

Blue Shield PPO Non-Needles Plan

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 PPO Non-Needles Plan.

This document provides an overview of the PPO Non-Needles 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 PPO Non-Needles Plan?

With the PPO Non-Needles 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.

Going to providers in the PPO network provides you with the lowest out-of-pocket costs.

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.

SHIELD CONCIERGE

1. What is Shield Concierge?

The Shield Concierge team provides personalized support on all aspects of your care. This includes benefits, claims, providers, pharmacy, health coaching, care coordination, case management, and more. You call one toll-free number – **(855) 599-2657** – for support.

The Shield Concierge team can:

- Help you find a provider in the in the PPO 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

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.

Important: Teladoc is covered within the PPO Network only.

HEALTH AND WELLNESS PROGRAMS

1. Does the PPO Non-Needles 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, as well as more than 20 on-demand exercise videos for all levels.
- **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](https://www.wellvolution.com) to get started today!

2. Does the PPO Non-Needles 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 network 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.

MEDICAL BENEFITS

1. 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 PCP who provides primary care has several advantages. A PCP can:

- Get to know you well and understand your healthcare needs
- Help you achieve your health and well-being goals

2. How can I find out if my current doctor is in the PPO Network?

To search for a network provider:

- Go to blueshieldca.com/pponetwork
- Select Doctors & Specialists
- Enter your location, and then click *Continue*
- Select *Doctor Name*

3. What if my current doctor is not in the PPO Network?

You can choose to see a doctor who 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.

4. 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 pediatricians?

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/pponetwork to look up the locations of any doctors.

5. If I need to see a specialist, do I need a referral from a provider I've visited for primary care (such as my PCP), 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. Be 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 PCP. For more details, check your plan's Summary of Benefits.

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

Yes. If you see a doctor in the PPO Network, 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. To learn more and to download a list of recommended screenings and immunizations, visit [blueshieldca.com/preventive](https://www.blueshieldca.com/preventive).

7. What do I do if I'm a new enrollee in the PPO Non-Needles Plan and I'm in the middle of receiving care for a medical condition from a provider that is not in the PPO 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 3 weeks after your effective date of coverage
- Have documented follow-up care for surgery that was completed within 6 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 presently 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 Shield Concierge for assistance. Blue Shield will assign a case manager to assist you with your specific transition of care needs.

8. I am a new enrollee in the PPO Non-Needles Plan. I have received authorization for a medical procedure, but it takes place after my PPO Non-Needles 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 PPO Network, you will need new authorization from a doctor who is in the PPO Network. If you have questions, please call your Shield Concierge team.

9. 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 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.

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. 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 the list, use our [Plus Drug Formulary search tool](#). For more information about the formulary, select *Pharmacy benefits* at blueshieldca.com/teamsters1932. Under *Drug formularies*, select *Large group plans*. Next, under Plus Drug Formulary for Department of Managed Health Care (DMHC) plans, select *Plus Drug Formulary*. You can also call Shield Concierge for assistance.

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

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.

After you enroll in the PPO Non-Needles Plan, go to the *Pharmacy benefits* section of blueshieldca.com/teamsters1932. 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, or by phone or mail. If you have any questions, you can call the mail service pharmacy at **(866) 346-7200 (TTY: 711)**.

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 by phone or fax.

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 PPO Non-Needles 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, call your Shield Concierge team.

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 health plan, and none of the terms or conditions of the Blue Shield 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 should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use the grievance process described in their *Evidence of Coverage and Disclosure Form*. 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 Way™ (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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