

Blue Shield Tandem PPO Plan

Frequently Asked Questions

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If you have any questions about your health plan benefits, call your dedicated Blue Shield Concierge team at **(855) 599-2657**. They are available to assist you from 7 a.m. to 7 p.m. Pacific time, Monday through Friday. You can also go to blueshieldca.com/irvineusd for information about the Tandem PPO plan.

This document provides an overview of the Tandem PPO plan benefits. Your *Benefit Booklet* 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 *Benefit Booklet* and other plan documents, the plan documents will prevail.

GENERAL

1. What is the Tandem PPO plan?

The Tandem PPO plan offers you choice, quality, and flexibility. The Tandem PPO Network extends throughout California. It offers you access to a quality network of providers that includes all specialties and levels of care. Like other PPO plans, Tandem PPO offers you the flexibility to choose any doctor or specialist – in or out of the network.

Within the Tandem PPO Network

The Tandem network is made up of doctors and hospitals we've specially selected from our Full PPO Network, including Hoag providers.

Based on Irvine USD's current use of providers in the Full PPO Network, we've found that:

- Tandem hospitals have a 100% match to the Full PPO Network.
- Tandem outpatient facilities have a 99% match to the Full PPO Network.
- Tandem physicians have an 87% match to the Full PPO Network.

The Tandem PPO network also gives you access to urgent care centers throughout California. In addition, within the network, preventive care services such as a flu shot are fully covered.

Using providers within the Tandem PPO Network is the most cost-effective option for care. You will pay the lowest out-of-pocket costs when you go to providers within the Tandem network.

To search for a provider in the Tandem PPO Network, including Hoag providers, go to blueshieldca.com/irvineusd.

Outside the Tandem PPO Network

When you see a provider outside of the Tandem network, 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.

2. Can I still access Hoag clinics as a Tandem PPO member?

Yes. To find a Hoag clinic, go to blueshieldca.com/irvineusd and then *Find Hoag providers in the Tandem PPO Network*. On January 1, 2021, you will be able to search for Hoag providers directly through our Find a doctor tool for the Tandem PPO Network.

3. How is the Tandem PPO plan different from the other Blue Shield PPO plan?

The Tandem PPO plan offers a select network of doctors, specialists, and hospitals, including Hoag providers. The Tandem network is made up of doctors and hospitals we've specially selected from our Full PPO Network. The Tandem PPO maintains the quality coverage and choice you received with the previous PPO plan.

The Tandem PPO also offers you access to Shield Concierge for personalized service. One call connects you to a team of dedicated customer service representatives, registered nurses, health coaches, and social workers ready to answer your health-related questions. (For more information about Shield Concierge, see **Question #4** below.)

In addition, like the other PPO plan, Tandem offers you:

- **Access to virtual care with Teladoc.** You can talk to a board-certified medical doctor or licensed mental health professional by phone or video for a \$5 copay. (To learn more about Teladoc, see **Question #5** below.)
- **Walk-in health care at CVS MinuteClinic® retail locations.** With CVS MinuteClinic, you can get walk-in health care at CVS retail locations for non-emergency conditions. CVS MinuteClinic staff can offer help with immunizations and

conditions such as allergies, infections, flu symptoms, and more. (See **Question #6** below for more information.)

- **Coverage worldwide while traveling.** 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. See **Question #8** under *Medical Benefits* below for more information.)
- **Wellness discounts and more.** See the information about health and wellness programs below for details.

4. What is Shield Concierge?

Shield Concierge makes personalized service as easy as a phone call. With Shield Concierge, you call one toll-free number – **(855) 599-2657** – for answers to all your benefit and health-related questions.

The Shield Concierge team includes registered nurses, health coaches, social workers, and dedicated customer service representatives. This team provides personalized support on all aspects of your care, including benefits, claims, providers, health coaching, care coordination, case management, and more.

The Shield Concierge team can:

- Help you find a provider in the Tandem PPO Network
- Work with you and your doctor to coordinate care across all providers
- Help you manage a chronic condition such as asthma, diabetes, or coronary artery disease
- Connect you with a registered nurse, who can answer your health-related questions, provide health counseling, and more
- Assist you with claims and much more

5. 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 \$5 copay. Whenever you need care, you have access to Teladoc's national network of doctors 24/7 by phone or video. These doctors can treat non-emergency medical issues such as cold and flu symptoms, stomachaches, and more. They can also prescribe medications when needed.

Teladoc's licensed mental health professionals are also available to help you manage stress, anxiety, addiction, depression, grief, domestic abuse, and more. Mental health appointments are available from 9 a.m. to 7 p.m. local time, seven days a week. This service is available to adults age 18 and older.

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 providers the information they need to make an accurate diagnosis.

If you are already registered with Teladoc, simply go to blueshieldca.com/teladoc and log in. Or, use the Blue Shield of California mobile app and select Teladoc.

6. What is CVS MinuteClinic® ?

CVS MinuteClinic offers affordable, non-emergency walk-in health care at CVS MinuteClinics and Target Clinics across California. The clinics are staffed by board-certified nurse practitioners. They offer preventive care, vaccinations, and treatment for conditions such as allergies, minor wounds, infections (ears, nose, throat, and bladder), bronchitis, coughs, and flu-like symptoms.

You can get convenient access to care seven days a week, including evenings and weekends, with no appointment needed. You pay the same cost as a primary care office visit after you meet your deductible.

HEALTH AND WELLNESS PROGRAMS

1. Does the Tandem PPO 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 more than 800 network fitness centers in California and more than 10,000 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.

2. Do you offer discounts for acupuncture and other alternative care services?

Yes. As part of the wellness discounts program described above, you can save on alternative care services such as acupuncture, chiropractic services, and therapeutic massage from specialty health care providers participating in the ChooseHealthy® program.

Just make an appointment with a participating provider. Then, show your Blue Shield member ID card at your appointment to get your discount. It's that easy!

For more information and to see a list of wellness discount vendors, go to blueshieldca.com/wellnessdiscounts and select *Alternative care*.

You can also call **(888) 999-9452**, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time, for assistance.

Alternative care discounts include:

Acupuncture services

Members receive 25% off on services including:

- Examinations
- Acupuncture or electro-acupuncture
- Adjunctive therapeutic procedures

Chiropractic services

Members receive 25% off on services including:

- Examinations
- Manipulative treatment
- Adjunctive therapeutic procedures
- X-rays
- Supports and appliances

Therapeutic massage services

Members receive 25% off on services including a variety of techniques, such as:

- Swedish massage
- Deep muscle massage
- Deep tissue massage

Please note: Acupuncture and chiropractic services are also available through your Tandem PPO plan.

MEDICAL BENEFITS

1. Can I continue to see my PPO plan providers if they are also in the Tandem PPO Network?

Yes. If your current doctors are in the Tandem PPO Network, you can continue to see those doctors. To find out if your current doctors are in the Tandem PPO Network, go to blueshieldca.com/irvineusd.

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

You can choose to see a doctor who is not in the Tandem 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.

3. 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?

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 go to blueshieldca.com/irvineusd to look up the locations of any doctors.

4. If I need to see a specialist, do I need a referral from a provider I've visited for primary care, or can I select one myself and make my own appointment?

With the Tandem 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 reference. You can make an appointment at any time with a specialist. Be sure to choose a doctor who is in the Tandem PPO Network to save on costs.

If you need help finding a specialist, contact Shield Concierge at **(855) 599-2657**.

5. What is the cost for preventive care?

If you see a doctor in the Tandem PPO Network, you have access to services defined as routine preventive care. You can access these services at no additional charge and without having to pay a copayment/coinsurance or meet the plan's deductible. You can download a list of recommended screenings and immunizations at blueshieldca.com/preventive.

6. What do I do if I'm a new enrollee in the Tandem PPO plan and I'm in the middle of receiving care for a medical condition from a provider that is not in the Tandem PPO Network?

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 three weeks after your effective date of coverage
- Have documented follow-up care for surgery that was completed within six 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 currently 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 at **(855) 599-2657**. Blue Shield will assign a case manager to assist you with your specific transition of care needs.

7. I am a new enrollee in the Tandem PPO plan. I have received authorization for a medical procedure, but it takes place after my Tandem PPO 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 Tandem PPO Network, you will need new authorization from a doctor who is in the Tandem PPO Network. If you have questions or need help, please call Shield Concierge **(855) 599-2657**.

8. 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.

AFTER YOU BECOME A MEMBER

1. When will I receive my member ID card?

New subscribers will receive a Blue Shield member ID card in the mail on or close to January 1, 2021. The member ID card lists the name of the subscriber on the front. Please review your new ID card carefully to make sure all the information is correct.

2. How do I get a replacement member ID card?

Get easy access to a 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 registration instructions in **Question #3** below.)

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.

3. How do I register for a Blue Shield 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.

Registering for a Blue Shield online account gives you easy access to your plan benefits. This includes a personalized dashboard with an easy-to-read overview of your health plan.

With an online account, you can also do the following, and more:

- **Download your ID card** – Just select *View ID Card*.
- **Manage access to your dependents' health information** – Request access to your covered dependents' health information so you can view it from your online account by selecting *myblueshield*, and then *Dashboard*. Next, under Popular Tasks, select *Manage Family Access*.

4. What is the Blue Shield mobile app, and what can I use it for?

The Blue Shield mobile app gives you quick and easy access to important health plan information anytime, anywhere. With the Blue Shield mobile app, you can:

- View your Blue Shield member ID card
- Find a doctor, hospital, or urgent care center
- Access Teladoc virtual care
- Access NurseHelp 24/7SM
- Get benefits information*
- View deductible and copayment year-to-date totals
- View claims
- Contact us

* See your health plan documents or check with your benefits administrator for your specific benefit coverage.

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.

¹ These discount program services are not covered benefits of your self-insured health plan, and none of the terms or conditions of the self-insured 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. Self-insured plan participants should access those covered services prior to using the discount program.

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 Benefit Booklet. 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 WayTM (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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