days.

¹ These discount program services are not covered benefits of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company (Blue Shield Life), or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life, or self-insured health plan apply. The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access those covered services prior to using the discount program.

Members or self-insured plan participants who are not satisfied with products or services received from the discount program may use the grievance process described in their *Evidence of Coverage*, *Disclosure Form*, *Evidence of Coverage and Disclosure Form*, *Benefit Booklet*, or *Certificate of Insurance/Policy*. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs are administered by or arranged through the following independent companies:

- Alternative Care Discounts – services provided by the ChooseHealthy program, made available through ChooseHealthy, Inc., a subsidiary of American Specialty Health Incorporated (ASH)*
- Discount Vision Program – MESVision
- Fitness facilities – Fitness Your WayTM (Tivity Health)
- LASIK – Laser Eye Care of California, LLC, QualSight, Inc.

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

*The alternative care discounts are available to members with a Blue Shield medical plan. You are obligated to pay for all services from those providers but will receive a discount from those participating providers for services included in the program. The ChooseHealthy program does not make any payments directly to participating providers. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on services available through the ChooseHealthy program are subject to change. Please consult the ChooseHealthy website for current availability.

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