

Blue Shield HMO Gold Access+ Plan (\$40 copay)

Frequently Asked Questions

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If you have any questions about your health plan benefits, call your dedicated Shield Concierge team at **(855) 599-2657**. 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/teamsters1932 for information about the HMO Gold Access+ Plan (\$40 copay).

This document provides an overview of the benefits for the HMO Gold Access+ Plan (\$40 copay), also referred to as Access+ HMO®. 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 HMO Gold Access+ Plan (\$40 copay)?

This 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.

2. How is this plan different from the HMO Gold Trio Plan (\$25 copay)?

The HMO Gold Access+ Plan (\$40 copay) offers access to a larger network of doctors, specialists and hospitals than the HMO Gold Trio Plan (\$25 copay). However, it has higher copayments than the Trio plan.

In addition, this plan does not offer some of the services and programs offered by the Trio plan such as the LifeSpring meal delivery program for qualified patients experiencing a serious illness.

SHIELD CONCIERGE

1. What is Shield Concierge?

The Shield Concierge team provides personalized support on all aspects of your care. You call one toll-free number – **(855) 599-2657** – for assistance. 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
- Answer your questions about plan benefits, claims, and more

VIRTUAL CARE

1. What is Teladoc?

With this plan, you can access Teladoc medical and mental health services by phone or video for a \$0 copay. To learn more, visit blueshieldca.com/teladoc.

HEALTH AND WELLNESS PROGRAMS

1. Does the HMO Gold Access+ Plan (\$40 copay) offer programs to help me live a healthier lifestyle?

Yes. Wellvolution®, a digital lifestyle platform, is included in your Blue Shield health plan. Wellvolution includes the tools you need to take control of your physical and mental health, so you can become a healthier and better you. Visit wellvolution.com to get started today. For specific information about mental health programs, visit wellvolution.com/mentalhealth.

2. What kinds of mental health programs and services are offered with this plan?

You have access to a variety of mental health resources designed to help with:

- Depression, anxiety, stress, and more
- Personal or family problems
- Emotional or behavioral health conditions
- Substance use disorders

These resources include:

- [Teladoc virtual mental health care](#). With Teladoc, you can speak to a licensed mental health professional by phone or video – at no extra cost. Appointments are available daily from 7 a.m. to 9 p.m. for members age 13 and older.
- [Wellvolution mental health programs](#). Wellvolution includes programs like Ginger,* which offers individual behavioral health coaching, and Headspace®, a meditation app.
- [CredibleMind online mental health resource hub](#). Digital self-service tools, assessments, and more are available through CredibleMind at no extra cost.
- **Therapy and substance use programs.** Find mental health providers, including in-patient and out-patient care, through Magellan Health Services. To find a mental health provider in your network:
 - Visit the [Magellan website](#)
 - Select “BSC MHSA” as your benefit plan
 - Choose “Non-Medicare provider” or “Non-Medicare facility” under the provider list
 - Select “Accepting new patients”
 - Follow the remaining directions on the screen
- [LifeReferrals 24/7SM](#) – Get personal, family, and work support when you need it.

3. Does the HMO Gold Access+ Plan (\$40 copay) offer wellness discount programs?

Yes. We offer a wide range of discount programs that can help you take better care of yourself. For details, visit blueshieldca.com/wellnessdiscounts.

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.)

You will need your selected PCP's ID number when you enroll in the HMO Gold Access+ Plan (\$40 copay) 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 current 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, visit the Teamsters Local 1932 Health & Welfare Trust online enrollment portal to add your PCP information and complete your enrollment.

5. What happens if I don't select a PCP when I enroll in the HMO Gold Access+ Plan (\$40 copay)?

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. To change your PCP, contact Shield Concierge.

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?

HMO Gold Access+ Plan (\$40 copay) 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. If you see a doctor in the Access+ HMO network, you have access to services defined as routine preventive care. Your medical plan covers the costs for preventive health services when care is provided through network providers. For details about preventive care benefits, visit blueshieldca.com/preventive.

9. What do I do if I'm a new enrollee in the HMO Gold Access+ Plan (\$40 copay) 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 may be 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. If you have a continuity of care issue, please contact Shield Concierge for assistance. Blue Shield may assign a case manager to assist you with your specific continuity of care needs.

10. I am a new enrollee in the HMO Gold Access+ Plan (\$40 copay). I have received authorization for a medical procedure, but it takes place after my HMO Gold Access+ Plan (\$40 copay) 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 contact 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. 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 HMO Gold Access+ Plan (\$40 copay). To find out whether your family is eligible, call Shield Concierge.

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

Yes. Go to the [Pharmacy benefits](#) section of blueshieldca.com/teamsters1932 to view Blue Shield's Plus Drug Formulary, learn about prescriptions by mail, and more. Our Plus Drug Formulary is a list of our preferred brand-name and generic drugs.

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. A drug listed in the formulary does not guarantee it will be prescribed by your doctor.

3. 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 (which will generally have a lower member cost share), non-preferred brand-name drugs, and specialty drugs. The tier that your prescribed 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.

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

To see if your medication is on the list, use our [Plus Drug Formulary search tool](#). For more information about the formulary, see the [Pharmacy benefits](#) section of blueshieldca.com/teamsters1932. You can also call Shield Concierge for assistance.

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

Go to the [Pharmacy benefits](#) section of blueshieldca.com/teamsters1932, and select *Mail service prescriptions*. Follow the instructions to create your account with CVS Caremark Mail Service Pharmacy™. You can receive by mail up to a 90-day supply of medication you take on a regular basis for chronic or long-term medical conditions; however, opioids are limited to a 30-day supply. If you have questions, call the mail service pharmacy at **(866) 346-7200 (TTY: 711)**. You can also contact Shield Concierge for assistance.

6. Can I get a 90-day supply of prescription maintenance drugs from a retail pharmacy?

Yes. If you take maintenance medications for long-term medical conditions or for chronic conditions such as diabetes, you can obtain a 90-day supply from any participating retail pharmacy in Blue Shield's pharmacy network.

7. I am a new enrollee in the HMO Gold Access+ Plan (\$40 copay). 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. For assistance, contact Shield Concierge at **(855) 599-2657**.

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, contact Shield Concierge.

AFTER YOU BECOME A MEMBER

1. When will I receive my member ID card?

New subscribers should 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 digital member ID card online 24/7
- Find all your coverage details in one convenient place
- Request access to your covered dependents' information, such as claims, so you can view it from your online account

- View your copays or coinsurance to know what's covered before your next appointment

To register, go to blueshieldca.com/register. You'll just need your member ID number (located on your Blue Shield member ID card) and your email address.

Note: To access your account information on your smartphone, after you register, download our mobile app at blueshieldca.com/mobile. Be sure to log in with your username and password to get the most from the app experience.

3. 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.

* As part of our Wellvolution program, members have a choice of using either Headspace or Ginger.

Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc. These program services, including Headspace, are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice. Ginger services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply with the exception of video therapy and psychiatry.

Headspace is a registered trademark of Headspace Inc.

Ginger is a registered trademark. Ginger is a licensed medical provider in the United States.

CredibleMind is independent of Blue Shield of California and is contracted by Blue Shield to deliver this mental wellbeing platform. The program services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice.

LifeReferrals 24/7 is offered by Blue Shield of California and Blue Shield of California Life & Health Insurance Company.

Access+ HMO is a registered trademark of Blue Shield of California.

Blue Shield is not a mental health provider and does not provide mental and behavioral health services. Please contact your doctor if you need mental or behavioral health services. If you think you are experiencing a mental

health emergency, please call 988.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost-sharing obligations and balance billing protections.

Language Assistance Notice

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en Español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。