# Blue Shield PPO Non-Needles Plan Frequently Asked Questions

Updated May 2024

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 <a href="mailto:blueshieldca.com/teamsters1932">blueshieldca.com/teamsters1932</a> 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**

#### 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. You call one toll-free number – **(855) 599-2657** – for assistance. 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
- Answer your questions about plan benefits, claims, and more

## **VIRTUAL CARE**

#### 1. What is Teladoc?

With the PPO Needles Plan, you can access Teladoc medical and mental health services by phone or video for a \$0 copay. To learn more, visit <u>blueshieldca.com/teladoc</u>.

**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<sup>®</sup>, a digital lifestyle platform, is included in your Blue Shield health plan. You get tools and support to lose weight, treat diabetes, support mental health, and more. Visit <u>wellvolution.com</u> for details. For information about mental health programs, visit <u>wellvolution.com/mentalhealth</u>.

# 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:

- <u>Teladoc virtual mental health care</u>. 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.
- <u>Wellvolution mental health programs</u>. Wellvolution includes programs like Headspace<sup>®</sup>, a meditation app, and Headspace Care<sup>™</sup>,\* which offers individual behavioral health coaching.
- <u>CredibleMind online mental health resource hub.</u> CredibleMind offers resources such as mental health assessments, peer support groups, videos, and more at no extra cost.
- Therapy and substance use programs. Find mental health providers, including inpatient and out-patient care, through Magellan Health Services. To find a mental health provider in your network:
  - Visit the Magellan website
  - o Select "BSC MHSA" as your benefit plan
  - Choose "Non-Medicare provider" or "Non-Medicare facility" under the provider list
  - Select "Accepting new patients"
  - o Follow the remaining directions on the screen
- LifeReferrals 24/7<sup>SM</sup> Get personal, family, and work support when you need it.

# 3. Does the PPO Non-Needles Plan 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 <u>blueshieldca.com/wellnessdiscounts.</u>

#### **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 <u>blueshieldca.com/pponetwork</u>
- 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 <a href="mailto:blueshieldca.com/pponetwork">blueshieldca.com/pponetwork</a> 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. Your medical plan covers the costs for preventive health services when care is provided through network providers. For details about preventive care benefits, visit <a href="mailto:blueshieldca.com/preventive">blueshieldca.com/preventive</a>.

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 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 at (855) 599-2657 for assistance. Blue Shield may assign a case manager to assist you with your specific continuity 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 contact Shield Concierge at **(855) 599-2657**.

# 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. To find a provider in the United States, visit <u>provider.bcbs.com</u>, or call **(800) 810-BLUE (2583)**. To find a provider outside the country, visit <u>bcbsglobalcore.com</u>, 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 <u>blueshieldca.com/teamsters1932</u> 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 <u>Plus Drug Formulary search tool</u>. For more information about the formulary, see the *Pharmacy benefits* section of <u>blueshieldca.com/teamsters1932</u>. You can also call Shield Concierge for assistance at **(855)** 599-2657.

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

Go to the *Pharmacy benefits* section of <u>blueshieldca.com/teamsters1932</u> and select *mail service pharmacy* for instructions. You can also contact Shield Concierge for assistance at **(855)** 599-2657.

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 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. 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 at **(855) 599-2657**.

## 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 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, so you can view it from your online account
- View your copays or coinsurance to know what's covered before your next appointment

## 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 <u>blueshieldca.com/register</u>, 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 <u>blueshieldca.com</u>, 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.

Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and inperson health programs, services, and offerings are managed by Solera, Inc. These programs services are not a

<sup>\*</sup> As part of our Wellvolution program, members have a choice between Headspace's meditation and mindfulness content or Headspace Care's mental health coaching and clinical services. Video therapy and psychiatry sessions are available for a cost share as stated in your health plan coverage. Please contact Blue Shield of California for details. Headspace's medical affiliate, Ginger.io of California Medical P.C., is a licensed medical provider in California.

covered benefit of Blue Shield health plans and none of the terms or conditions of BlueShield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice.

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

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。