Understanding How UC Care Works

What's the difference between in-network and out-of-network under UC Care?

With UC Care, you can go to any doctor or hospital you choose, but keep in mind that seeing an in-network provider will lower your costs, while you'll pay more to see an out-of-network provider.

Blue Shield negotiates contracts for specific rates with health care professionals and facilities; these doctors and hospitals are called in-network providers. As a UC Care member, when you receive covered services from a UC Select or Blue Shield Preferred provider, you pay less than you would for the same service from an out-of-network provider.

Along with lower out-of-pocket costs, receiving care from an in-network provider offers another advantage: convenience. You don't have to worry about additional paperwork because in-network providers submit their claims directly to Blue Shield.

Staying in-network also means you'll see a provider that meets Blue Shield's high credentialing standards. UC Select and Blue Shield Preferred providers include many of the most prestigious physicians and hospitals in California.

Health care providers who do not have a contract with Blue Shield are called out-of-network providers. These providers are not in the Blue Shield network and charge their usual rates for services. UC Care members who see out-of-network providers will pay a larger portion of the costs after the deductible is met. Typically, you will have to pay a coinsurance amount plus the difference between the out-of-network provider's cost and the amount Blue Shield allows—called an allowed amount—for that service.
What are my out-of-pocket costs if I see in-network providers?
You pay 100% of the amount allowed for covered services, except for preventive care, until you meet your calendar-year deductible.

When you see in-network providers
Your providers will submit their claims to Blue Shield.
- If you haven't met your deductible: You will receive an Explanation of Benefits (EOB) from Blue Shield showing the amount you owe, in addition to a bill from your provider. You will need to pay your provider the amount indicated.
- If you have met your deductible: You will receive an EOB from Blue Shield showing the amount you owe (copayment/coinsurance), in addition to a bill from your provider. You will need to pay your provider the amount indicated on the Blue Shield EOB.

What are my out-of-pocket costs if I see out-of-network providers?

When you see out-of-network providers
You may need to pay the provider in full, and then submit a claim form to Blue Shield. You can find a claim form by logging on to blueshieldca.com, selecting “My Health Plan”, and then click on the link “Download Forms.”
- If you haven't met your deductible: You will receive an EOB from Blue Shield. The EOB will provide the claim details. The allowable amount for that service that will be applied to your calendar-year deductible.
- If you have met your deductible: You will receive an EOB from Blue Shield in addition to a check to reimburse you for a portion of the cost. You are responsible for paying the coinsurance on Blue Shield's allowable amount for that service, as well as any amount above Blue Shield's allowable amount. Therefore, Blue Shield will reimburse you for the allowable amount for that service, minus the coinsurance amount.

Finding a Provider

Can I see any provider I want?
Yes, you can. UC Care lets you tailor your health care experience to fit your individual or family needs. That’s why our network includes UC medical centers and other high-quality, low-cost providers even if there isn’t a UC facility nearby.

UC Care, administered by Blue Shield of California, offers you access to:
- In-network providers
  - All UC medical centers, plus a group of other high-quality, low-cost providers in the UC Select network.
  - More than 70,000 providers in the statewide Blue Shield Preferred network and access to BlueCard providers in the U.S. and abroad.
- Out-of-network providers
  - You can see any out-of-network provider you wish, but you won't get the benefit of Blue Shield's negotiated rates.

How do I find a UC Care provider?
Start your search at blueshieldca.com/uccareppo and follow these steps to find a provider:
- Your UC plan allows you to choose providers from two networks, UC Select and Blue Shield Preferred. Simply select the network you'd like to search—it's your choice.
- Select the type of provider you're searching for.
- Click on “Advanced Search” to further filter your search, by name, specialty, facility type and more.
- Enter your city and state or ZIP code, then click “Find now” (the tool will return all providers that meet your search criteria).
- To get a printable copy of your search results, click on “Get Results as PDF” above the “Distance” field and select your preference to download the document or have it emailed to you.
- The default distance/radius search is five (5) miles. To expand or narrow your search, select the distance from the drop down menu on the map.
- If you like, you can print a list of up to 200 provider records.

I need a list of providers near my campus. How quickly can I get one?
Simply visit uc-care.org/your-providers. We've done the work for you and created UC Select provider directories by campus/area/county. Select the one that's near you.
Finding Your Covered Benefits: Medical

Where can I find a list of covered medical benefits?
Visit medical plan benefits for a summary of the more commonly used covered benefits. More details can be found in the Benefits Summary (English or Spanish).

I have a procedure scheduled after the first of the year with a provider who is not in the Blue Shield network. Is there anything I need to do to ensure it gets covered under UC Care?
If you are currently under the care of a provider who is not in the Blue Shield Network, you can request continuity of your care. Continuity of care allows you to continue to see your current non-network provider during the course of your treatment while still receiving the network level of benefits. Examples of conditions that may qualify for continuation of care include:

- An acute condition that has a limited duration.
- A serious chronic condition.
- Pregnancy, including the immediate postpartum period.
- Care for a child, from newborn to 36 months of age.
- A surgery or other treatment that was previously recommended and documented by your doctor to take place within 180 days of the effective date of coverage.
- A terminal illness that has a high probability of causing death within one year or less is covered for the duration of the terminal illness.

Download the request for continuity of care form or contact your dedicated Shield Concierge team, toll-free, at 1-855-201-2087. Shield Concierge is available Monday through Friday, from 7:00 a.m. to 7:00 p.m. (Pacific).

If you do not meet the qualifications for continuity of care, Blue Shield will work with your non-network provider and medical group to help you transition to a network provider without disruption of care or services.

If you answer, "yes" to these questions, it is likely your treatment will need to be authorized by UC Care:

- Do you have a condition that requires treatment after January 1, 2014?
- Has this treatment already been scheduled?
- Did this treatment require authorization from your former medical plan?

For questions about prior authorization or to initiate authorization, call your dedicated Shield Concierge team, toll-free, at 1-855-201-2087. Shield Concierge is available Monday through Friday, from 7:00 a.m. to 7:00 p.m. (Pacific). For additional details, visit transitioning to UC Care to learn more.

Finding your Covered Benefits: Pharmacy

Where can I find a list of covered pharmacy benefits?
Visit pharmacy benefits for a summary of the more commonly used covered benefits. More details can be found in the Benefits Summary (English or Spanish).

I want to check if my prescriptions are included in the formulary. Where can I find that information?
Visit pharmacy benefits to get familiar with the Blue Shield Formulary and related drug topics. You find information on:

- The Blue Shield Plus Drug Formulary
- Maintenance Medications
- Specialty Drug
- Preventive Health Drugs
- Contraceptive Drugs & Devices
Getting Your Prescriptions Filled

I need to get some prescriptions filled right away. How do I do that?

With UC Care, you can get your prescriptions filled at UC and other retail pharmacies or by using Blue Shield’s mail service. Here’s a chart to help you understand how to get your prescriptions filled.

<table>
<thead>
<tr>
<th>Get Your Prescription Filled At...</th>
<th>UC Pharmacy and Participating Pharmacies</th>
<th>Non-participating Pharmacies (Billed charges)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong></td>
<td>Present your UC Care member ID card and receive up to a 30-day supply.</td>
<td>Present your UC Care member ID card and receive up to a 30-day supply.</td>
</tr>
<tr>
<td></td>
<td>There is no copay for contraceptive drugs and devices.</td>
<td>There is no coverage for contraceptive drugs and devices.</td>
</tr>
<tr>
<td></td>
<td>You pay a copay of: $5 for formulary generic, $25 for formulary brand name and $40 for non-formulary brand name drugs.</td>
<td>You pay 50% of the cost for formulary generic, formulary brand name and non-formulary brand name drugs.</td>
</tr>
<tr>
<td><strong>UC Pharmacies</strong></td>
<td>Present your UC Care member ID card and receive up to a 90-day supply at a participating UC Pharmacy.</td>
<td>Not covered.</td>
</tr>
<tr>
<td></td>
<td>There is no copay for contraceptive drugs and devices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You pay a copay of: $10 for formulary generic, $50 for formulary brand name and $80 for non-formulary brand name drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>Mail Service</strong></td>
<td>Sign up for PrimeMail, Blue Shield’s mail service pharmacy at blueshieldca.com.</td>
<td>Not covered.</td>
</tr>
<tr>
<td></td>
<td>Order your prescription and receive up to a 90-day supply.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is no copay for contraceptive drugs and devices.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* If you or your doctor choose a brand-name drug over the generic, you must pay the difference between the cost of the brand-name drug and the generic equivalent plus the generic copay. Except in cases where your doctor has contacted Blue Shield and requested a prior authorization for medical necessity, you will then be responsible for the brand-name copay.

When I live outside the U.S., how do I get my prescriptions filled?

Bring the written prescription from your physician to the pharmacy. Be prepared to make payment at the time of service. Visit getting care outside of California for more details, including how to submit claims for reimbursement.

Getting Your Member ID

Where can I get my member ID?

Follow these steps to get your member ID right away:

1. **Call Shield Concierge.** Contact Shield Concierge, toll-free, at 1-855-201-2087. Shield Concierge is available Monday through Friday, from 7:00 a.m. to 7:00 p.m. (Pacific). Let the representative know you do not have a member ID card and would like your member ID number. The representative will ask you to verify the following member (UC employee) information:
   - Social Security number
   - Name and date of birth
   - Mailing address

   With that information, the Shield Concierge representative will be able to provide you with your member ID number (including the alpha prefix) and group number. You’ll need the member ID number to get your ID card from the website.

2. **Register and log on to blueshieldca.com.** To register, just follow these steps:
   - Go to blueshieldca.com. Click on the “Register Now” link.
   - Fill out the form. Follow the directions on the screen. Enter in your member ID number and your date of birth. Then create your username and password.

3. **Print a temporary ID card.** Once you have registered and logged on, you can print a temporary ID card or order a new ID card and have it mailed to you. Temporary cards are identical to permanent ID Cards. The only difference is the card stock they are printed on. You can print a temporary card at any time.
   - Click on “My Health Plan”
   - Click on “Print Blue Shield ID Cards” (temporary)
Getting Care Outside of California

I’m traveling and may need to get care while I’m away. How do I do that?
If you’re getting care outside if California, but in the U.S., you’ll access care through the BlueCard Program. Simply Locate a BlueCard provider at 1-800-810-BLUE (2583) or provider.bcbs.com.
If you’re traveling abroad, you’ll access care through BlueCard Worldwide. Simply:

- Locate a BlueCard provider at 1-800-810-BLUE (2583) or bluecardworldwide.com.
- All members are covered under the Blue Shield Preferred level of benefits.
- Be prepared to pay for services using the International Claim Form.

Contacting Shield Concierge

How do I contact Shield Concierge?
You can reach Shield Concierge, toll-free, at 1-855-201-2087. Shield Concierge is available Monday through Friday, from 7:00 a.m. to 7:00 p.m. (Pacific).

Finding More Information

You can find more details at uc-care.org, including:
- The UC Care video
- How to create a custom provider directory
- Benefit basics
- Programs & services
- Getting claim alerts
- Health & wellness programs
- Tools & resources

You can also log on to blueshieldca.com anytime to see your:
- Health benefits.
- Copayments/coinsurance.
- Deductible amounts and accumulated totals.
- Claims information, such as service type and date, as well as the amounts billed, paid, and outstanding.