

Riverside Community College District
PPO Resources



Helpful Tips

Here are some helpful tips to think about as you are enrolling in your benefits.

- Check the Provider Network - Do you have specific doctors that you normally use? Visit the plan's website to find out if they are in-network. If not, you will end up paying a bigger portion of the cost since in-network benefits are typically more generous than out-of-network benefits.
- Evaluate Your Needs – Do you have frequent doctor or urgent care visits. Do you need to have ongoing testing? Do you have a surgery planned or scheduled? Make sure you compare the benefits under each plan to decide which plan best fits your needs. Things to consider:
 - How much is the premium?
 - Is there a deductible?
 - What is the out-of-pocket maximumAll of these factors can affect your actual cost of Healthcare
- Preventive Healthcare – Making sure you get your preventive medial exams and any necessary testing is an important part of self-care to make sure you are staying healthy or to identify and treat any diseases before they become serious. Preventive healthcare visits are at **no cost** to you no matter what plan you select so make sure you are scheduling those visits so you can stay healthy!
- What preventive care do I need? – You can visit **healthfinder.gov** and enter your age and sex to get a list of recommended preventive screenings for your age group. Make sure you talk to your doctor about which ones might be best for you.



Always Open Your Mail from HNAS

There are times when a claim will be denied for additional information and you as the member will need to complete the letter / form in order for the claim to be reconsidered under the plan's benefits.

Other Coverage Verification - HNAS is required to confirm if your spouse or dependents have other coverage they may be primary

- Spouse / Domestic Partner - If your spouse is employed and has group health coverage their coverage is primary
- Spouse has coverage elsewhere and Medicare assigned to another carrier
- Dependent Child(ren)
- If you spouse has other coverage and the dependent child are included
- Spouse's birth month and date is prior to the HNAS subscribers month and date – spouses coverage is primary
 - Birthday rule does not apply if there is a court order stating who is responsible for covering the dependent children.

Accident Details - If you or any dependent received treatment for an injury

- HNAS requires a subrogation form to be completed with details about the injury / accident. For example:
 - How did the injury occur
 - Was it due to a motor vehicle accident (auto insurance declaration page required)
 - Is there a police report (would need to be included)
 - Have you retained an attorney
- **Failure to respond within 180 days from the date of the letter / date of the denied claim will result in the denial being permanent.**



MEDICAL PLAN

Riverside Community College District: Plan Option 1 – ADMINISTERED BY HEALTHNOW

	In-network	Out-of-network
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Deductible - For in-network and out-of-network providers \$100/person and \$300/family. * This plan covers some items and services such as: preventive care, and prescription drug expenses even if you haven't met the deductible amount.

OOP - For in-network and out-of-network providers \$100/person and \$400/family. * Prescription drug co-pays, premiums, balance-billed charges, penalties, and health care this plan doesn't cover does not count toward the out-of-pocket.

Provider Office Visit Copay	No Charge	20% Coinsurance
Specialist Office Visit Copay * You do not need a referral to see a specialist	No Charge	20% Coinsurance
Preventive Care *Deductible does not apply	No Charge	Not Covered
Diagnostic Lab and X-ray		
X-ray, blood work	No Charge	20% Coinsurance
Imaging (CT/PET scans, MRIs)	No Charge	20% Coinsurance
Urgent Care	No Charge	20% Coinsurance
Emergency Room * Physician and facility benefits are limited to care within 72 hours of a medical emergency.	No Charge	No Charge
Hospitalization * Precertification required.		
Facility	No Charge	20% Coinsurance
Physician/surgeon Fees	No Charge	No Charge
Outpatient Surgery		
Facility	No Charge	No Charge
Physician/surgeon Fees	No Charge	No Charge

*Please see a copy of your plan document for a more detailed listing of benefits



Claims Address and Contact Information

HealthNow Administrative Services Customer Service Phone Number

855-581-1811 - A service team will be available to assist you Monday through Friday 8:00 am to 7:00 pm. After normal customer service hours the interactive telephone response system is available for claims status and eligibility information.

Pharmacy - Call 866-832-9259 or log on to www.express-scripts.com

Prior Authorization Phone Number - <http://www.blueshieldca.com>

Address to Submit Claims

Submit California Medical claims to: Blue Shield of California, PO Box 272540, Chico, CA 95927-2540
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), 24 hours a day, seven days a week.

Telemedicine

Visit www.teladoc.com/bsc, complete the required information, and click on *Set up account*.
You can also call Teladoc at **1-800-Teladoc** (835-2362) for help.

On Line Portal – myHNAS.com

To Find a Provider




Call **800-541-6652** to locate a provider in CA
Call **1-800-810-2583** to locate a provider outside of CA, or see www.blueshieldca.com/networkPPO.


Health Advocate – toll free at **1-866-695-8622** 24 hours a day, 7 seven days a week.



ID Cards

Here is a sample of what your ID card will look like. Remember that you can also access a virtual copy of your ID card on the myHNAS app at any time.

			
Participant Name JOHN SAMPLE		Group No. S24	
Participant ID XELSMPL0001		Deductibles: Individual: \$100 Family (combined): \$300	
<small>Riverside Community College District has hired HNAS to handle member claims and customer service. See back for contact information.</small>			

		www.blueshieldca.com/networkPPO	
Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.		Members Call HealthNow Admin Services: 855-581-1811 CA Providers Call: 800-541-6652 Locate provider outside of CA: 800-810-2583	
Providers: Please file all claims with local Blue Cross/Blue Shield licensee. File Medicare claims with Medicare if primary.			
Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.			
**Authorization is only required for in-patient services and bariatric treatment.		Submit California Medical claims to: Blue Shield of California PO Box 272540 Chico, CA 95927-2540	



How Claims Are Paid

Navigating the health care system can be confusing. At HealthNow Administrative Services (HNAS), our job is to help make it easier so you can focus on what's important — staying healthy. Below is a chart that shows how your claims get paid and how to read your Explanation of Benefits.



How Claims Are Paid Cont'd

Claim#: 219-00000000-00 Patient: JOHN TEST			Provider: TEST PROVIDER Member ID#: T99999999 Member Name: JOHN TEST				Patient Acct: 12345789				
A	B	C	D	E	F	G	H	I	J	K	
Service Dates	Service Code	Proc. Code	Billed Amount	PPO Discount	Reason Code	Non Covered	Deductible Amount	Co-pay Amount	Coinsurance Amount	Plan Payment Amount	
09/19-09/19/2019	306	77066	\$512.00	\$86.07	QE	\$0.00	\$105.92	\$0.00	\$64.00	\$256.01	
09/19-09/19/2019	255	G0279	\$65.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$65.00	
Column Totals			\$577.00	\$86.07		\$0.00	\$105.92	\$0.00	\$64.00	\$321.01	
Patient's Financial Responsibility \$169.92										L	
										M	
										\$0.00	
										\$321.01	

An Explanation of Benefits is a summary of provider charges, benefit plan allowances, and patient responsibility amounts.

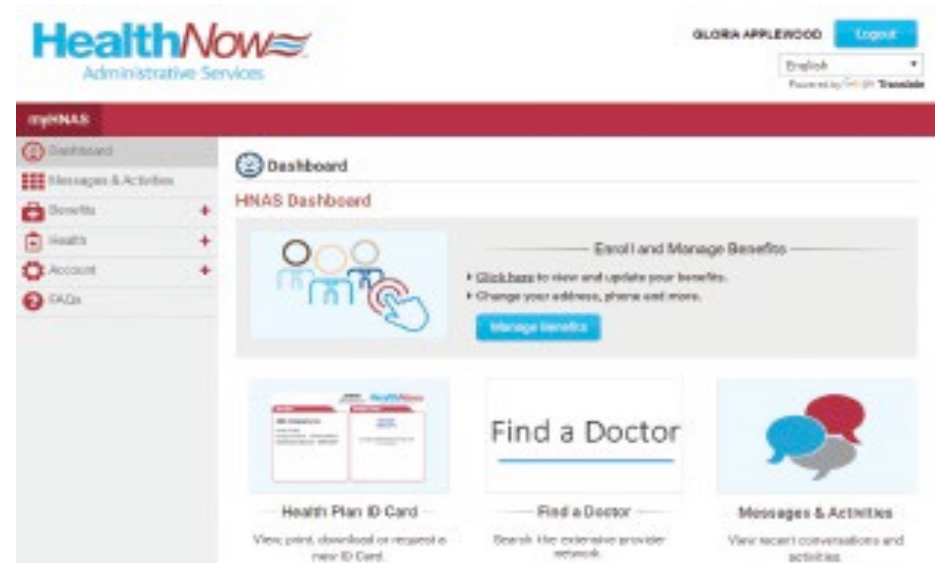
- | | |
|---|---|
| A Date(s) service was provided | H Amount you pay before your health insurance plan begins to pay |
| B Code for the type of service you received | I Amount you pay each time services are provided |
| C Code for the type of procedure you received | J Coinsurance is your share of the costs of a covered service |
| D Amount charged for service provided | K Plan responsibility before adjustments |
| E Amount provider deducts from total charge | L Any adjustments to the full cost of the claim |
| F Code for an explanation of payment reduction or a reason for a denial of claim (code descriptions are in the <i>Reason Code/Description</i> section of your EOB) | M Final payment amount of claim |
| G Costs for services not covered under your plan | N Total amount you are responsible for paying |



Getting Started with myHNAS

Access your claims, eligibility, temporary health plan ID card, locate a provider, and other valuable plan information 24/7 through myHNAS.

1. Go to www.myHNAS.com
2. First-time users, select Register Now
3. Enter the required registration information and click Submit
4. Read the Terms of Service Agreement and click Agree
5. Read the Notice of Privacy Practices and click Agree
6. Create a username, password, and security questions and answer, then click submit.



NOTE: Your password must include at least six characters and at least one number or symbol.



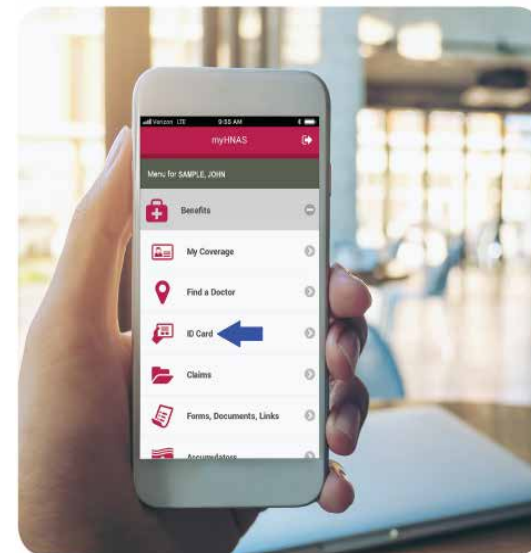
Getting Started with myHNAS Cont'd

ACCESS on the go!

Have the account information you need, right when you need it most. With the myHNAS mobile app, you can easily access your benefit portal on the go. Enjoy all the amenities of the online portal from your Apple or Android device.

Virtual ID Card

Carry your virtual ID card in your pocket by using your device to access the myHNAS Mobile app. Simply select ID card from the mobile menu, and click Get ID Card Now. Your ID card image appears sized on your device screen, easily viewable by your doctor or other provider. You may use this card to access health care services and doctors.



Download myHNAS today!



Wellness Resources

We offer wellness resources on the myHNAS portal including:

- **Challenges and Games:** Activity Challenges, Trivia Game Standings
- **Food and Fitness Tracker:** Gathers data from apps/devices for steps, activity and more
- **Online Activities:** Health Risk Assessment, Online Education, Trivia Games
- **Badges:** Current Badges available for activities completed
- **Prevention:** Preventive Services Search
- **My Advocacy:** Health Advocate
- **GlobalFit:** Gym Discount Network



Health Advocate

Who Is Health Advocate? A 24/7 Health concierge Service

This unique resource is available at no cost exclusively to HealthNow Administrative services members and their families.

How can Health Advocate Help You?

- Help navigating various health care issues
- Assistance with eldercare concerns
- Research current treatments for medical conditions
- Secure second Opinions
- Help scheduling appointments with hard to reach specialists
- Untangle claims, billing, and payment issues
- And lots more



How do I reach them? Simply call Health Advocate toll free at **1-866-695-8622** 24 hours a day, 7 seven days a week.



Health Advocate Mobile App

Free • Convenient • On-the-Go Help

The new Health Advocate app makes it easy to get in touch with a Personal Health Advocate and get help handling a wide variety of healthcare and insurance issues.

- Get personalized help improving your health and saving on healthcare costs
- Instantly upload relevant documents and forms
- View tips on important consumer topics like ways to save money on your healthcare expenses or how to make the most of your medical visits
- Access trusted information on virtually any health topic like weight loss, pregnancy, first aid, chronic conditions and much more
- Get 24/7 live support from your Personal Health Advocate, who is standing by to answer your questions or help you with any of your healthcare and insurance-related issues

How to Download our FREE Mobile App



(for iPhone and iPad):

1. Tap the AppStore icon on the home screen.
2. Tap the magnifier search icon at the bottom of the screen, and type "Health Advocate" in the search bar.
3. Tap INSTALL.



(for Android):

1. Tap the Google Play icon on the home screen.
2. Tap the magnifier search icon in the top right corner, and type "Health Advocate" in the search bar.
3. Tap INSTALL.

Once you've downloaded the app, be sure to register!

- Tap the Health Advocate app icon on your phone to open the app
- Tap the **Member Login** button
- Type the **name of your organization**, select it from the drop-down box, and click "Continue"



Get started with Teladoc

1 Set up account

Visit www.teladoc.com/bsc, complete the required information, and click on *Set up account*. You can also call Teladoc at **1-800-Teladoc** (835-2362) for help.

2 Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Web: Log in to www.teladoc.com/bsc and click *Update medical history*.

Mobile: Visit www.teladoc.com/mobile to download the app. Log in and go to the menu icon on the top left to complete the "Medical Info" section.

Phone: Teladoc can help you complete your medical history over the phone. Call **1-800-Teladoc** (835-2362).

3 Request a consult

Once your account is set up, request a consult anytime you need care.

**Talk to a doctor
anytime for a
small copay***

- \$45 consult fee until the deductible is met, then a \$0 copay.

PHARMACY



Questions?
Express Scripts
866-832-9259
www.express-scripts.com

	Retail (34 days supply)	Mail Order (90 days supply)
Individual Out of Pocket		\$200
Family Out of Pocket		\$400
Generic	\$2	\$4
Preferred brand drugs	\$10	\$20
Nonpreferred brand drugs	\$10	\$20
Specialty drugs	\$10	\$20

Terms to Know:

Formulary – A formulary is a list of drugs that are preferred by the plan. Plans use formularies to encourage the most cost-effective drugs. Your plans formulary should be available to you through your employer.

Participating Pharmacy – Is a pharmacy that contracts with your medical plan. You can find a participating pharmacy on your plan's website or app.

Mail Order – You can get maintenance medicines by mail order, usually in a 90-day supply and for a lower co-pay amount than you would receive if you picked your prescription up at the pharmacy

For additional information, please call 866-832-9259 or log on to www.express-scripts.com

All specialty prescriptions require prior authorization review through the Keenan Pharmacy Care Management Program. Physicians should contact US-Rx Care at 844.744.4410.

