



when you feel great,
you're unstoppable.

Health Plan Choices:

Tandem PPO plan



Offered through PRISM



We want to help you better understand your health plan options.

Below is a high level overview of the health plans administered by Blue Shield of California. See the following pages of this brochure for more details on each of these plans.

Your plan choices

Tandem PPO plan

- » Affordable costs through a select network of providers
 - » No specialist referrals needed
 - » On-demand house calls with Heal™ doctors – with no copay for the first visit
 - » Teladoc virtual care from board-certified doctors 24/7 by phone or online video chat – at no cost
-

Tandem PPO plan highlights

For plan details, visit blueshieldca.com/prism.

The Tandem PPO plan, administered by Blue Shield, provides more affordable coverage through use of a smaller network of PPO providers, and the flexibility to see any doctor you choose for most services. You can also self-refer to specialists.

When you enroll in the Tandem PPO plan, you must choose a primary care physician (PCP) for yourself and your covered dependents. Each member of your family can choose a different PCP and medical group/ Independent Practice Association (IPA). As a member, you will benefit from having a personal relationship with a PCP who will work with you to help ensure you are receiving the right care.

Plan features

Care away from home – Through the BlueCard® and Blue Shield Global Core programs, you have access to care across the United States and urgent and emergency care around the world. You can receive urgent or emergency care from any provider. However, using a BlueCard provider can be more cost-effective.

Emergency care – You're covered for emergency care around the world regardless of whether the provider is in your plan's PPO network.

Mental health and substance use disorder care – You have access to inpatient and outpatient care for issues such as depression, alcohol/substance use disorder and mental illness. You can access these services through Blue Shield's PPO network and non-network providers.

Preventive care – You have access to services defined as routine preventive care without having to pay a copayment or meet the plan's deductible. Visit blueshieldca.com/preventive to learn more.

Specialty care – You can access care through a specialist without a referral from your primary care physician.

Urgent care – For non-emergencies, you can receive care at an urgent care center. Your cost will usually be lower than the cost for a hospital emergency room visit.

Find your doctor

To find doctors within California, go to blueshieldca.com/networktandemppo and select the provider you are looking for. Enter your location, then click Continue.

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

To find doctors outside of California go to provider.bcbs.com and enter EMF. Search for the type of provider you need.

Programs and services

The following programs and services are offered with the plan(s) described in this document.

NurseHelp 24/7SM – Registered nurses are available to answer your health questions at any time, every day.

Prenatal Program – Expectant mothers get 24/7 phone access to nurses and other support during pregnancy.

Shield Support – Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer and others. Services include personalized health coaching, care plan development, provider coordination and more.

Wellness discount programs – Get help saving money and living healthier with a wide range of discount programs* including fitness club memberships; acupuncture, chiropractic services and therapeutic massage; and eye exams, frames, contact lenses and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

NurseHelp 24/7 is a service mark of Blue Shield of California.

* These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company 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 external program administrators, 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, presentations, 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.

Glossary

Not sure what it means?

Use this glossary as a handy reference for some common health benefit terms.

Below are definitions related to Blue Shield health plan terms. Some terms may not apply to your plan. See your *Evidence of Coverage or Benefit Booklet* for details.

Allowable amount – The total dollar amount Blue Shield has established for the benefits the member has received. Physicians who have contracted with Blue Shield must accept this amount as payment in full. If a member chooses to go outside of our networks, he or she may be responsible for a much larger payment.

Benefits (covered services) – The medically necessary services and supplies covered by the health plan.

Copayment/coinsurance – The predetermined amount (copayment) or a percentage of the cost (coinsurance) for which you are responsible for paying, based on your plan benefits.

Deductible – The dollar amount you must pay for covered services each calendar year before Blue Shield starts paying benefits under your plan. You are responsible for this amount. Specific services, such as preventive care, are covered before you reach the calendar-year deductible.

You may have two kinds of deductibles: medical and pharmacy. Your medical deductible applies to covered services such as physician office visits. Your pharmacy deductible applies to outpatient prescription drugs obtained from a participating provider.

Evidence of Coverage or Benefit Booklet – The official Blue Shield documents that describe member benefits, copayments or coinsurance, exclusions and limitations.

Network providers/participating providers/provider network – A provider (includes doctors, hospitals, urgent care centers, etc.) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A participating provider has agreed to accept Blue Shield's contracted rate for covered services.

Out-of-pocket maximum – Your maximum copayment or coinsurance responsibility each calendar year for covered services. Copayments or coinsurance for a small number of covered services do not apply to the annual out-of-pocket maximum. You will continue to be responsible for copayments or coinsurance for these services even after you reach the out-of-pocket maximum.

Prescription drug formulary – The list of preferred medications maintained by Blue Shield for its prescription drug benefits. This list includes both generic and brand-name drugs approved by the Food and Drug Administration (FDA).

Prescription drug tiers – Prescription 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.

Prior authorization – Some services require prior authorization before treatment, in addition to your doctor's referral. A referral and a prior authorization are two different things. For example, when your primary care physician cannot give you the treatment you need, he or she refers you to a specialist. However, if you require a hospital stay or certain surgical procedures, radiological treatments, etc., Blue Shield of California must authorize these medical services before you can receive them. Before receiving such services, call the Member Services or Shield Concierge number on the back of your Blue Shield member ID card to obtain a prior authorization.

Have questions?

Get answers to your questions about the health plan(s) described in this brochure or request printed copies of plan documents.

Call Member Services: **(855) 256-9404**, 7 a.m. to 7 p.m. PST, Monday through Friday.

Visit **blueshieldca.com/prism**

Take us with you anywhere

Log in to our mobile app and keep your health plan at your fingertips. Our mobile app is available on the App StoreSM and Google PlayTM.



Find us on social media

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Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, call Blue Shield Member Services. Or, you can also download the form by going to blueshieldca.com. Just log in, select *Family Members* under "Who's Covered" and then choose *Manage Family*. Scroll to the bottom of the page to download the Authorization for Release of PHI form.

If you don't have access to the Internet, or you have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at (888) 266-8080.

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