

Preferred Provider Organization (PPO) High-Deductible Health Plan FAQs

*These questions and answers are designed to give you a summary of some of the plan's highlights. For a complete description of your benefits please refer to the appropriate **Plan Summary**, located in the **Resource Library**. If there are any differences between this information and the plan documents, the plan documents will govern.*

What is the Blue Shield High-Deductible Health Plan (HDHP)?

Blue Shield's High Deductible Health Plan (HDHP) is a Preferred Provider Organization (PPO) with a high deductible. You can obtain some preventive care at no charge, but all other medical services, including prescription drugs, require you to pay your deductible first before Blue Shield pays any benefits.

A PPO contracts with health care providers (doctors, hospitals, and medical groups) to provide medical services at discounted prices. The plan is designed to lower your out-of-pocket costs when you see a network provider for your care. You can see other doctors who are not contracted with Blue Shield, but your out-of-pocket costs will be higher.

The Blue Shield HDHP lets you see any licensed provider for your care, and you have coverage world wide for both routine care and emergencies.

The high deductible of this plan allows you to establish an individual Health Savings Account (HSA). For more information on what an HSA is and how it works, go to the *Medical & Life* section of the Stanford Benefits Web site and read the FAQ on Health Savings Accounts. Also see the recorded workshop called "*Blue Shield High Deductible PPO and Your Health Savings Account (HSA): Making Them Work Together.*"

Do I have to file a claim each time I see the doctor?

No, you don't have to file claims if you see Blue Shield contracted providers. The only time you may need to file a claim is if you choose to go to out-of-network providers.

Are there any pre-existing conditions exclusions?

No, there aren't any pre-existing conditions in any of Stanford University's health plans.

How do I find out if the provider I'm seeing is in the Blue Shield network?

The easiest way to find out if your provider is contracted with Blue Shield is to ask them. You can also contact Blue Shield Member Services using the number on your Blue Shield ID card, or call (800) 873-3605.

You can also view the Blue Shield provider directory at their Web site at <http://www.blueshieldca.com/>

Can I change to another health plan if my doctor leaves Blue Shield's network in the middle of the year?

Because the Blue Shield network provides access to any licensed provider – in or out of the Blue Shield network – you may not change to another health plan mid-year if your doctor leaves the Blue Shield network.

Stanford cannot guarantee that any doctor, medical group or hospital will continue to participate in any health plan's network.

Do I need to choose a Primary Care Physician (PCP)?

No, in a PPO you do not need to choose a primary care physician. You can self-refer to any licensed provider including a specialist although your costs will be lower if you choose a contracted provider.

How does the Blue Shield HDHP plan work?

When you get care from a Blue Shield provider, have the provider file a claim to Blue Shield for you. Blue Shield will send you a statement called an Evidence of Benefits (EOB) that will show what your out-of-pocket costs will be.

Filing a claim first before paying your provider ensures that you obtain the negotiated discounts of the Blue Shield network. So you should follow this process even when you are still paying toward your deductible.

When seeing a provider who is not in the Blue Shield network you may need to file the claims with Blue Shield. We suggest you file your claim before paying the provider so Blue Shield can inform you what your actual out-of-pocket costs will be.

When picking up a prescription at a Blue Shield network pharmacy, they will file the claim for you directly to Blue Shield. Use your Blue Shield Explanation of Benefits (EOB) to reimburse yourself from your HSA. If you pick up a prescription at a non-network pharmacy, you will need to pay for the prescription and then file a claim with Blue Shield. You can find Blue Shield prescription drug claim forms in the **Resource Library**.

How does my Health Savings Account work with the Blue Shield HDHP plan?

We have a recorded workshop on this topic. Look in the *Medical & Life* section of the Stanford Benefits Web site for the workshop called "*Blue Shield High Deductible PPO and Your Health Savings Account (HSA): Making Them Work Together.*"

What is a deductible?

The deductible is the amount you must pay out-of-pocket before Blue Shield starts paying any benefits. For example, if the deductible is \$2,700 that means you must pay \$2,700 before Blue Shield pays anything.

What is coinsurance?

After you have paid your deductible you will share the cost of your medical expenses with Blue Shield. This is called coinsurance. For example, after you pay your deductible you will pay 20% of your expense and Blue Shield will pay 80% when you are seen by Blue Shield providers.

If you see providers who are not part of the Blue Shield network, your coinsurance is higher. Coinsurance is based on Blue Shield's allowable amount (see the following question for more on what this term means).

Look in the *Medical & Life* section of the Stanford Benefits Web site and click on the link to compare medical plans for more information on your out-of-pocket costs.

What is the Blue Shield Allowable Amount?

The allowable amount is what Blue Shield uses to determine how much of a benefit to pay when you see a provider who is not in the Blue Shield network. The allowable amount is based on a variety of factors and generally reduces the amount paid by Blue Shield (which, in turn, increases what you have to pay out of your pocket).

Why are my bills so much higher when I see a non-network provider?

Since the provider has not agreed to any discounts with Blue Shield you will have to pay for any charges that Blue Shield does not cover. Even after you have paid your 40% out-of-network coinsurance, you will need to pay any remaining part of the provider's bill.

We recommend you wait until you receive Blue Shield's Explanation of Benefits (EOB) which will show what your share of the cost is before you pay the bill.

When you see a Blue Shield provider your out-of-pocket costs are lower and more predictable.

Are there any benefits that don't require a deductible or coinsurance?

Yes. Stanford's Blue Shield HDHP plan covers certain preventive care at no charge. Look in the *Medical & Life* section of the Stanford Benefits Web site and click on the link to compare medical plans for more information on your out-of-pocket costs. You can also review the *Blue Shield High Deductible PPO Plan Summary*, located in the **Resource Library**.

How can I find out in advance if my medical services will be covered?

Look in the *Medical & Life* section of the Stanford Benefits Web site and click on the link to compare medical plans for more information on what the HDHP plan covers. You may also look at the *Blue Shield High Deductible PPO Plan Summary*, located in the **Resource Library**. Your doctor can also contact Blue Shield whenever there is a question about the treatment they want to provide and whether or not Blue Shield will cover it.

Blue Shield's actual coverage is generally determined when your doctor submits the claim for your services.

What is Coordination of Benefits?

Coordination of benefits helps to prevent duplication of payments for the same services if you or your dependents are covered under more than one health plan. For additional information please

see your PPO plan's Plan Summary, located in the **Resource Library**, or contact your plan's customer service line using the number on your medical ID card.

What if I need medical care outside of California or of the U.S.?

Benefits will be provided for covered services received anywhere in the world. Blue Shield has network providers outside of the United States. You are encouraged to see Blue Shield providers to help you reduce your costs, but you may still see any provider you need to get your care.

You can access services received outside of the United States through the BlueCard Worldwide® Network. If you need care while out of the country, call the toll-free BlueCard Program Access number at (800) 810-2583, or call collect at (804) 673-1177, 24 hours a day, seven days a week.

Before traveling abroad, call Blue Shield Customer Service at (800) 873-3605 to find out what you need to make your plan work for you when you travel. You can also visit Blue Shield's web site at <http://www.blueshieldca.com>

In an emergency, go directly to the nearest hospital. As soon as possible you should call Blue Shield at (800) 343-1691.

How are prescription drugs covered?

Your prescription drugs are covered by Blue Shield. The cost of your medication depends on whether or not you are purchasing a generic or brand drug. Your cost will also be depend on whether or not you are purchasing drugs that are not included in Blue Shield's formulary.

What is a formulary?

A formulary is a list of approved prescription drugs covered by Blue Shield. Blue Shield's formulary has three tiers: generic, brand and non-formulary. These three tiers provide access to as many drugs as possible, but brand and non-formulary tiers are more expensive, so they increase your out-of-pocket costs.

You can find the formulary on Blue Shield's web site at www.blueshieldca.com or you can call Blue Shield Member Services at (800) 873-3605.

How are infertility drugs covered?

Look in the *Medical & Life* section of the Stanford Benefits Web site and click on the link to compare medical plans for more information on your out-of-pocket costs and what's covered. You may also review the ***Blue Shield High Deductible PPO Plan Summary***, located in the **Resource Library**. You can also contact Blue Shield Member Services at (800) 873-3605.