# Accessing care outside California

Thank you for choosing Blue Shield. In this booklet you'll learn more about how flexible your healthcare coverage is, whether you have a PPO, HSA-HDHP, or HMO health plan. All these plan types offer a wide range of medical and preventive care services, and let you decide which physician or hospital to use every time you need medical care, wherever you are.

When you're outside California, we connect you to providers nationwide and internationally through BlueCross BlueShield Association's BlueCard' Program. You can use this booklet to quickly find out how to access health care in the United States and abroad. You'll also find a description of the additional programs and services available to you, so you can take full advantage of your health plan benefits.

We recommend that you find out-of-state providers before you leave California and keep a list with you so you're prepared if you need care. If you live outside California, you can find providers 24 hours a day by going to blueshieldca.com/fap. And always carry your Blue Shield member ID card, because it contains information that a provider outside California will need.

With the BlueCard Program, you have access to care across the country and around the world.

## Broad coverage and choice

Our plans give you more control over your health, wellness, and out-of-pocket expenses, as well as easy access to a broad range of tools and programs. Each plan offers you direct access to physicians and specialists in the Blue Shield preferred network when you're in California and in the BlueCard preferred network when you're outside the state.

You'll pay less when you see a preferred provider, although you can visit any provider you choose.

When you select a preferred provider:

- You pay in full for most services until you've met your calendar-year deductible;
- After you've met your deductible, you pay a fixed copayment or a copayment percentage for seeing preferred providers.

When you choose a non-preferred provider:

- You pay in full for services until you've met your calendar-year deductible;
- After you've met your deductible, you pay a fixed percentage of the allowable amount, plus any charges above the allowable amount, up to the full billed charges.

For more details about your specific plan benefits, see your Evidence of Coverage (EOC) or Certificate of Insurance (COI), or check with your company's plan administrator.

## Your Blue Shield ID card

We recommend that you carry your Blue Shield ID card with you at all times. When you receive care, your healthcare provider will ask to see it. If you lose your ID card or need another one, call Customer Service at (800) 200-3242, or for Active Choice\* call (888) 852-5345. Or log in to the *My Health Plan* section of blueshieldca.com to print or order another one.

## Get instant access to your plan details and more

You can get instant, secure access to your benefit information on blueshieldca.com. Registration is fast and easy. Log in, then click on My Health Plan to:

- See highlights and details of your health plan coverage
- Understand your copayment and deductible amounts
- Check the status of your claims
- Access health and wellness programs
- Sign up for the Health Update monthly email newsletter

\* Active Choice is underwritten by Blue Shield of California Life & Health Insurance Company. Pending regulatory approval.

- Find a physician or hospital in California, nationally, or worldwide
- Get answers to pharmacy questions
- Print temporary ID card
- Order replacement ID cards
- Download Summary of Benefits and Coverage forms

# Accessing care outside California

The BlueCard Program connects you and your family to care outside California and around the world. The BlueCard network includes more than 90% of doctors and over 90% of hospitals in the United States and territories. With providers in more than 200 countries, the BlueCard Worldwide<sup>\*</sup> Network is ready to serve you.

For more information on which services are covered, see the "Prior authorization and benefit management" section, or your EOC or COI.

## In the United States

## Step 1. Find a BlueCard provider.

- Call the Customer Service Center at the toll-free number listed on the front of your Blue Shield ID card, or call (800) 810-BLUE (2583); or
- Go to blueshieldca.com/fap. Then click on Find Providers Outside California and follow the directions.
- To find vision providers outside California, visit blueshieldcavision.com.

# Step 2. See the BlueCard preferred provider nearest you for covered services.

- If you need emergency care, go to the nearest hospital. If you are admitted, call Blue Shield at the number on your ID card within 24 hours, or as soon as reasonably possible.
- If you need to go to a hospital for non-emergency care, the hospital will contact us to confirm your coverage and bill us for your covered inpatient hospital services. You pay the hospital copayment/ deductible outlined in your EOC or COI for covered inpatient hospital services.
- You or your physician can contact our Medical Management department for prior authorization requests.
- Covered inpatient physician services, such as physician visits, surgery, and anesthesia administration, are usually billed separately from inpatient hospital services.
- If you go to a preferred doctor's office, you pay only your copayment at the time of service (for covered services). The doctor will bill us directly, and you don't have to file a claim.

## Step 3. Notify your physician.

When you return home, notify your physician about the care you received, so he or she can provide necessary follow-up care.

## Step 4. If necessary, submit claims.

When you receive services outside California, preferred providers will submit your claim to the local Blue plan for you. You only need to file a claim with us when the provider is non-preferred and will not send the claim to the local plan on your behalf.

You can get claim forms online at <u>blueshieldca.com</u> or by calling **(800) 200-3242**. We will notify you of our coverage decision within 30 days of receiving your claim. If you have any questions about claims, call Customer Service at the number on your Blue Shield ID card.

## Outside the United States

## Step 1. Find a BlueCard provider.

- Call the Customer Service Center toll-free number listed on the front of your Blue Shield ID card, or call the BlueCard Worldwide Service Center collect at (804) 673-1177; or
- Log in to blueshieldca.com and choose Find a Provider. Click on Find Providers Outside California, then click the link to providers outside the United States and follow the search instructions.

# Step 2. See the BlueCard preferred provider nearest you for covered services.

- If you need emergency medical care while outside of the United States, go to the nearest hospital. To locate a hospital, call the BlueCard Worldwide Service Center toll-free at (800) 810-BLUE (2583) or collect at (804) 673-1177.
- If you need non-emergency inpatient medical care, call the BlueCard Worldwide Service Center toll-free at **(800) 810-BLUE (2583)** or collect at **(804) 673-1177**. The service center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a doctor. You must call the service center in order to obtain non-cash access for inpatient care. The service center is staffed with multilingual representatives and is available 24 hours a day, seven days a week.
- If precertification or prior authorization is required, you must call Blue Shield at the phone number on the back of your ID card.
- If you go to a doctor's office, you must pay for all the services you receive at the time you receive them, and then submit an itemized copy of the provider's bill with an international claim form to us for reimbursement.

## Step 3. Notify your physician.

When you return home, notify your physician about the care you received, so he or she can provide necessary follow-up care.

## Step 4. Submit claims.

For inpatient care at a BlueCard preferred hospital that was arranged through the BlueCard Worldwide Service Center, you only pay the provider the usual out-ofpocket expenses (for noncovered services, deductible, copayment, and coinsurance). The provider files the claim for you.

For all outpatient and professional medical care, you pay the provider and submit an international claim for reimbursement. You may also have to pay the hospital and submit a claim for inpatient care obtained from a non-BlueCard preferred hospital or when inpatient care was not arranged through the BlueCard Worldwide Service Center. Please be sure to get an itemized bill from the provider to submit with your claim.

Please submit all claims within one year of the month you received the services to:

Blue Shield's International Claims Department P.O. Box 272550 Chico, CA 95927-2550

Claim forms are available online at <u>blueshieldca.com</u> or from Customer Service at the phone number on your ID card.

We will notify you of our coverage decision within 30 days of receiving your complete claim. International claims in another language must be translated to English, with dollar amounts reflecting the current exchange rate. If you have any questions about claims, call Customer Service at the number on your ID card.

# Choosing doctors and other healthcare providers

No matter where you access services outside of California, the extensive BlueCard network gives you the freedom to choose from a wide variety of primary care providers and specialists. When you go to a BlueCard provider, you can save money and receive the highest level of benefits available to you.

You also have the freedom to select a doctor who is not in the BlueCard network. However, you may be responsible for higher copayments and any charges in excess of Blue Shield's allowable amount.

# Seeing a provider outside the BlueCard network

Your plan gives you the freedom to see any licensed healthcare provider you choose. Here's how to access a provider who is not in the BlueCard network:

- 1. Make an appointment with the provider you choose.
- 2. Pay the non-network provider directly for the entire cost of your care and obtain an itemized bill.

3. Ask the provider to submit the claim to the local Blue plan on your behalf. If the provider will not submit the claim, send the itemized bill and a claim form to us within one year of the month you receive the services. We will notify you of our coverage decision within 30 days of receiving your claim.

We will keep track of all your approved claims and apply the appropriate amount toward your calendar-year deductible and calendar-year copayment maximum. If you've already met your deductible or copayment maximum for the year, we will reimburse you for the benefit amount owed.

**Reminder:** Blue Shield does not have contracts with non-network providers. So in addition to your copayment, you are responsible for paying any amounts the non-network provider charges above the local Blue plan's allowable amount. These charges can be substantial.

For detailed information about the copayments, maximums, and deductibles specific to your PPO plan, see your EOC or COI at the end of this booklet. You'll also find personalized plan information in *My Health Plan* at blueshieldca.com.

# Prior authorization and benefit management

Our Benefit Management Program helps you and your healthcare providers ensure that the medical services you receive are:

- Covered under your health plan
- Provided at the most appropriate and cost-effective level, consistent with accepted standards of medical practice
- Appropriate and medically necessary

You must follow some steps before you receive certain services or treatment. The steps vary slightly depending on the service you need, as outlined below.

## Services that require prior authorization

Among the medical services that require prior authorization are:

- Select outpatient services
- Inpatient admission to a hospital
- Admission to an acute rehabilitation facility
- Admission to a long-term acute care facility
- Admission to a skilled nursing facility
- Admission to a hospice program
- Home healthcare services by a non-network provider
- Mental health and substance abuse services (contact Blue Shield's mental health service administrator [MHSA])
- Select radiology services
- Transplants

A detailed description of medical services that require prior authorization is included in your EOC or COI at the end of this booklet.

You or your physician can contact our Medical Management department for help with any prior authorization service requests.

Without prior authorization for required services, you may incur an additional fee beyond your deductibles and copayments for inpatient admissions. Also, some services may not be covered, or there may be a reduction in payment.

## Prior authorization contacts

For most health services – Blue Shield Medical Management	(800) 343-1691
Mental health and substance abuse services (PPO, PSP, and Active Choice) – Blue Shield's MHSA	(877) 263-9952
Radiology	(888) 642-2583

# Using your prescription drug coverage

Drug benefits and applicable prescription copayments and deductibles vary among different types of health plans. To find details about your drug coverage:

- Check your EOC or COI at the end of this booklet; or
- Go to blueshieldca.com and log in to My Health Plan (registration required); or
- Call the Customer Service number shown on your Blue Shield ID card.

Then make the most of your prescription drug benefit and help to manage your costs by following these simple steps:

## Step 1. Check our formulary

The Blue Shield Drug Formulary, our list of preferred drugs, is one of the ways we're managing treatment quality and keeping medication costs down for you.

You can view our formulary two ways:

**Search online.** Log in to blueshieldca.com and click on *Pharmacy*. Then select *Drug Database & Formulary* to:

- Search for drugs and find out if they are included in our formulary
- Find generic alternatives for brand-name drugs (when available)
- Review coverage restrictions or prior authorization requirements
- See specifics about your copayments for prescription drugs (formulary, non-formulary where applicable, brand-name, generic, and specialty)

**Get a copy.** You can download our formulary from blueshieldca.com. Just go to *Pharmacy*, select the *Drug Database & Formulary* link, and click on *Drug Formulary*. You can also call the Customer Service number on your ID card to get a printed copy of our formulary.

## Step 2. Get authorization if needed

Prior authorization is when a prescriber must demonstrate medical necessity before a drug is covered. Prior authorization helps to promote patient safety and keep the cost of health care affordable.

- While your Blue Shield plan may cover the drugs listed in our formulary, some formulary and non-formulary drugs may require prior authorization for medical necessity.
- Many Blue Shield plans cover only the drugs listed in our formulary. If you do not have a benefit for non-formulary drugs at a higher copayment, a non-formulary drug may be authorized for medical necessity.
- If a pharmacy tries to process a prescription that requires prior authorization, we will notify them immediately and they can assist in having your physician contact Blue Shield Pharmacy Services to begin the prior authorization process.
- You may also contact Blue Shield Customer Service at (800) 443-5005 or TTY (800) 241-1823 to request prior authorization.

## Step 3. Consider a generic alternative

Choosing generic drugs when they are available, instead of brand-name drugs, is one of the easiest ways to reduce your prescription costs. Most Blue Shield health plans provide a lower copayment for generic drugs when compared with brand-name drugs.

The Food and Drug Administration (FDA) requires that generic drugs have the same active ingredient(s) as well as the same quality, strength, purity, and potency as their brand-name counterparts. This means that generic drugs are just as safe and effective – and can cost you less money.

In some cases, a generic version of a brand-name drug may not be available. Once a brand-name drug has been approved by the FDA, it is protected under patent for many years. During this time generic versions of the drug cannot be made.

Fortunately, generic drugs are available for most common medical conditions, including acid reflux, allergies, depression, diabetes, high blood pressure, high cholesterol, and insomnia, and can help you save money on prescription drug costs. Talk to your doctor or local pharmacist to learn more about available generic drugs.

You can also access Blue Shield's online drug database and formulary search tool to find out if a brand-name drug is available as a generic. If a generic equivalent is not available, you can search for generic drug alternatives in the same drug class by going to the Pharmacy section of blueshieldca.com or by calling Customer Service at **(800) 443-5005** or TTY (800) 241-1823.

## Step 4. Fill your prescription

## At a preferred pharmacy

Our pharmacy network includes more than 5,400 pharmacies in California and 57,000 pharmacies nationally, including all major retail chains. To find a local preferred retail, mail, or specialty pharmacy, go to the Pharmacy section of blueshieldca.com. Then select Find a Pharmacy to look up a retail pharmacy by name or location, or to find a specialty pharmacy for specialty pharmacy information, or Mail-Service Pharmacy to learn how to start mail service. Or, call the Customer Service number on your ID card.

Simply present your Blue Shield ID card at a retail preferred pharmacy to receive up to a 30-day supply of covered medications with your applicable copay.

## At a non-preferred pharmacy

If you have to fill a prescription outside our pharmacy network, follow these steps:

- 1. Pay the pharmacy for the entire cost of the prescription.
- Submit a completed direct reimbursement claim form to us within one year of filling the prescription. Call Customer Service at the telephone number on your ID card for the address and to request a pharmacy claim form.
- If you have benefits for non-preferred prescription coverage, you will pay a higher copayment than if you filled your prescription at one of our preferred pharmacies.

To locate a preferred pharmacy, go to the *Pharmacy* section of <u>blueshieldca.com</u> or call the toll-free Customer Service number on your Blue Shield ID card.

## Through convenient mail service

Blue Shield provides access to the mail-service drug benefit through PrimeMail, which offers you the convenience of receiving up to a 90-day supply of covered maintenance drugs\* delivered to your home or office, with no charge for shipping.

To receive covered medications from PrimeMail, you must first register online, by phone, or by mail to provide the basic information required, such as your name, shipping address, payment method, and drug allergies. Instructions for each registration method are listed below.

• Online – Register online by logging in to the blueshieldca.com website as a member, selecting Pharmacy, and clicking on the MyPrimeMail.com link under the Mail-Service Pharmacy page. If you are a first-time user, you will be brought to the My Account page, where you will be prompted to fill in your information, including address, allergies, and payment options.

If you logged in but did not complete your registration the first time, or if you need to make any changes to your profile, log in to blueshieldca.com as a member, select Pharmacy, and click on the MyPrimeMail.com link under the Mail-Service Pharmacy page. Then select My Account in the upper right corner of the page, and update your registration.

- By phone Call PrimeMail at (866) 346-7200 or TTY (866) 346-7197. A PrimeMail representative can either mail the new Prescription Order Form to you or complete it for you over the phone.
- **By mail** Print and complete the PrimeMail Order Form by logging in to blueshieldca.com, selecting *Pharmacy*, then clicking on the *MyPrimeMail.com* link under the *Mail-Service Pharmacy* page. Once you are logged in to *MyPrimeMail.com*, select Order New. You can choose to complete the form online and then print it, or print out a blank form and complete it by hand. Once you complete the form, simply mail it to:

PrimeMail Pharmacy P.O. Box 27836 Albuquerque, NM 87125-7836

Once you are registered, PrimeMail will need your prescription; this can be sent electronically, by phone, fax, or mail:

- Electronically Ask your doctor to send an electronic prescription for a 90-day supply to PrimeMail. This is called "e-prescribing" and is the simplest way to send a prescription.
- **By phone or fax** Request your doctor to submit your prescription for a 90-day supply by phone or fax to PrimeMail.

PrimeMail MD phone line: (888) 215-3015 PrimeMail MD fax line: (888) 214-1811

• **By mail** – If you already have a written prescription from your doctor for a 90-day supply, you can mail it with your applicable mail-service copayment and a copy of your Blue Shield member ID card to the address below. If you plan to mail your registration form, you can simply include your written prescription and copayment with your registration form.

PrimeMail Pharmacy P.O. Box 27836 Albuquerque, NM 87125-7836

Alternatively, you can ask PrimeMail to contact your doctor directly to obtain a prescription order or to transition an existing prescription from your current retail pharmacy by either:

• Calling PrimeMail at (866) 346-7200 ; or

\* Maintenance drugs are those prescribed to treat chronic health conditions such as asthma, diabetes, high blood pressure, or high cholesterol, and are taken on an ongoing, regular basis to maintain health.

 Logging in to your account at blueshieldca.com, selecting Pharmacy, and then clicking on the MyPrimeMail.com link under the Mail-Service Pharmacy page. Once you are logged in to MyPrimeMail.com, select Transition Prescription from Retail to PrimeMail. After selecting your name from the Patient Name field, you will see a Search screen where you can type in the name of the prescription drug that you want transitioned to PrimeMail, along with the dosage form and strength. PrimeMail will contact your doctor to transition your prescription and obtain approval for a 90-day supply.

For new prescriptions, please allow 10 to 14 days to receive your covered maintenance medications through PrimeMail. Once your prescription is on file at PrimeMail, please allow five to eight days to receive refills of your covered medications.

You can check the status of your order and order prescription refills by logging in to your account at blueshieldca.com, selecting *Pharmacy*, and then clicking on *MyPrimeMail.com* under the *Mail-Service Pharmacy* section, or by calling PrimeMail directly at (866) 346-7200 or TTY (866) 346-7197.

## Specialty pharmacy network

Specialty drugs are defined as specific drugs used to treat complex or chronic conditions that usually require close monitoring. Specialty drugs may be self-administered by injection, by inhalation, orally, or topically. These drugs may also require special handling or manufacturing processes, or have limited prescribing or pharmacy availability.

Specialty drugs are available through our specialty pharmacy network. For more information, go to blueshieldca.com, click on *Pharmacy*, and then choose the *Find a Specialty Pharmacy* link.

To find out more about your drug benefits, including copayments and deductibles, check your EOC or COI at the end of this booklet, log in to the *My* Health Plan section of blueshieldca.com, or call Customer Service.

## Medication and formulary contacts

Blue Shield online pharmacy information	blueshieldca.com
Blue Shield Customer Service	(800) 443-5005 TTY (800) 241-1823
Blue Shield–contracted mail service pharmacy	(866) 346-7200 TTY (866) 346-7197

# Preventive care and other physician office visits

## Preventive care

Preventive care can keep you on the road to good health. Routine physical exams, screenings, and immunizations are important steps in preventing illness and detecting illness before symptoms arise.

Your preventive care is covered when you go to a BlueCard preferred provider. You pay no extra charge and there's no deductible to meet first. Preventive and well-baby care are not covered if you go to a non-preferred provider.

Make an appointment with a BlueCard preferred provider when you need:

- Routine checkups
- Immunizations
- Annual routine physical exam
- Annual gynecological exam and mammography screening for women
- Preventive lab tests ordered during routine health exams

You can learn more about recommended preventive care from our Preventive Health Guidelines located at the end of this section.

## Specialist care

You don't need a referral to see a specialist. Although you can visit any specialist, you'll pay lower out-of-pocket costs by choosing one within the large BlueCard network.

When you choose a preferred provider:

- You pay in full for most services until you've met your calendar-year deductible
- After you've met your deductible, you pay a fixed copayment or a copayment percentage

When you choose a non-preferred provider:

- You pay in full for services until you've met your calendar-year deductible
- After you've met your deductible, you pay your copayment – a percentage of Blue Shield's allowable amount – plus any charges above the allowable amount

## Inpatient hospital care

## Choosing a hospital

If you need to be hospitalized, you receive higher benefit coverage – and pay less – when you choose a BlueCard preferred hospital.

If you go to a hospital that is **not** in the BlueCard network, your copayment is:

- A percentage of the local Blue plan's allowable amount for services received
- Plus, you pay for all charges above the allowable amount

Note: Inpatient *physician* services, such as physician visits, surgery, and anesthesia administration, are usually billed separately from inpatient *hospital* services.

## Specialty care hospitals

If you need a hospital for specialized care such as bariatric surgery and cardiac care, choose a BlueCard Blue Distinction Center provider. Blue Distinction<sup>\*</sup> is a national quality designation given by Blue Cross and Blue Shield companies to hospitals and medical facilities in the BlueCard network that have demonstrated expertise in delivering quality health care.

## Calling for prior authorization and pre-admission review

Blue Shield is responsible for authorizing and reviewing inpatient care. By doing so, we ensure you receive coverage for medically necessary services and that your care is well-coordinated among the healthcare providers who are treating you.

You or your physician must call Blue Shield Medical Management at **(800) 343-1691**:

- Within 24 hours of an emergency hospital admission, or the next business day, or as soon as reasonably possible
- At least five business days before a proposed non-emergency admission

**Tip: Call first!** Contact Customer Service at the number listed on your Blue Shield ID card to verify that the inpatient treatment or procedure you expect to receive is covered by your health plan, and to obtain prior authorization if necessary.

## Outpatient surgery

When you need outpatient surgery, we have ambulatory surgery centers (ASCs) within the BlueCard network to serve you. Or you can go to a hospital outpatient surgery unit. If you go to a preferred ASC, you'll pay less for outpatient surgery than at a non-preferred ASC, and you may pay less than you would at a preferred hospital. For more information, refer to your EOC or COI at the end of this booklet.

## Urgent care

Urgent care centers (UCCs) offer attention for nonemergency situations when personal physicians are not available, without incurring the higher expense of emergency room (ER) services.

It may make sense to visit a UCC for conditions such as:

- Colds, fevers, coughs, and sore throats
- Flu symptoms and body aches
- Ear, nose, and throat symptoms and infections

- Sprains and strains
- Migraines and headaches
- Minor cuts and wounds
- Urinary tract infections
- Back problems
- Other minor infections and conditions

PPO members can visit any UCC but save the most money when they visit UCCs contracted with Blue Shield. They can find the closest Blue Shield–contracted UCCs online by visiting blueshieldca.com/fap.

## **Emergency** care

Emergency services are services provided for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Serious jeopardy to the patient's health
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If you have an accident or medical condition that requires emergency care, call 911 or go directly to the nearest medical facility.

## Notify Blue Shield

For emergency room visits that result in direct admission to the hospital, you or a family member must notify Blue Shield Medical Management within 24 hours of receiving inpatient emergency care, or by the end of the first business day following treatment, or as soon as it is reasonably possible to do so. Doing so ensures you receive coverage for medically necessary services and enables us to work closely with the hospital or physician so that you receive the care you need.

## Mental health emergencies

All emergency services for mental health or substance abuse are managed and reviewed by our mental health service administrator (MHSA). Contact Blue Shield's MHSA within 24 hours of emergency treatment or as soon as reasonably possible. See the "Mental health or substance abuse care" section of this booklet for more details.

## Emergency care contacts

,	
Emergency medical help	911
Blue Shield Medical Management	(800) 343-1691
Mental health and substance abuse services (PPO, PSP, and Active Choice) – Blue Shield's MHSA	(877) 263-9952

# Mental health or substance abuse care

Not all plans include substance abuse benefits, so check your EOC or COI at the end of this booklet, or check with your company's plan administrator for your specific coverage.

Blue Shield's mental health service administrator (MHSA) provides mental health and substance abuse services to our members. These services are provided by Blue Shield's MHSA network of psychiatrists, psychologists, and other mental health professionals.

Exception: Any medically necessary inpatient detoxification services for substance abuse will be covered under your medical benefits and provided by Blue Shield preferred providers or non-preferred providers. You or your physician can contact our Medical Management department for help with any prior authorization requests for these services.

As with all your plan services, you'll pay less and receive higher benefit coverage when you see a participating provider. By "participating provider" we are referring to the psychiatrists, psychologists, and other mental health professionals who are part of Blue Shield's MHSA network.

## Mental health services contacts

Emergencies	911
Blue Shield's MHSA	(877) 263-9952
Blue Shield Medical Management (services outside California)	(800) 343-1691
Blue Shield website	blueshieldca.com

## **MHSA** preferred providers

Outpatient care – for the lowest copayment and highest benefit coverage

- Step 1 Choose a provider in one of three ways.
  Call the Blue Shield MHSA at (877) 263-9952; or
- Go to blueshieldca.com and click on Find a Provider, and then select the mental health provider link; or
- If you don't have access to the Internet, you can obtain a printed copy of the Behavioral Health Provider Directory by calling Blue Shield Customer Service or the Blue Shield MHSA.

**Step 2 – Obtain prior authorization.** To receive network benefit coverage, be sure to call the Blue Shield MHSA for prior authorization before you receive services. If you call for a provider referral, you will receive prior authorization for services at the same time.

**Step 3 – Make an appointment** with the preferred clinician you have selected and for which you have prior authorization.

## Non-preferred providers

Outpatient care – with any licensed provider for a higher copayment

Step 1 – Choose a provider. You may receive covered outpatient MHSA services from a provider who is not in the Blue Shield MHSA network.

**Step 2 – Make an appointment.** You can call the provider's office directly to schedule an appointment for outpatient services.

## Inpatient care

**Call Blue Shield's MHSA before receiving hospital services.** Prior authorization is required for non-emergency admission, whether you receive services from a hospital in Blue Shield's MHSA network or one that is not. Without prior authorization, you will be responsible for the entire cost of that care.

For non-emergency care, Blue Shield's MHSA will respond to your request for prior authorization within five business days. For urgent care – when the duration of the routine decision process might result in jeopardizing the life or health of the member – Blue Shield's MHSA or a Blue Shield representative will respond within 72 hours of receiving the request for prior authorization from you, your physician, or your representative.

# Wellness resources

There's more to your Blue Shield health plan than broad healthcare coverage. You also have access to our Health & Wellness resources,<sup>1</sup> a collection of tools and programs that give you a lot of choices for improving your health. Just go to blueshieldca.com and choose *Health & Wellness*.

Decision-making resources	Access tools to help you compare providers and explore options for management of your condition.	
Health Update newsletter	This monthly email newsletter is filled with timely health and benefits information, such as preventive health reminders, heart health, disease prevention, and nutrition Go to the <i>Health &amp; Wellness</i> section and click on <i>Tools</i> to subscribe.	
Vision care discount programs	Save on vision care products and services.	
Condition management programs	We offer case management programs for certain moderate and high-risk, comple and chronic-complex diagnoses, as well as programs for asthma, diabetes, her failure, coronary artery disease, chronic obstructive pulmonary disease, and bo marrow/stem-cell and major-organ transplant.	
Pharmacy		
Ask the Pharmacist	Submit your confidential questions to pharmacists at the University of California, San Francisco, and receive a confidential answer online within two business days.	
Drug Database & Formulary	Find information about drugs, coverage or formulary status, costs, and generic alternatives.	
Drug Interactions	Learn about interactions among prescription drugs, over-the-counter medication dietary supplements, and herbal products.	

You choose when and how to use these valuable wellness resources. Each one is available to you at no extra charge.

# Health and Wellness

## Decision-making resources

Use these online tools to find relevant information about treatment options and medications at blueshieldca.com:

- **Symptom Checker** can help members pinpoint particular symptoms and then find information that helps to explain the cause.
- Health Library and Knowledgebase provide members with access to a comprehensive range of tools and information including health topics and conditions, decision points, treatment options, interactive tools, drug interactions, videos, community networking, and more.
- Treatment Cost Estimator enables you to compare PPO treatment category costs by facility and location. It also enables you to make informed, value-based healthcare decisions, and enhances your ability to be cost conscious when choosing a place for common medical tests, procedures, and other services.

## Health Update newsletter

Subscribe to the monthly *Health Update* email newsletter by clicking *Tools* in the *Health & Wellness* section of blueshieldca.com. It's filled with timely health and benefits information, such as preventive health reminders and information about heart health, disease prevention, nutrition, and much more – to help you make intelligent, informed healthcare choices. Each edition features a hot topic of the month with links to our website, where you'll find comprehensive information relevant to that topic.

# Discount Vision Program Discount Provider Network<sup>2</sup>

All Blue Shield members can save 20% on the following services and materials at participating providers whether or not you have vision care benefits through Blue Shield. Access participating providers on the *Find a Provider* page at **blueshieldca.com/fap**.

- Routine eye exams
- Frames and lenses (including photochromic)
- Tints and coatings
- Extra pair of glasses
- Non-prescription sunglasses
- Hard contact lenses

## **MESVision Optics**

MESVisionOptics.com features competitive prices on many contact lens brands<sup>3</sup> as well as a selection of sunglasses, reading glasses, and eye care accessories.

- Anyone can order discounted contact lenses, sunglasses, readers, and accessories. Blue Shield vision plan members can apply their eligible benefits to reduce their out-of-pocket cost for contact lenses.
- MESVision Optics stocks all major brands and types of contact lenses at a reduced price from other online retail sellers.
- Every lens is shipped in safe, sealed containers and is guaranteed to be the exact lens prescribed by your doctor.
- Free shipping is available for all orders over \$50.00.
- Visit www.MESVisionOptics.com.

## QualSight LASIK

Save on LASIK surgery at more than 45 surgery centers in California.

- Members in California saved an average of \$1,200 per LASIK surgery and over \$800 on procedures such as Custom Bladeless (all-laser) LASIK in 2012.
- Services include pre-screening, a pre-operative exam, and post-operative visits.
- Call (877) 437-6110 to find out if you are a potential candidate for this life-changing procedure today or visit our website at www.qualsight.com/-lasikca.

## **NVISION Laser Eye Centers**

As a Blue Shield of California member, you are entitled to a 15% discount from NVISION Laser Eye Centers.

- NVISION Laser Eye Centers has some of the most experienced surgeons in the world, with offices in Southern California and Sacramento.
- Use your flexible spending account or ask about affordable financing options.
- Call NVISION at (877) 91 NVISION, or (877) 916-8474, or go online to www.NVISIONcenters.com to find a provider or learn more about whether LASIK is right for you.

## My2020EyesDirect.com

My2020EyesDirect.com offers discounts when shopping online for prescription eyeglasses, sunglasses, and readers.<sup>3</sup>

- As a Blue Shield of California member, you enjoy a 20% discount on eyewear, which is deducted in real time as you go through the site and at checkout.
- Plan benefits are applied instantly when you are logged in as a Blue Shield vision member.
- Choose from popular brands including Juicy Couture, Kate Spade, Lucky Brand, and many more.
- Lenses include the latest high-quality, digitally surfaced materials and discounts on coatings for both single vision and progressive lenses.
- Visit www.My2020EyesDirect.com.

## To find a participating provider

Discount Vision Program &	Go to blueshieldca.com/
LASIK discount program	wellnessdiscounts, click
	on the Find a Provider
	section, and specify
	Discount Vision Program.
	Or call (877) 601-9083.

Important note about the discount programs:

 These discount program services are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply.

Discount program services are available to all members with a Blue Shield medical, dental, vision, or life insurance plan. Life insurance plans are underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

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. Members should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the Evidence of Coverage or Certificate of Insurance/Policy. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

- Alternative Care Discount Program American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.
- Discount Provider Network and MESVisionOptics.com MESVision
- Weight control Weight Watchers North America
- Fitness facilities 24 Hour Fitness, ClubSport, and Renaissance ClubSport
- LASIK Laser Eye Care of California, LLC; QualSight, Inc.; and NVISION Laser Eye Centers
- My2020EyesDirect.com Advanced Digital Eyewear Inc. Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.
- 2 The Discount Provider Network is available throughout California. Coverage in other states may be limited.
- 3 Requires a prescription from your doctor or licensed optical professional.

## Condition management programs

As a Blue Shield member, you can play an active role in managing your health with prevention and selfmanagement programs – at no additional cost to you.

These programs offer up-to-date health and wellness information and strategies for self-management. Members receive a variety of printed education and self-management materials as well as access to support from a registered nurse to help you manage your condition. Some members may be contacted by a care manager, a registered nurse who works with the member consistently over the course of the program, focusing on education and self-management tools and techniques.

Below is a list of just some of the condition management programs we offer. Please note that some group plans do not offer all of these programs. Be sure to check your EOC or COI to see if your plan includes a particular program.

## **Prenatal Program**

- Guides expectant parents from the first trimester to postnatal care with health information support, plus personalized coaching from a nurse for those who need extra support
- Provides materials on prenatal care, preparation for the baby's delivery, post-delivery care, post-partum health and caring for an infant, plus 24/7 access to nurse support through a 24/7 nurseline
- Includes information about enrollment in a mobile messaging service, text4baby,<sup>SM</sup>\* which provides pregnant women and new moms with timely, helpful health information

## Asthma Program

- Gives children and adults strategies for managing asthma with their doctors' help
- Offers a condition management handbook, educational materials, and self-management tools
- \* Text4baby is a service mark of the National Healthy Mothers, Healthy Babies Coalition (text4baby.org). The National Healthy Mothers, Healthy Babies Coalition has agreements with most wireless service providers to waive applicable text charges.

• Provides preventive health guidelines to improve health and encourages members to follow their treatment plan

## **Diabetes Program**

- Develops skills needed for managing diabetes through educational materials and schedules for hemoglobin A1c and cholesterol screening
- Offers a condition management handbook, educational materials, and self-management tools
- Encourages members to follow their medication and treatment plan

## Coronary Artery Disease (CAD) Program

- Helps members with heart disease make lifestyle changes to reduce the risk of future heart problems
- Offers a condition management handbook, educational materials, and self-management tools
- Encourages members to follow their medication and treatment plan
- Provides practical tips to lower blood pressure and cholesterol, manage stress, control weight, and quit smoking

## Chronic Obstructive Pulmonary Disease (COPD) Program

- Helps members make lifestyle changes to reduce the occurrence or lessen the severity of COPD episodes and upper-airway infections
- Offers a condition management handbook, educational materials, and self-management tools
- Encourages proper use of maintenance and/or exacerbation medications, and encourages members to follow their medication and treatment plan

## **Heart Failure Program**

- Offers a condition management handbook and educational materials to assist members in managing heart-failure symptoms
- Encourages members to follow their medication and treatment plan

## **Transplant Program**

- Reaches out and proactively supports members who are identified as potential major organ and bonemarrow/stem-cell transplant candidates
- Provides a transplant care manager who assists the member and the family with authorization requests, transplant evaluation, pre-transplant treatment, inpatient transplant, and the post-transplant period

## **Transitions of Care Program**

- Provides member outreach by a registered nurse to discuss preparation for a hospital experience, what to expect, what to ask their physician, and how to prepare for the return home
- Sends a complimentary guided imagery toolkit to members with recordings that weave together inspirational music, healing images and positive statements that can add to a member's sense of safety and comfort prior to and following surgery
- Offers a "recovery guide" that provides useful information regarding what to ask their physician such as pre- and post-operative testing and preparation, expected post-operative recovery milestones, and information regarding return to work

• Follows up with a call after discharge from the hospital to assess the member for unmet recovery needs and provide information regarding a safe recovery

# Condition management program contacts

General information and contact information to sign up for a program	Go to blueshieldca.com and click on Condition Management in the Health & Wellness section.
Transitions of Care Program	Call <b>877-455-6777</b> or go to blueshieldca.com and click on Condition Management in the Health & Wellness section.

Please note: Some self-funded and other employer group plans do not include these health management programs. Please check with your benefits administrator to confirm which programs are available to you.

# Pharmacy

## Ask the Pharmacist

Have a question about a prescription or need more information about a medication? You can use our Ask the Pharmacist online tool to submit your drug-related questions, securely and confidentially, to a pharmacist at the University of California, San Francisco, School of Pharmacy. You'll get an answer within two business days.

Just log in to blueshieldca.com, go to the Pharmacy section, and click on Ask the Pharmacist.

## Drug Database & Formulary

Log in to blueshieldca.com, then go to the Pharmacy section, and click on Drug Database & Formulary to find information about drugs, coverage or formulary status, costs, and generic alternatives. You will find copayment amounts and generic alternatives, and compare brandname and generic alternative drug copayments, so you can manage your costs.

## Drug Interactions

Use our Drug Interaction Checker to learn about potential interactions among the drugs you take, including prescription and over-the-counter medications, dietary supplements, and herbal products. Just log in to blueshieldca.com, go to the *Pharmacy* section, and click on *Drug Interactions*.

## Find a Pharmacy

It's easy to find a pharmacy near you. Use this online tool to search our large networks of pharmacies by name or location for fast results. Choose from over 5,400 retail chain and independent pharmacies in California, many of which are open 24 hours a day. Log in to blueshieldca.com, go to the Pharmacy section, and click on Find a Pharmacy.

## Prescription mail service

Our prescription mail service is easy, convenient, and saves you time. Through our contracted mail-service vendor, PrimeMail, you can order up to a 60- to 90-day supply of covered maintenance medications online and have them delivered directly to your home or office. Log in to blueshieldca.com, go to the Pharmacy section, and click on Mail-Service Pharmacy.

# the power of prevention

Put our preventive health guidelines into practice. Your family's health could depend on it.

You've heard the old saying about an ounce of prevention. Your doctors know that preventive screenings and tests often are the best first steps in preventing illness. They also allow for rapid response at early onset of health problems, when treatments can be most effective.

To take advantage of the power of prevention, you and your entire family need to stay current with the recommended screenings and tests appropriate to your age, gender, medical history, current health, and family history.

We have compiled the following guidelines to help you keep track of what's needed and when. It's just one more way we're working to make your health easier to maintain.

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## For children ages 0-2

# Topics you may want to discuss with your doctor

## Safety

- Use a checklist to "babyproof" your home.
- Check your home for the presence of lead paint.

## Nutrition

• Breast-feeding and ironenriched formula and food for infants.

#### Dental health

- Do not put your baby or toddler to bed with a bottle containing juice, milk, or other sugary liquid. Do not prop a bottle in a baby's or toddler's mouth. Clean your baby's gums and teeth daily.
- Use a clean, moist washcloth to wipe gums. Use a soft toothbrush with water only, beginning with eruption of first tooth.
- Age 6 months to preschool: Discuss with your dentist taking oral fluoride supplement if water is deficient in fluoride.
- Age 2 years: Begin brushing child's teeth with peasize amount of fluoride toothpaste.

#### Autism

• Assessment at 18 and 24 months by your child's doctor.

Immunizations				
Shot number in a series	1	2	3	4
<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	2	4	6	15–18 months
Flu, annual	For children	6 months and	older <sup>2,18</sup>	
Hepatitis A	12–23 months (second dose at least 6 months after first)			
Hepatitis B	0 (birth)	1–2	6–18 months	
<b>Hib</b> (Haemophilus influenzae type b)	2	4	6	12–15 months
IPV (inactivated poliovirus vaccine)	2	4	6–18 months	
MMR (measles, mumps, rubella)	First dose at 12–15 months, second dose at ages 4–6 years			
<b>Pneumococcal</b> (pneumonia)	2	4	6	12–15 months
RotaRix (rotavirus), or	2	4 months		
RotaTeq (rotavirus)	2	4	6 months	
Varicella (chickenpox)	12–15 month	is, second dose	at ages 4–6 years	

#### Screenings/counseling/service

screenings/coursening/ser	VICES
Blood tests	24–48 hours after birth <sup>1</sup>
Flouride use	Discuss use or prescribe supplementation for 6 months and older $^{\rm 25}$
Gonococcal ophthalmia	Topical eye medication administered during initial newborn care
Hearing loss	One- or two-step screening process for newborns
Height and weight	Periodically
Iron deficiency anemia	Children 6–12 months at average or increased risk
Lead	Risk assessment and testing at 12 and 24 months if risk identified
Tuberculosis	Risk assessment and testing if risk identified

## Injury prevention for:

## Infants and young children

## A special message about SIDS.

Sudden infant death syndrome (SIDS) is the leading cause of death for infants. Put infants to sleep on their backs to decrease the risk of SIDS.

Take these steps to "**baby proof**" your home and give your child a safe environment:

- Use the right car seat for your vehicle and for your child's weight. Read the car seat and vehicle manufacturer's instructions about installation and use. Use a rear-facing car seat until your child is at least 1 year old and weighs at least 20 pounds.
- Keep medicines, cleaning solutions, and other dangerous substances in childproof containers, locked up, and out of reach of children.
- Use safety gates across stairways (top and bottom) and guards on windows above the first floor.
- Keep hot-water heater temperatures below 120° F.
- Keep unused electrical outlets covered with plastic guards.
- Provide constant supervision for babies using a baby walker.
   Block the access to stairways and to objects that can fall (such as lamps) or cause burns (such as stoves or electric heaters).

- Keep objects and foods that can cause choking away from your child. This includes things like coins, balloons, small toy parts, hot dogs (unmashed), peanuts, and hard candies.
- Use fences that go all the way around pools, and keep gates to pools locked.

## For children ages 3-10

## Topics you may want to discuss with your doctor

#### Safety

- Use a checklist to "child-proof" your home.
- Check your home for the presence of lead paint

#### Exercise

- Ages 0–5: Participate in physical activity as a family, such as taking walks or playing at the playground. Limit television to less than two hours a day.
- Age 6 and up: Regular physical activity can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.

#### Nutrition

• Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.

#### Dental health

- Ask your dentist when and how to floss child's teeth.
- Age 5: Talk to your dentist about dental sealants.

#### Other topics for discussion

• Well-child visits are a good time to talk to your doctor about any concerns you have with your child's health, growth, or behavior.

Immunizations	
<b>DTaP</b> (diphtheria, tetanus, acellular pertussis)	Ages 4–6 years
Flu, annual	Recommended <sup>2,18</sup>
Hepatitis A	For children not previously vaccinated and risk factors are present
Hepatitis B	For children who did not complete the immunization series between 0–18 months
IPV (inactivated poliovirus vaccine)	Ages 4–6 years
MMR (measles, mumps, rubella)	Second dose at ages 4–6 years
<b>Pneumococcal</b> (pneumonia)	For children with risk factors <sup>6</sup> or an incomplete schedule (ages 2–5 years)
Varicella (chickenpox)	Second dose at ages 4–6

Screenings/counseling/services		
Diabetes	Periodically if risk factors are present	
Height, weight, BMI, and hearing	At well visit	
Flouride use	Discuss use or prescribe supplementation for age 5 and younger <sup>25</sup>	
Lead	Risk assessment for age 6 and under	
Obesity	Screening, counseling, and behavioral interventions for children age 6 and older	
Skin cancer	Behavioral counseling for minimizing exposure to ultraviolet radiation for children age 10 and older at high risk	
Tuberculosis	Risk assessment and testing if risk identified	

Be aware of your child's recommended weight: Use our online tools to calculate your child's body mass index (BMI) by logging in to **blueshieldca.com** and searching for BMI.

## Injury prevention for:

## Older children

- Children should use a booster seat in the car's back seat until they are at least 8 years old or weigh at least 80 pounds.
- Older children should use car seat belts and sit in the back seat at all times.
- Make sure your child wears a helmet while rollerblading or riding a bicycle. Make sure your child uses protective equipment for rollerblading and skateboarding (helmet, wrist, and knee pads).
- Warn your child of the dangers of using alcohol and drugs. Many driving and sports-related injuries are caused by the use of alcohol and drugs.

## For all ages

- Use smoke detectors in your home. Change the batteries every year, and check once a month to see that they work.
- If you have a gun in your home, make sure that the gun and ammunition are locked up separately and kept out of children's reach.
- Never drive after drinking alcohol.
- Use car seat belts at all times.
- Teach your child traffic safety. Children under 9 years old need supervision when crossing streets.

- Teach your children how and when to call 911.
- Learn basic life-saving skills (CPR).
- Post the number for the Poison Control Center – (800) 222-1222 – near your phone. Also, write it in the space on your home "Important Information" list. The number is the same in every U.S. location. Do not try to treat poisoning until you have called the Poison Control Center.

## For children ages 11-19

# Topics you may want to discuss with your doctor

#### Exercise

• Regular physical activity (at least 30 minutes per day starting at age 11) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.

## Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake for adolescents and young adults is estimated to be 1,200–1,500 ma/day.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention<sup>1,6</sup> practice safe sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

#### Substance abuse

 Use of alcohol, tobacco (cigarettes or chewing), inhalants, and other drugs among adolescents is a major concern for parents. Let the doctor know if you have any concerns about your child.

#### Dental health

• Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

#### Other topics for discussion

 It is a good idea to let your teenager have private time with the doctor to ask any questions he or she may not feel comfortable asking you.

Immunizations	
Flu, annual	Recommended <sup>2</sup>
Hepatitis A	For individuals not previously vaccinated and risk factors are present
Hepatitis B	For individuals not previously vaccinated
<b>HPV</b> (human papillomavirus)	A three-shot series at pre-adolescent visit (ages 11–12); may also be given to females ages 9–26 and males ages 9–26
Meningococcal	At pre-adolescent visit (ages 11–12); administer to college- bound students living in a dorm if not previously immunized <sup>8</sup>
MMR (measles, mumps, rubella)	At pre-adolescent visit (ages 11–12) if missing second dose
<b>Pneumococcal</b> (pneumonia)	For children with risk factors <sup>6</sup>
<b>Tdap booster</b> (tetanus, diphtheria, pertussis)	For children ages 11–12 who have completed the recommended DTaP immunization series <sup>17</sup>
Varicella (chickenpox)	At pre-adolescent visit (ages 11–12) if missing second dose

#### Screenings/counseling/services Alcohol misuse Behavioral counseling Blood pressure, height, weight, At well visit BMI, vision, and hearing Cervical cancer Recommended for women who have been sexually active Chlamydia Recommended for all sexually active women under age 25 and for women at increased risk for infection<sup>11</sup> Contraception FDA-approved contraceptive methods for females, education, and counseling Depression For all adolescents Gonorrhea Recommended for all sexually active women who are at increased risk for infection<sup>11</sup> Healthy diet Behavioral counseling<sup>28</sup> ΗIV For all adolescents at increased risk for HIV infection<sup>24</sup> Obesity Screening, counseling, and behavioral interventions Sexually transmitted Behavioral counseling as needed<sup>27</sup> infections Skin cancer Behavioral counseling for minimizing exposure to ultraviolet radiation for adolescents at high risk **Syphilis** For individuals at increased risk for infection<sup>12</sup> **Tuberculosis** Risk assessment and testing if risk identified

## "Promoting your pre-teen's and adolescent's social and emotional development"

Parents need to offer open, positive communication while providing clear and fair rules and consistent guidance. Let your child find his or her own path while staying within the boundaries you have set.

- Be a good role model for how to handle disagreements, such as by talking calmly.
- Praise him or her for successfully avoiding a confrontation, such as by saying, "I'm proud of you for staying calm."
- Supervise the websites and computer games that your child uses.
- Set limits on use of computers, telephones, texting, and TV after a set evening hour to help your child get regular sleep.
- Talk to your child about healthy relationships. Dating abuse does occur among preteens and teens.
- Be a role model for healthy eating and regular physical exercise.

## For women ages 20-49

# Topics you may want to discuss with your doctor

#### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.
- Over 40: Consult physician before starting new vigorous physical activity.

#### Nutrition

- Know your body mass index (BMI), blood pressure, and cholesterol level. Modify your diet accordingly.
- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake for women between ages 25 and 50 is estimated to be 1,000 mg/day.
- Vitamin D is important for bone and muscle development, function, and preservation.

#### Sexual health

- Sexually transmitted infection (STI)/HIV prevention<sup>16</sup> practice safer sex (use condoms) or abstinence.
- Avoid unintended pregnancy; use contraception.

#### Substance abuse

• Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

#### Dental health

• Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

Immunizations	
Flu, annual	Recommended <sup>2</sup>
Hepatitis A	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
Hepatitis B	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
HPV (human	For all women 26 years and younger if not previously
papillomavirus)	immunized
Meningococcal	College-bound students living in a dorm if not previously immunized <sup>8</sup>
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal</b> (pneumonia)	For individuals with risk factors <sup>7</sup>
<b>Id booster</b> (tetanus, diphtheria)	Recommended once every 10 years <sup>15</sup>
Varicella (chickenpox)	Recommended for adults without evidence of immunity; should receive 2 shots <sup>10</sup>

#### Screenings/counseling/services Alcohol misuse Behavioral counseling Blood pressure, depression, At well visit, annually height, weight, and BMI Breast cancer Recommend mammogram every 1-2 years beginning at age 40; BRCA/BART testing is covered if medically necessary<sup>21</sup> **Breast cancer** Recommended for women at high risk for breast cancer and low risk for adverse effects from chemoprevention chemoprevention Cervical cancer Recommend for women who have been sexually active and have a cervix Recommended for all sexually active women under age 25 Chlamydia and for women at increased risk for infection<sup>11</sup> FDA-approved female contraceptive methods, education, Contraception and counseling Depression For all adults Recommend type 2 diabetes screening for individuals with Diabetes sustained blood pressure greater than 135/80 mm Hg<sup>23</sup> Domestic violence Screening and counseling for interpersonal and domestic violence and abuse Folic acid Recommend for all individuals planning or capable of pregnancy Gonorrhea Recommend for all sexually active women who are at increased risk for infection<sup>11</sup> **Healthy diet** Behavioral counseling<sup>28</sup> HIV For all adults at increased risk<sup>24</sup> HPV Recommended for all sexually active women age 30 and older in conjunction with cervical cancer screening (Pap smear) Lipid disorder Recommended for individuals at increased risk<sup>9</sup> Obesity Screening, counseling, and behavioral interventions Sexually transmitted Behavioral counseling as needed<sup>27</sup> infections Skin cancer Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk Routine screening for pregnant women and individuals at Syphilis increased risk for infection<sup>12</sup>

Tobacco use and cessationScreening for tobacco use and cessation intervention

If you are pregnant, please refer to the "For Pregnant Women" page for pregnancy-related recommendations.

## For men ages 20 - 49

## Topics you may want to discuss with your doctor

#### Exercise

- Regular physical activity (at least 30 minutes per day) can reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes.
- Men over 40: Consult physician before starting new vigorous physical activity.

#### Nutrition

- Know your body mass index (BMI), blood pressure, and cholesterol level. Modify your diet accordingly.
- Vitamin D is important for bone and muscle development, function, and preservation.

#### Sexual health

• Sexually transmitted infection (STI)/HIV prevention,<sup>16</sup> practice safer sex (use condoms) or abstinence.

#### Substance abuse

- Stop smoking. Limit alcohol consumption.
- Avoid alcohol or drug use while driving.

#### Dental health

 Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

Immunizations	
Flu, annual	Recommended <sup>2</sup>
Hepatitis A	For individuals with risk factors; for individuals seeking protection <sup>3</sup>
Hepatitis B	For individuals with risk factors; for individuals seeking protection <sup>4</sup>
HPV (human papillomavirus)	For all men 26 years and younger if not previously immunized
Meningococcal	College-bound students living in a dorm if not previously immunized <sup>8</sup>
MMR (measles, mumps, rubella)	Once, without proof of immunity or if no previous second dose <sup>5</sup>
<b>Pneumococcal</b> (pneumonia)	For individuals with risk factors <sup>7</sup>
<b>Td booster</b> (tetanus, diphtheria)	Recommended once every 10 years <sup>15</sup>
Varicella (chickenpox)	Recommended for adults without evidence of immunity; should receive 2 shots <sup>10</sup>

Screenings/counseling/services		
Alcohol misuse	Behavioral counseling	
Aspirin	Visit to discuss potential benefit of use <sup>19</sup>	
Blood pressure, depression, height, weight, and BMI	At well visit, annually	
Depression	For all adults	
Diabetes	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg <sup>23</sup>	
Domestic violence and abuse	Screening and counseling for interpersonal and domestic violence	
Healthy diet	Behavioral counseling <sup>28</sup>	
HIV	For all adults at increased risk <sup>24</sup>	
Lipid disorder	Screening periodically, starting at age 35; age 20 if at increased risk?	
Obesity	Screening, counseling, and behavioral interventions	
Prostate cancer	Beginning at age 40 if at increased risk <sup>26</sup>	
Sexually transmitted infections	Behavioral counseling as needed <sup>27</sup>	
Skin cancer	Behavioral counseling for minimizing exposure to ultraviolet radiation for young adults to age 24 at high risk	
Syphilis, Chlamydia, and Gonorrhea	Routine screening for individuals at increased risk for infection <sup>11,12</sup>	
Tobacco use and cessation	Screening for tobacco use and cessation intervention	

"Know your numbers." We encourage you to learn your "numbers" at your doctor visit and work toward the optimal goals through exercise and healthy diet.

## Heart health factors

## **Optimal goals**

- Total cholesterol
- LDL "bad" cholesterol
- HDL "good" cholesterol
- Triglycerides
- Blood pressure
- Fasting glucose
- Body mass index (BMI)
- Exercise

## Less than 200 mg/dL

- Less than 100 mg/dL
- 50 mg/dL or higher
- Less than 150 mg/dL
- Less than 120/80 mmHg

- Minimum of 30 minutes most days of the week

## Less than 100 mg/dL

- Less than 25 kg/m2

## For men and women ages 50 and older

## Topics you may want to discuss with your doctor

#### Nutrition

- Eat a healthy diet. Limit fat and calories. Eat fruits, vegetables, beans, and whole grains every day.
- Optimal calcium intake is estimated to be 1,500 mg/day for postmenopausal women not on estrogen therapy.
- Vitamin D is important for bone and muscle development, function, and preservation.

#### Sexual health

• Sexually transmitted infection (STI)/HIV prevention,<sup>16</sup> practice safer sex (use condoms) or abstinence.

#### Substance abuse

• Stop smoking. Limit alcohol consumption. Avoid alcohol or drug use while driving.

#### Dental health

• Floss and brush with fluoride toothpaste daily. Seek dental care regularly.

#### Other topics for discussion

- Fall prevention.
- Possible risks and benefits of hormone replacement therapy (HRT) for post-menopausal women.
- Risks for and possible benefits of prostate cancer screening in men to determine what is best for you.
- The dangers of drug interactions.
- Physical activity.
- Glaucoma eye exam by an eye care professional (i.e., an ophthalmologist, optometrist) ages 65 and older.

#### Immunizations Flu, annual Recommended<sup>2</sup> Hepatitis A For individuals with risk factors; for individuals seeking protection<sup>3</sup> Hepatitis **B** For individuals with risk factors; for individuals seeking protection<sup>4</sup> Recommended for individuals 65 and older; and individuals Pneumococcal under 65 with risk factors7 (pneumonia) Td booster (tetanus, Recommended once every 10 years<sup>15</sup> diphtheria) Varicella (chickenpox) Recommended for adults without evidence of immunity; should receive 2 shots10 Zoster (shingles) Recommended for all adults 60 and older

Screenings/counseling/service	ces	
<b>AAA</b> (abdominal aortic aneurysm)	For ages 65–75 who have ever smoked, one-time screening fo AAA by ultrasonography	
Alcohol misuse	Behavioral counseling	
Aspirin	Visit to discuss potential benefit of use <sup>19, 20</sup>	
Blood pressure, depression, height, weight, BMI, vision, and hearing	At well visit, annually	
Breast cancer	Recommend mammogram every 1–2 years for ages 50–74; BRCA/BART testing is covered if medically necessary <sup>21</sup>	
Breast cancer chemoprevention	Covered for individuals at high risk for breast cancer and low risk for adverse effects from chemoprevention	
Cervical cancer	At least every 3 years if cervix present; after age 65, Pap tests can be discontinued if previous tests have been normal	
Colorectal cancer	Recommended for adults 50–75 <sup>22</sup>	
Depression	For all adults	
Diabetes	Recommend type 2 diabetes screening for individuals with sustained blood pressure greater than 135/80 mm Hg <sup>23</sup>	
Domestic violence and abuse	Screening and counseling for interpersonal and domestic violence	
Gonorrhea and Chlamydia	Recommended for individuals who are at increased risk for infection $^{\mbox{\tiny 11}}$	
HIV	For all adults at increased risk for HIV infection <sup>24</sup>	
HPV	Recommended for all sexually active individuals 65 and younge	
Lipid disorder	Screening periodically	
Obesity	Screening, counseling, and behavioral interventions	
Osteoporosis	Recommend routine screening for women 65 and older; routine screening for men 70 and older – beginning age can be reduced for individuals at increased risk <sup>13</sup>	
Prostate cancer	Prostate-specific antigen (PSA) test and digital rectal exam. May or may not be appropriate. Discuss with your doctor to see if it is more beneficial than harmful in your case	
Sexually transmitted infections	Behavioral counseling as needed <sup>27</sup>	
Syphilis	Recommended for individuals at increased risk for infection <sup>12</sup>	
Tobacco use and cessation	Screening for tobacco use and cessation intervention	

For heart health, adults should exercise regularly (at least 30 minutes a day on most days), which can help reduce the risks of coronary heart disease, osteoporosis, obesity, and diabetes. Consult your physician before starting a new vigorous physical activity.

## For pregnant women

Screenings/counseling/services		
Alcohol misuse	Behavioral counseling	
Asymptomatic bacteriuria	12–16 weeks gestation or first prenatal visit if after 16 weeks gestation	
Breast-feeding counseling	Promote breast-feeding to pregnant or postpartum women. Comprehensive lactation support and breast-feeding equipment.	
Chlamydia	During first prenatal visit and second screening during the third trimester for those at increased risk <sup>11</sup>	
Depression	For all adults	
Folic acid	Discuss use of 0.4 to 0.8 mg daily	
Gestational Diabetes	Women between 24- to 28-week gestations and the first prenatal visit for pregnancy. Women identified to be at increased risk for diabetes.	
Gonorrhea	First prenatal visit and second screening during the third trimester if at increased risk <sup>11</sup>	
Hepatitis B	First prenatal visit	
HIV	First prenatal visit <sup>24</sup>	
Iron deficiency anemia	Once during each pregnancy	
Rh (D) incompatibility	First prenatal visit and repeat testing at 24- to 28-week gestation unless the biological father is known to be Rh (D) negative for unsensitized Rh (D) negative pregnant women	
Syphilis	First prenatal visit, second screening during the third trimester, and at delivery for those at increased risk <sup>12</sup>	
Tobacco use and cessation	Screening for tobacco use and tobacco-cessation intervention	

Having a baby? Be aware that while almost all women get the "baby blues" after childbirth, as many as 10% will get postpartum depression. For more information visit our website, **blueshieldca.com**, and search "postpartum depression" or see your healthcare provider.

## **Recommendations for a healthy pregnancy**

#### **Prenatal care**

Begin within 14 days of confirming pregnancy.

## **Dietary supplements**

Women of childbearing age should take 0.4 to 0.8 mg of folic acid daily to decrease the risk of fetal birth defects of the brain or spine; recommended calcium intake for pregnant or nursing women: 1,000 milligrams daily.

## Screenings and diagnostics

Blood pressure and weight check at all visits: urine test, obstetrical history and physical, screenings for asymptomatic bacteriuria, chlamydia, gestational diabetes, Group B streptococcal bacteria, Hepatitis B, syphilis, gonorrhea, hematocrit, rubella, varicella, Rh (D) incompatibility; HIV counseling and screening, ultrasonography, screening for alpha fetoprotein, chorionic villus screening (CVS) or amniocentesis (for women 35 and older), blood test for certain birth defects, prior vaccinations (including flu shots), fundal height, fetal heart tones, discuss preterm labor risk, history of genital herpes, nutrition, smoking cessation, domestic abuse, and other medication and drug use.

# Discussion topics at prenatal care visits

Prior vaccinations (including flu shots), history of genital herpes, nutrition, smoking cessation, other medication and drug use.

## Postpartum care

To be performed within three to seven weeks following delivery. Postpartum exam to include weight, blood pressure, breast and abdomen exam, or pelvic exam.

## Endnotes

- Blood test for newborns may include congenital hypothyroidism, phenylketonuria, and sickle cell disease.
- Annual vaccination against influenza is recommended for all persons age 6 months and older, including all adults. Healthy, nonpregnant adults age less than 50 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine, or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults age 65 years and older can receive the standard influenza vaccine or the highdose influenza vaccine.
- 3. Risk factors for hepatitis A should be discussed with your provider.
- 4. Risk factors for hepatitis B should be discussed with your provider.
- 5. Measles component: Adults born before 1957 can be considered immune to measles. Adults born on or after 1957 should receive one or more doses of MMR, depending upon their immune status. Also, a second dose of MMR may be necessary if exposed, traveling internationally, and other factors. Rubella component: Women with unreliable vaccination history should check with their provider. Check with your doctor for details regarding pregnancy.
- 6. Administer pneumococcal vaccine to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- 7. One dose for adults at risk, including those with chronic lung diseases (including asthma and COPD); cardiovascular diseases, diabetes mellitus, chronic liver disease, chronic renal failure, sickle cell disease, and immunocompromising conditions. Vaccination is also recommended in adults who smoke cigarettes and residents of nursing homes and long-term care facilities. Vaccination is not recommended in Alaskan Native or Native American persons unless they have another risk factor present. A second pneumococcal dose may be necessary for people age 65 and older who received the vaccine more than 5 years previously and were younger than 65 at the time of the primary vaccination. A one-time revaccination is recommended after 5 years for people with certain medical conditions, including immunosuppressive conditions and people who have undergone chemotherapy.
- Individuals at risk for meningococcal disease include international travelers, college-bound students, or anyone with a damaged or removed spleen or with terminal complement component deficiency. These individuals should discuss the risks and benefits of vaccination with their doctor.

- Lipid disorders risk factors for men ages 20–35 or women age 20 and older include diabetes, previous personal history of congestive heart disease or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives and age 60 in female relatives, tobacco use, and obesity (BMI ≥ 30).
- 10. Individuals at risk for varicella infection include those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons) or are at high risk for exposure or transmission (e.g., teachers of young children; childcare employees; residents and staff members of institutional settings, including correctional institutions; college student; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).
- Risk factors for chlamydia and gonorrhea infection include history of chlamydial or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, commercial sex work, and drug use.
- 12. Risk factors for syphilis infection include all adolescents and adults who receive health care in a high-prevalence or high-risk clinical setting, men who have had sex with men, commercial sex workers, and those in adult correctional facilities. Individuals being treated for sexually transmitted diseases may be more likely than others to engage in high-risk behavior.
- Increased risks for osteoporosis include women ages 60 to 64 with all of the following risks for osteoporotic fractures: lower body weight (weight < 70 kg) and no current use of estrogen therapy.
- 14. People with increased risk for coronary heart disease who may benefit from aspirin therapy are men over age 40, postmenopausal women, and younger people with hypertension, diabetes, or who smoke.
- 15. People in contact with infants under 12 months of age and healthcare personnel can be given the Td vaccine as soon as feasible. It is recommended that Tdap should replace a single dose of Td for adults age < 65 years if they have not previously received a dose of Tdap.
- 16. Sexually transmitted infections, also known as sexually transmitted diseases, include chlamydia, gonorrhea, herpes, HIV, HPV, syphilis, and others. See infection-specific notes for information on risk factors for sexually transmitted infections.
- 17. The Tdap (tetanus, diphtheria, acellular pertussis) booster is recommended in children ages 11 to 12 who have completed the childhood DTaP immunization series and have not yet received a tetanus and diphtheria (Td) booster dose.
- 18. Children through 9 years of age getting flu vaccine for the first time – or who received flu vaccine – should get 2 doses, at least 4 weeks apart.

- Potential benefit of aspirin use in men ages 45 to 79 due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
- 20. Potential benefit of aspirin use in women ages 55 to 79 due to a reduction in ischemic strokes outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
- 21. For breast cancer screening, BRCA mutation referral for genetic risk assessment and evaluation for breast and ovarian susceptibility is recommended for women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes. BRCA/BART testing, if medically necessary. Please see Blue Shield of California medical policy on Genetic Testing for Hereditary Breast and/or Ovarian Cancer.
- 22. Colorectal cancer screenings include fecal occult blood annually, sigmoidsscopy every five years, and colonoscopy every 10 years. Beginning age and screening interval can be reduced for patients at increased risk.
- 23. Diabetes screening should be performed for patients with blood pressure 135/80 or lower if knowledge of diabetes status would help inform decisions about coronary heart disease prevention strategies.
- 24. Individuals at risk for HIV infection include all adolescents and adults who receive health care in high-prevalence or highrisk clinical setting; men who have had sex with men after 1975; individuals having unprotected sex with multiple partners; past or present injecting drug users; commercial sex workers; individuals whose past or present sex partners were HIV infected, bisexual, or injection drug users; individuals being treated for sexually transmitted diseases; individuals with a history of blood transfusion between 1978 and 1985; and individuals who requested an HIV test despite reporting no individual risk factors.
- 25. Fluoride oral supplementation should be discussed at preventive care visit if primary water source is deficient in fluoride.
- 26. Increased risk factors for prostate cancer include African-American men and men with family history of prostate cancer.
- 27. Behavioral counseling to prevent sexually transmitted infections is for sexually active adolescents and adults who meet the following criteria: current sexually transmitted infections, sexually transmitted infections within the past year, multiple current sexual partners, and in non-monogamous relationships if they reside in a community with a high rate of sexually transmitted infections.
- 28. Intensive behavioral counseling to promote healthy diet is recommended for all adults who have hyperlipidemia or have any known risk factors for cardiovascular and diet-related chronic disease.

These are Blue Shield of California's Preventive Health Guidelines, which are based on nationally recognized guidelines. Members must refer to their Evidence of Coverage or Certificate of Insurance or Policy for plan/policy coverage of preventive health benefits.

# Other out-of-area coverage

If you have a Blue Shield dental PPO, or a Blue Shield of California or Blue Shield of California Life & Health Insurance Company (Blue Shield Life) vision coverage in addition to your medical coverage, you can access covered care in most states outside California.

## Dental coverage outside California

If you belong to a Blue Shield dental PPO, you can access dental care outside California from the nationwide dental PPO provider network.\* This network includes more than 70,000 dental provider locations across the United States.<sup>†</sup>

To access care, simply present your Blue Shield dental ID card to any preferred dental provider outside of California. You will pay lower out-of-pocket costs by selecting preferred providers instead of nonpreferred providers.

You can locate dental network providers:

- By going to the Find a Provider section of blueshieldca.com
- By calling a dental member services representative at (888) 702-4171

For more details about your coverage, please see your dental plan's EOC or COI.

## Vision coverage outside California

If you belong to a Blue Shield or Blue Shield Life vision plan, you can access covered care outside California from the nationwide vision provider network. The network includes more than 16,000 ophthalmologists, optometrists, and opticians within the 48 contiguous states and Hawaii, and is contracted and administered by a vision plan administrator.

Although you can choose any provider, you may pay lower out-of-pocket costs by selecting preferred providers instead of those who are not in the preferred.

You can find a preferred provider:

- By logging on to blueshieldca.com and clicking on Find a Provider
- By calling Blue Shield Vision Member Services at (877) 601-9083

If you are enrolled in fully insured vision coverage and need to access care, see the "Nationwide vision provider network access" insert in the first section of this booklet. For more details, please see your vision plan's EOC or COI.

† The nationwide dental network does not include providers in Alaska, Montana, North Dakota, South Dakota, Vermont, and Wyoming.

<sup>\*</sup> Dental providers are contracted through a dental plan administrator.

# Planning ahead

Here is some advance planning information you should consider.

## Organ donation

It's estimated that more than 100,000 Americans – including 21,000 people in California alone – are waiting for a donor organ that could save their lives. About 400 new candidates are added to the waiting list each month.

One donor can save or help as many as 50 people through organ and tissue transplantation. You can make the difference between life and death by becoming an organ donor. Here's how:

- Sign up for organ donation at www.donatelife california.org. This information-rich Web site is connected with all major organ procurement organizations.
- Fill out a donor card. You can get a free donor card from the California Transplant Donor Network at www.ctdn.org. Be sure to sign it and keep it with your driver's license.

After you decide to become an organ donor, be sure to tell your doctor and your family members. Unless you have registered with the state-sponsored organ donor donation registries, family members must consent to organ donation even if you have signed a donor card.

The following organizations are also good resources for information about organ and tissue donation:

## Organ and tissue donation contacts

Donate Life California	(866) 797-2366 www.donatelifecalifornia.org
Caring Connections	<b>(800) 658-8898</b> www.caringinfo.org
California Transplant	(888) 570-9400
Donor Network	www.ctdn.org
Golden State	<b>(916) 567-1600</b>
Donor Services	www.gsds.org
OneLegacy	(213) 229-5600
Los Angeles	www.onelegacy.org
Lifesharing Community	(619) 521-1983
Organ and Tissue Donation	www.lifesharing.org
OneLegacy	<b>(562) 608-4100</b>
Orange County	www.onelegacy.org
OneLegacy	(909) 801-3701
Riverside/Inland Empire	www.onelegacy.org

## Advance directives

It's important to have legal documents in place should you become too sick to make healthcare decisions for yourself.

An advance healthcare directive is a legally binding document in California that allows you to name a person or "agent" to make decisions about your health care when you are unable to do so yourself. You can choose any adult except your doctor or an employee of a healthcare facility where you are receiving care, unless that person is related to you or is a coworker.

- Choose as your agent a person whom you trust will respect your wishes and remain calm in a time of crisis. It's also wise to name a second person in case the first is not available.
- Consult your doctor, family, and friends when you create your advance directive.
- Put your wishes in writing and be as specific as possible.
- Give a copy to all your doctors to put in your file, and distribute copies to family members and friends, so they all know what types of care you do or do not want in such a situation.