

Patient/Member Name:	_____
Patient/Member DOB:	_____
Health Plan Group Number:	S24

Attention: Healthcare Provider

We want to collaborate with your practice to help improve the overall health care experience for you and the patient. Below we have included your patient’s insurance contacts to ensure there are no delays in your patient receiving care.

Please see below for:

- Network affiliation confirmation
- Member eligibility verification and claims submission
- Prior authorization requests
- Pharmacy Benefits

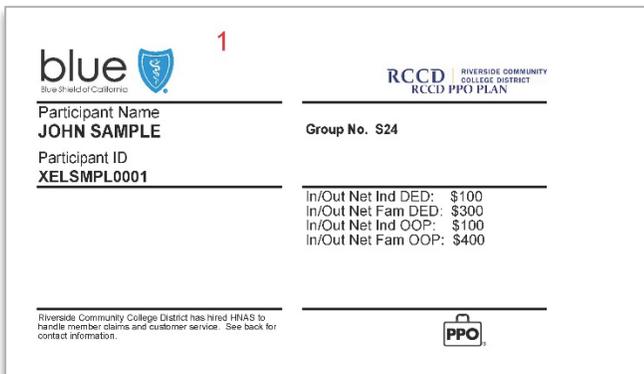
Your patient’s plan type: Self-Funded Medical PPO plan

<p>PPO network Access & claim submission</p>		<p>This plan uses the Blue Shield of California network for members to access providers. As it is a PPO plan, this plan will also cover a portion of benefits even if you do not participate in the network. Submit California Medical claims to: Blue Shield of California PO Box 272540Chico, CA 95927-2540</p>
<p>Eligibility & Claim payments</p>		<p>This plan uses a third-party administrator, HNAS, to process all claim payments, claim status, verify eligibility and benefits, ID requests and help with Plan Forms. To contact, please call HNAS at (800) 541-6652 for CA Providers, (800) 810-2583 for outside of CA providers or visit myHNAS.com</p>

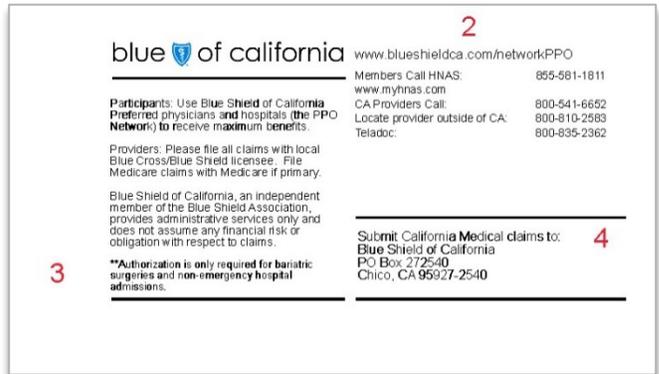
Pre-certification		<p>Prior Authorization (PA) for this plan is non-standard. This plan only requires a PA for bariatric surgery and non-emergency hospital admissions including skilled nursing, LTAC and ARU services. For a PA contact, (800) 219-0030.</p>
Pharmacy benefits		<p>Pharmacy plan administrator for RCCD. Process prescription drug claims that are non-specialty. Home delivery for maintenance drugs. Prior authorization review for non-specialty drugs contact (800) 753-2851.</p>
		<p>Express Script's partner for specialty pharmacy. Accredo fills the specialty medication once approved.</p>
		<p>Pharmacy care management program. Reviews claims and identifies better drug therapy for members based on clinical effectiveness and overall cost. Prior authorization review for specialty drugs contact, (844) 744-4410</p>

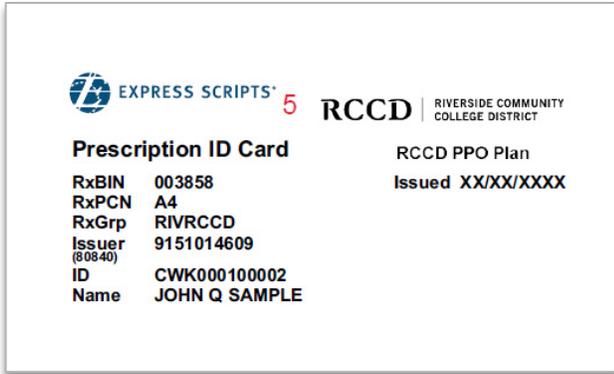
If you have additional questions, please reach out to your benefits contact Edwina Cardenas: (951) 222-8136 or edwina.cardenas@rccd.edu.

**Navigating the ID Card:
Front of card (SAMPLE CARD)**



**Navigating the ID Card:
Back of card (SAMPLE CARD)**





1 This is the PPO network the plan uses for providers. Patients are still eligible for out of network benefits if you do not participate in this network

2 This section provides information on where to go to verify member eligibility, benefits, claim payments and status.

3 Specific procedures and types of benefits are subject to pre-certification. If a procedure requires pre-certification, please call (800) 219-0030

4 This section is information for providers to send California Medicals claims to. Claims outside of the US complete a Blue Shield Global Core claim form and send the claim form along with the provider’s itemized bill to the service center at the address provided on the form to initiate claims processing. The claim form is available from Customer Service, or online at www.bcbsglobalcore.com. **If you need assistance with your claim submission, you should call the service center at 1-800-810-BLUE (2583).**

5 This the Pharmacy plan administrator. You will present this card to a participating retail pharmacy near you. To confirm a participating retail pharmacy, sign-in at express-scripts.com.

6 This section provides information on where a member can go to for prescription benefit questions. Accredo Specialty contact information is for specialty medication questions only.

Please note this is an illustration only. Please reference your patient’s specific member card for group specific numbers and benefits.