

## OUT-OF-STATE/OUT-OF-COUNTRY BLUECARD PROGRAM

### What Is BlueCard?

BlueCard is a national program that allows PERS Choice Basic Plan Members access to Blue Cross and/or Blue Shield Preferred Providers currently in 41 Blue Cross and/or Blue Shield Plans across the country. The BlueCard Program is administered by the national Blue Cross and Blue Shield Association, of which Anthem Blue Cross is a member/Independent Licensee.

### Understanding BlueCard

Anthem Blue Cross has a relationship with the Blue Cross and Blue Shield Association which administers the BlueCard Program. The BlueCard Program allows PERS Choice Members who live or are traveling outside California and require medical care or treatment to use local Blue Cross and/or Blue Shield Plan participating providers throughout the United States.

Through the BlueCard Program, you have access to more than 550,000 Physicians and over 61,000 hospitals nationwide participating in the Blue Cross and/or Blue Shield network of Preferred Providers.

To locate a Blue Cross or Blue Shield Plan participating provider, you may:

- Call the toll-free BlueCard Provider Access number at 1-800-810-BLUE (1-800-810-2583).
- Ask your Physician or provider if he or she participates in the local Blue Cross and/or Blue Shield Plan.
- Access the Blue National Doctor and Hospital Finder using the Find a Doctor or Hospital link on the Blue Cross and Blue Shield Association Web site at [www.bcbs.com](http://www.bcbs.com).
- Request a Preferred Provider Directory by calling 1-877-PERS-PPO (1-877-737-7776).

### Who Has BlueCard Program Preferred Provider Access?

All Members with PERS Choice Basic Plan coverage have BlueCard Program Preferred Provider access. BlueCard Program Preferred Providers will identify you as a BlueCard Member by the small black suitcase logo containing the letters "PPO" on the front of your ID card. (The suitcase logo does not appear on Alabama Members' ID cards due to state restrictions.)

### When May I Access BlueCard Program Preferred Providers?

Members may access BlueCard Program Preferred Providers anytime. California Members may use local Blue Cross and/or Blue Shield Plan participating providers when needing medical care or treatment outside of California. Out-of-state Members may use participating providers that contract with other Blue Cross and/or Blue Shield Plans when needing medical care or treatment outside of the state or service area covered by their local Blue Cross and/or Blue Shield Plan.

### How Do I Use BlueCard?

You can locate the names and phone numbers of Preferred Providers in the area that can provide you care or, if you need to inquire whether the Physician or facility you are planning to use is a Preferred Provider, use the resources as explained above under Understanding BlueCard. When you present your PERS Choice ID card to a BlueCard Preferred Provider, the provider verifies your membership and coverage by calling the Member Services number printed on the front of your ID card.

When you get covered health care services through the BlueCard Program, the amount you pay for covered services is calculated on the lower of the:

- The Billed Charges for your covered services; or
- The negotiated price that the local Blue Cross and/or Blue Shield Plan passes on.

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This “negotiated price” is calculated in one of three ways: 1) a simple discount that reflects the actual price the local Blue Cross and/or Blue Shield Plan pays; 2) an estimated price that takes into account special arrangements with the provider or a provider group that include settlements, withholds, non-claims transactions and other types of variable payments; and 3) an average price, based on a discount that results in expected average savings after taking into account the same special arrangements used to obtain an estimated price. Average prices tend to vary more from actual prices than estimated prices.

Negotiated prices may be adjusted going forward to correct for over- or underestimation of past prices. However, the amount you pay is considered a final price.

Laws in a small number of states may require the local Blue Cross and/or Blue Shield Plan to add a surcharge to your calculation. If any state laws mandate other liability calculation methods, including a surcharge, your liability for any covered health care services would then be calculated according to the applicable state statute in effect when you received care.

### How Does BlueCard Program Claim Filing Work?

The BlueCard Program Preferred Provider will file your claim with the local Blue Cross and/or Blue Shield Plan. The local Blue Cross and/or Blue Shield Plan transmits the claim electronically to Anthem Blue Cross. Anthem Blue Cross applies PERS Choice benefits, electronically transmits the approved payment amount back to the provider's local Blue Cross and/or Blue Shield Plan, and then sends you an Explanation of Benefits (EOB). The local plan sends payment and an EOB to the provider. If Non-Preferred Providers are used, the Member or provider needs to submit the claim to Anthem Blue Cross. See page 11 for additional information on claims submission.

### What If I Use Out-of-Network Providers?

Benefits are paid at the Non-Preferred Provider reimbursement level unless:

- You require Emergency Care Services.
- There are no Preferred Providers available. Call 1-800-810-BLUE (1-800-810-2583) to verify whether there are any Preferred Providers available to you BEFORE you receive services.
- You live outside California and are considered an "Out-of-Area" Member.

Members and/or out-of-network providers must submit claims for services delivered by out-of-network providers directly to the local Blue Cross and/or Blue Shield Plan, using a claim form.

For more information, please see the Payment and Member Copayment And Coinsurance Responsibility section beginning on page 20.

### What Is BlueCross BlueShield Global Core And How Does It Work?

The BlueCross BlueShield Global Core Program assists you in finding Hospitals available to you in major international travel destinations. When you need Inpatient Hospital care outside the United States, simply present your PERS Choice ID card at a participating hospital. The Hospital will send a claim to Anthem Blue Cross and will charge you only the appropriate Copayment/Coinsurance or Deductible amounts. You may obtain a brochure containing further information, including how to locate participating Hospitals, by calling the Member Services telephone number printed on the front of your ID card. You may also call the BlueCross BlueShield Global Core Service Center at 1-800-810-BLUE (1-800-810-2583) or access the BlueCross BlueShield Global Core Web site at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com) or the GeoBlue Web site at [www.geo-blue.com](http://www.geo-blue.com) to locate a participating Hospital in the country you are visiting. Claims will be accepted for U.S. residents who are traveling in foreign countries for urgent or emergent care only. Claims for elective procedures will not be reimbursed. Members who permanently reside in foreign countries may submit claims for routine, elective procedures, urgent and emergent care to Anthem Blue Cross. See Submitting Foreign Claims on the next page for information on foreign claims submission.

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### Submitting Foreign Claims

**Foreign Medical Claims:** The benefits of this Plan are provided anywhere in the world. With the exception of services provided by a hospital participating in the BlueCross BlueShield Global Core Network (see previous page), if you are traveling or reside in a foreign country and need medical care, you may have to pay the bill and then be reimbursed. Claims will be accepted for U.S. residents who are traveling in foreign countries for urgent or emergent care only. Claims for elective procedures will not be reimbursed. You should ask the provider for an itemized bill (written in English). The bill must then be submitted directly to **Anthem Blue Cross** at **P.O. Box 60007, Los Angeles, CA 90060-0007**. (See page 11 for additional information on claims submission.) Members traveling or residing outside the United States shall be considered "Out-of-Area." Covered services for these Members will be reimbursed at the higher Preferred Provider level of benefits.