

Blue Shield Trio ACO HMO Plan

Frequently Asked Questions

If you have any questions about your health plan benefits, call your dedicated Shield Concierge team at (855) 747-5800. They are available to assist you from 7 a.m. to 7 p.m. Pacific time, Monday through Friday.

GENERAL

1. What Is the Trio ACO HMO plan?

The Trio ACO HMO plan is an innovation in health care: the accountable care organization (ACO). In an ACO, the focus is on you. Blue Shield works with a network of doctors and hospitals that share responsibility for coordinating care for you and your family. We work together to cover all the bases to keep you healthy. The Trio ACO HMO plan is affordable and predictable – low copays, no deductibles and almost no claim forms.

With the Trio ACO HMO plan, you have access to a quality network of doctors, specialists and hospitals near your home and workplace. You need to select a primary care physician, who is responsible for the overall coordination of your care.

If your primary care physician participates in our *Trio+* program, you may go directly to a specialist within your physician's medical group or Independent Practice Association (IPA) without a referral. You will pay a slightly higher copayment. Medical groups and IPAs that participate in the *Trio+ Specialist* program are identified in our online directories and on your Blue Shield member ID card.

2. What is Shield Concierge?

Just as a hotel concierge assists guests with everything from transportation to restaurant reservations, the Shield Concierge team is ready to assist in meeting many of your needs.

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

The Shield Concierge team can:

- Help you find a network provider
- 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 NurseHelp 24/7SM
- Explain pharmacy benefits coverage, including formulary use
- Assist you with claims, and much more

Shield Concierge makes personalized service as easy as a phone call. You call one toll-free number for help with all of your questions about your medical coverage and care.

3. Does the Trio ACO HMO plan offer any wellness programs?

With the Trio ACO HMO plan, you can participate in Wellvolution[®], Blue Shield's easy, social and fun approach to wellness. Wellvolution features easy-to-use online programs that can help you learn about your health and improve your well-being. You can also invite family and friends to join.

Visit www.mywellvolution.com for access to:

- Well-Being Assessment – Complete a short questionnaire and receive a confidential, personalized report of your overall well-being, including ways you can improve your health.
- Daily Challenge – With Daily Challenge[®], you will receive a daily email that includes suggestions for simple and fun wellness-related tasks that can help improve your well-being.
- QuitNet – Get the help you need to quit smoking with encouragement and support from the largest quit-smoking community in the world. QuitNet[®] now includes nicotine replacement therapy (NRT) at no additional cost.
- Walkadoo – Walkadoo features daily step goals created just for you and a supportive online community. Simply wear a wireless activity tracker that counts your steps throughout the day. Visit Walkadoo from your smartphone or computer to check your progress. Note: Trio ACO HMO plan subscribers are eligible for Walkadoo with the complimentary Fitbit Zip. Spouses and dependents are eligible for Walkadoo without this device.
- Diabetes Prevention Program – You may be eligible for the Diabetes Prevention Program. This program can help you lose weight, adopt healthier habits and reduce your risk of developing type-2 diabetes. It's available at no cost to members who qualify. Find out more at solera4me.com/shield.

4. When I sign up for Walkadoo, how do I order the complimentary Fitbit Zip?

Go to mywellvolution.com and click on *Walkadoo* from the *Programs* page to sign up for the program. During the registration process, you will be prompted to order your free Fitbit Zip. You can clip it to your belt or hip pocket to track your activity.

You can also connect with any of the approved Walkadoo devices or apps listed on the Walkadoo page on mywellvolution.com. Walkadoo is compatible with all models of

Fitbit, Jawbone and Misfit fitness trackers and the Moves app and the Walkadoo app tracker for iPhone® and Android™. If you have one of these devices or one of the mobile apps, you can use it to connect to Walkadoo.

MEDICAL BENEFITS

1. Do I need to select a primary care physician in the Trio ACO HMO network?

Yes. You must select a primary care physician in the Trio ACO HMO network. You can choose or have one assigned to you. Primary care physicians perform preventive care and treat medical conditions. They also coordinate other health care, including referrals to specialists and hospitals within their medical group/IPA. Each member of your family can choose a different physician and medical group/IPA.

To find a primary care physician, go to blueshieldca.com/networktriohmo. Select *Doctors*, enter your ZIP code, and click *Continue*. Then, under “**Select Specialty,**” choose “**HMO Personal Physicians,**” and click *Search*. (Note: An HMO Personal Physician is the same as a primary care physician.) Click on the medical group/IPA name to get the provider number and the medical group/IPA number. You’ll be asked for these numbers when you enroll in the plan.

2. **What should I do once I've selected a primary care physician?**

Once you've selected a primary care physician, you'll need to give Blue Shield the physician's name and provider number and his or her medical group/IPA number.

3. What **happens if I don't select a primary care physician** when I enroll in the Trio ACO HMO plan?

If you don't select a primary care physician during enrollment, Blue Shield will automatically match you and any enrolled dependents with one based on your ZIP code. To change your primary care physician, just call your Shield Concierge team.

4. How do I know if my current doctor is in the Trio ACO HMO network?

To search for a network provider, go to blueshieldca.com/networktriohmo.

5. What if my current doctor is not in the Trio ACO HMO network?

If your doctor is not in the Trio ACO HMO network, you can search for a new doctor at blueshieldca.com/networktriohmo.

6. If I need to see a specialist, do I need a referral from my primary care physician?

If your primary care physician participates in our *Trio+* program, you may go directly to a specialist within your physician's medical group or IPA without a referral. You will pay

a slightly higher copayment. Medical groups and IPAs that participate in the *Trio+* program are identified in our online directories and on your Blue Shield member ID card.

If your primary care physician does *not* participate in the *Trio+ Specialist* program, you will need a referral from your doctor to see a specialist.

7. What do I do if I am a new enrollee in the middle of receiving care for a medical condition?

If you are currently receiving care – for planned surgeries, pregnancy and newborn care, acute and serious chronic conditions, or a terminal illness – from a provider who is not in the Blue Shield HMO network, continuation of care may be available to you during your transition to the Trio ACO HMO plan.

Continuation of care allows you to continue to see your current non-network provider during the course of your treatment while still receiving the network level of benefits. If you have questions about continuation of care, please call your Shield Concierge team.

8. I am a new enrollee. I have received authorization for a medical procedure, but it takes place after my Blue Shield coverage goes into effect. Do I need to get a new authorization?

If you have been scheduled for treatment that required authorization from your former health plan carrier, Blue Shield will likely need to authorize this treatment.

9. Can I self-refer to an OB/GYN?

Trio ACO HMO plan members can self-refer to an OB/GYN within their medical group/IPA for any OB/GYN-related services. You do not need a referral, and you will not have to pay an additional copayment.

10. What is the cost for preventive care?

You have access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations at blueshieldca.com/preventive.

11. Do I have coverage while traveling outside of California or the United States?

Through the BlueCard® Program, HMO plan members can access emergency and urgent care services across the country and around the world. Getting urgent care with the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services at the time you receive them.

12. My children are going to college outside California. How do they access care while they are away from home?

The Away From Home Care® program gives students, long-term travelers, workers on long-distance assignments, and families living apart flexible coverage across most of the country for extended periods of time. The Away From Home Care program is not available in all areas and states. Benefits from the host plan may differ from benefits in the Trio ACO HMO plan. To find out whether your family is eligible, call Shield Concierge.

13. What is the Alternative Care Discount Program?

With this program, you can save on alternative healthcare services from practitioners participating with American Specialty Health Group, Inc. Just make an appointment with a participating practitioner. Then, show your Blue Shield member ID card at your appointment to get your discount. It's that easy!

To find a participating provider in the Alternative Care Discount Program, go to blueshieldca.com/networktriohmo.

You can also call American Specialty Health Group, Inc. at (888) 999-9452, Monday through Friday, 5 a.m. to 6 p.m. Pacific time, for assistance.

Services in the Alternative Care Discount Program include:

Acupuncture services

Members receive 25% off the usual and customary fees for services including:

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

Chiropractic services

Members receive 25% off the usual and customary fees for services including:

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

Massage therapy

Members receive 25% off the usual and customary fees for massage therapy visits. A variety of techniques may be used including:

- Swedish massage
- Deep-muscle massage
- Deep-tissue massage

Health and wellness products

Members may purchase a broad selection of health improvement and wellness products, fulfilled by an e-retail site. These include:

- Vitamins and minerals
- Food supplements
- Sports nutrition
- Herbs and botanicals

Relaxation resources

- Pilates, yoga and tai chi
- Fitness and activity
- Health books and videos
- Beauty and personal

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

Please check your health plan documents to verify if you have pharmacy benefits through Blue Shield or with a separate carrier.

2. What is a drug formulary?

A formulary is a list of preferred generic and brand-name medications approved by the Food and Drug Administration (FDA) that are covered under your Blue Shield prescription drug benefit. The formulary serves as a guide for physicians and members in selecting the most cost-effective drug therapy. The fact that a drug is listed in the formulary does not guarantee it will be prescribed by your physician. To determine whether the formulary applies to your plan, please check your health plan documents.

3. How do I know if my medication is in Blue Shield's drug formulary?

It's easy to access the Blue Shield Drug Formulary to see if your medication is on the list of preferred prescription drugs. Just go to blueshieldca.com/pharmacy.

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

If you take stabilized doses of covered long-term maintenance medications for conditions such as diabetes, you can order a mail-service prescription of up to a 90-day supply. You may save money on your copayment, and there is no charge for shipping.

After you enroll in a Blue Shield health plan, it's easy to get started. Go to blueshieldca.com/pharmacy. To receive medications through the mail service pharmacy, you must first register online, by phone or by mail to provide the information required, including 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 phone, fax, or 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.

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 most medically and 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 & 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 by requesting a drug prior authorization review. Your doctor simply needs to contact Blue Shield Pharmacy Services by phone or fax.

Note: Drug prior authorization allows your doctor to obtain advanced approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some select drugs require your doctor to provide information about your prescription to determine coverage.

6. What are drug tiers?

Drugs in a formulary are typically grouped into tiers based on defined categories. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers: Tier 1 usually includes generic medications. You can find information about what you pay by drug tier in your health plan documents.

The column titled "Tier" identifies the cost level you pay for a drug.

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by Blue Shield's P&T Committee based on drug safety, efficacy and cost

Tier	Description
3	Non-preferred brand drugs; drugs recommended by Blue Shield's P&T Committee based on safety, efficacy and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are required by the FDA or drug manufacturer to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; drugs manufactured using biotechnology; or drugs with a plan cost (net of rebates) greater than \$600

7. I am a new enrollee. 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, visit blueshieldca.com/pharmacy, or call your Shield Concierge team.

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 before their effective coverage date. The plastic member ID card lists the name of the subscriber on the front, and the name of the primary care physician on the back. All covered dependents will also receive their own ID card that lists the name of their primary care physician. Please review your new ID card carefully to make sure all of the information is correct.

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

Once you have registered and logged in to blueshieldca.com, you can 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.

To print a temporary card at any time, click *My Plan & Claims* and then *ID Card*. Then, click *View/Print a Temporary ID Card*.

If you order a replacement ID card by mail, you will receive it by U.S. mail within seven to 10 business days.

3. 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 and benefits information anytime, from almost anywhere. With the Blue Shield mobile app, you can:

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

* See your health plan documents or check with your company's plan administrator for your specific benefit coverage.

Download the app today from the App StoreSM or Google PlayTM and search for "Blue Shield of California Mobile." Member registration is easy! One username and password gives you 24/7 access to your health plan information from your mobile device, laptop or desktop. 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, including answers to frequently asked questions.

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