

Your new CCPOA Medical Plan Medicare (PPO) plan gives you **flexibility and choice**

Not only can you see doctors and other healthcare providers that are in our network, you can also see out-of-network doctors and providers at the same cost-sharing amount as long as they:

- ✓ Participate in Medicare
- ✓ Directly bill Blue Shield of California

Feel free to **share this flier with your provider**. We've included useful information for them on the back on how the plan works.

IN-NETWORK PROVIDERS

INCLUDES the doctors, medical groups, hospitals, and other healthcare facilities that have an agreement with us to deliver covered services to members in our plan.

Can a network doctor refuse to see me?

If you are an existing patient, the doctor or healthcare provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and if they are not accepting any new Medicare patients.

What do I need to pay?

You pay your plan's copay or coinsurance. Your doctor or healthcare provider will bill us for the rest of the cost of your covered services.

You can find in-network providers at blueshieldca.com/find-a-doctor.

OUT-OF-NETWORK PROVIDERS

INCLUDES doctors, medical groups, hospitals, and other healthcare facilities that do not have an agreement with us to deliver covered services to members in our plan.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or healthcare provider that participates in Medicare and is willing to treat you and bill us. **TIP:** If your doctor says they will not accept the plan, we are happy to contact them to explain how the plan works. This is usually all that is needed.

What do I need to pay?

You pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered services including any excess charges to the limit set by Medicare. **NOTE:** Some doctors may refuse to bill us and may ask that you pay the full allowable amount yourself. If you pay the doctor, you can submit a claim to us for reimbursement.

You can find Medicare participating providers at medicare.gov/physiciancompare.

If you have more questions about how your plan works, call Customer Care at **(800) 776-4466 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

HELPFUL INFORMATION FOR HEALTHCARE PROVIDERS

As membership grows in our Blue Shield Group Medicare Advantage PPO plan, you may hear from our members who are seeking care with you.

Blue Shield Group Medicare Advantage PPO plan members can obtain covered services from network providers or from out-of-network providers eligible to receive payment from Medicare who are willing to accept the plan.

If you are an out-of-network provider:

- No contract is required to see members enrolled in this plan.
- No referral is required to see members enrolled in this plan.
- Blue Shield will pay Medicare-allowable rates for claims for covered services, less the member's cost-sharing amount as outlined in the plan's *Evidence of Coverage*.
- Submit one bill to Blue Shield and receive one remittance.

Reimbursement and claims processing information

Collect the member's cost-sharing amount for covered services and submit all claims for covered services to Blue Shield for payment. We will process claims in accordance with Medicare billing rules and fee schedules, all prospective payment system requirements, local coverage determinations, and the member's plan documents.

Electronic claims submission

Electronic claims can be submitted to any Blue Shield approved clearinghouse using the appropriate Blue Shield payer ID, such as Office Ally (payer ID BS001) or Change Healthcare (Emdeon) (payer ID 94036).

Paper claims submission

Mail claims to:

Blue Shield of California
P.O. Box 272640
Chico, CA 95927-2640

Please submit all paper claims for covered services as soon as possible using a Blue Shield claims form, or by using the standard CMS-1500 or UB-04 form.

If you're a healthcare provider and have more questions about this plan, please call Provider Services at **(800) 541-6652**.

Out-of-network/non-contracted providers are under no obligation to treat CCPOA Medical Plan Medicare (PPO) members, except in emergency situations. Please call our Customer Care number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Nondiscrimination Notice

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability.

La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental.

本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

You can get this document for free in other formats, such as large print, braille, and/or audio. Call (800) 776-4466 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.