

BlueCard

Benefit Coverage

The Blue Shield HMO provides benefits for urgent services outside of California for members through the Plan's participation in the BlueCard Program.

When temporarily traveling within California but outside of the Primary Care Physician service area, a member who is unable to contact their Primary Care Physician should call Member Services at (800) 424-6521 for assistance in receiving urgent services.

For urgent mental health and substance use disorder services within California, the member should contact the MHSA at (877) 263-8827.

The network of BlueCard participating health plans will provide urgent services when a member is temporarily traveling outside of California but within the United States, but members can also receive urgent care from non-participating providers. The member should call the 24-hour toll-free number at (800) 810-BLUE (2583) to obtain information about the nearest BlueCard participating provider.

Urgent care and emergency services are covered when received outside of the United States. The member may call the BlueCard Worldwide Network at (800) 810-BLUE (2583) for the nearest BlueCard participating provider, or when outside the country, call collect at (804) 673-1177.

If the member does not use the BlueCard Worldwide Network, and the claim is for services other than inpatient care, the member will need to pay the claim at the time the service is rendered. The member can obtain a BlueCard Worldwide International Claim Form (C14764) by calling the member services number on the front of their ID card. The member will then need to submit the claim form and a copy of the bill to the following address:

Blue Shield of California Foreign Claims Unit
P.O. Box 272550
Chico, California 95927-2550

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for BlueCard.

BlueCard providers will request the member's copayment at the time services are rendered.

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Benefit Exclusions

- Services provided outside of California, if the plan determines retrospectively that the services would not have been authorized as urgent care.
- Follow-up care to urgent or emergency services that is not medically necessary is not covered.

Benefit Limitations

Blue Shield HMO members who qualify for Away From Home Care will receive services through the local BCBS HMO where they reside. Their benefit plan will be one offered by the local HMO.

Authorization by Blue Shield HMO is required for more than two out of area follow-up outpatient visits or for care that involves a surgical or other procedure or inpatient stay. Blue Shield HMO may direct the patient to receive follow-up services from the Primary Care Physician.

Examples of Non-Covered Services

- Ongoing treatment, such as chemotherapy
- Routine services
- Out of area follow-up care that is not medically necessary to evaluate the member's progress after an initial emergency or urgent service
- Out of area follow-up care following an urgent or emergency visit in excess of two outpatient visits (except for non-marketed IFP plan members) and not authorized by Blue Shield HMO
- Out of area follow-up care following an urgent or emergency visit that involves any surgical procedure or inpatient stay unless authorized by Blue Shield HMO

Examples of Covered Services

- Evaluation of high or persistent fever
- Evaluation of symptoms of infection
- Evaluation of traumatic injury

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for Emergency Services, Out-of-Area Services, and Urgent Care Services.