



Blue Shield HMO FAQ

Eligible San Mateo County employees have the choice between the following health plans:

- [Blue Shield HMO](#), [Blue Shield PPO](#) and [Blue Shield HDHP](#)
- [Kaiser HMO](#) and [Kaiser HDHP](#)

What is an HMO?

A Health Maintenance Organization (HMO) is a health plan that provides comprehensive coverage and generally pays 100% of the cost of care after a co-payment. With an HMO, you are required to use an in-network provider and have your care coordinated through a Primary Care Physician (PCP). Except for in the case of an emergency, coverage is not provided for non-network providers or for services not authorized or coordinated by your PCP.

How the Blue Shield HMO Plan Works

Step 1 - Choose a PCP

- A Primary Care Physician (PCP) is a doctor selected by you to provide basic health care services and assist in arranging for specialized services when needed.
- You can choose any PCP from Blue Shield's network - it's your choice.
- Choosing a doctor is a personal decision - that's why each member of your family can have his or her own PCP.
- You can change your PCP anytime- up to once a month Call Member Services at (800) 642-6155 or visit blueshieldca.com and login. You must choose a PCP and see network providers to receive benefits from this plan. When you choose a PCP, you will also choose an IPA/Medical Group. You will access all your care from providers in the same IPA/Medical Group.

Step 2 - Visit your PCP for care

Go to your PCP for your basic health care needs.....check-ups, acute illness or injuries. Your PCP will help you decide if you need care from another doctor. If specialty care is required, your PCP will refer you to a specialist in the same IPA/Medical Group. Most of your services will be approved through your assigned IPA/Medical Group. However, for some services you may need prior authorization from Blue Shield. Your providers will work with Blue Shield to ensure this authorization is in place. You can also self-refer to a certain specialist in your assigned IPA/medical group by using Blue Shield's Access+Specialist benefit for a higher copay.

Step 3 - Pay your copay

When you visit your PCP or a specialist, you pay a copay. For detailed health plan information, visit hr.smcgov.org/employee-benefits click on Medical Plans. Benefits Fact Sheet Blue Shield HMO

How do I find a Primary Care Physician (PCP)?

The best way to find a list of Blue Shield participating HMO providers is online:

- Go to <http://www.blueshieldca.com/networkhmo>
- Select the type of provider you need.
- Enter your city and state OR zip code, then click Continue.

If you are currently a registered user, just log in and your current plan's network will be shown to you automatically.



Blue Shield HMO FAQ

If you do not have access to the internet, you can call **Blue Shield at (855) 256-9404** to find out the participating providers in your area. If you do not select a PCP when you enroll in the Blue Shield HMO, you will automatically be assigned a PCP by Blue Shield.

IMPORTANT: Once enrolled, you will receive an ID in the mail. Check the ID for accuracy, making sure that your selections are correct. If not, call Blue Shield to have the PCP changed to the provider of your choice, so long as that provider is available and accepting new patients.

When does my coverage begin?

For eligible employees, coverage begins the 1st of the month following your date of hire. Remember that your medical enrollment form must be completed and returned to your payroll clerk within the first three days of employment.

Are my dependents eligible?

Eligible dependents include your spouse, domestic partner, and unmarried child to age 19; or up to age 26 if you provide at least 50% of financial support.

How can I cover my newborn from birth?

In general, an eligible newborn child is covered for 31 days from his or her date of birth. To continue coverage beyond this initial period, a child must be enrolled within 31 days of birth and any applicable premium must be paid. Special provisions may apply to a legally adopted child or a child for whom you are legal guardian. You should contact the benefits department for instructions on how to add your newborn.

Am I covered when I am outside my “home” service area?

When outside your “home” service area, you are covered should you experience a medical emergency, but you should still coordinate care through your PCP. This way, you can be sure to receive in-network benefits. If you are admitted to a hospital because of an injury or life-threatening medical emergency, you (or someone acting for you) should immediately notify your PCP. In other cases, you should contact your PCP within 48 hours after receiving emergency care.

Emergency Room or Urgent Care Facility?

Many participating medical groups have an Urgent Care facility that stays open for extended hours. Become familiar with your medical group’s Urgent Care facility and the hours of operation. When you need to seek care outside of normal business hours due to illness or injury that is not an emergency, seeking care at the Urgent Care facility may save you valuable time and money.

Pharmacy Benefit

Your pharmacy benefit offers a three tier prescription benefit. This means you will pay \$10 for a generic prescription, \$20 for brand name formulary. A formulary is a list of covered drugs. You can view Blue Shield’s formulary at www.blueshieldca.com, and also see if your prescription drug is generic or brand. If you are on maintenance medication, you can obtain your prescription through the mail and receive a 90 day supply for only 2 copays.



Blue Shield HMO FAQ

How do I contact Blue Shield if I have questions?

You may phone **Blue Shield Member Services at (855) 256-9404** and access the automated Voice Response Unit system, which is Available 24 hours a day, 7 days a week. During normal business hours, 7:00 am to 7:00 pm, you can ask to talk with a customer service professional. Once you give your Blue Shield member ID number you will be directed to a customer service professional specially trained to help with your question. You can also use Blue Shield's internet web tools. Blue Shield Internet Web Tools You can log on to the internet at www.blueshieldca.com and complete a variety of different tasks: Check your claim status Select or change your primary care physician View and print current eligibility information and benefits information Request ID cards Manage mail order prescriptions

Value Added Benefits

To help people meet health and wellness goals, Blue Shield offers an array of wellness products, programs and discounts. These are value added programs and not insurance. Go to the Health and Wellness page on www.blueshieldca.com and you will find information on wellness and discount programs available to you as a Blue Shield member. Some of the highlights are: Up to \$175 cash with Healthy Lifestyle Rewards NurseHelp 24/7 LifeReferrals 24/7 Discounts on massage therapy, gym memberships and more Decision support tools Monthly health update newsletter

When does my coverage end?

Your coverage will end the last day of the month following your termination date. Ask the benefits department about what options you may have to continue coverage.