

Preferred Provider Organization (PPO) 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 Preferred Provider Organization (PPO)?

Blue Shield's Preferred Provider Organization (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 PPO lets you see almost any licensed provider for your care, and you have coverage world wide for both routine care and emergencies.

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

No, you don't have to file claims if you see 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 you 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 see any licensed provider, including a specialist, although your costs will be lower if you choose a contracted provider.

What is a deductible?

The deductible is the amount you must pay first before Blue Shield starts paying any benefits. For example, if the deductible is \$500 per person that means you must pay \$500 before Blue Shield pays a benefit.

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 plan’s 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. When you have a routine office visit with a Blue Shield provider the office visit is covered in full after you pay a low copayment only. There is no deductible or coinsurance. But if your doctor orders services such as lab or X-ray, you will need to pay your deductible and coinsurance.

Stanford’s Blue Shield PPO plan also 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 PPO Plan Summary**, located in the **Resource Library**.

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

The comparison chart, which you can find in the *Medical & Life* section, as well as the **Blue Shield PPO Plan Summary** (located in the **Resource Library**), describe what services are covered or not covered. 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 are 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 may also be affected if 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.

What are the prescription drug copayments?

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-pocket costs.

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-pocket costs. You may also review the **Blue Shield PPO Plan Summary** (located in the **Resource Library**) to learn how infertility drugs and treatments are covered. You may also call Blue Shield Member Services at (800) 873-3605.