

Your Blue Shield Benefits Guide

HDIEET Shield Spectrum PPO

A.	Getting started.....	2
B.	Accessing care	3
C.	Getting your prescriptions	5
D.	Manage your health.....	6
E.	Alternative care and vision discounts	8
F.	Filing an appeal.....	9
G.	Know who to call.....	12

This Blue Shield Benefits Guide is your easy-to-use reference manual. For complete information about the coverage and specific benefits of your PPO plan, please refer to your *Evidence of Coverage and Disclosure Form (EOC&D)* booklet, a copy of which can be downloaded at HDIEET.org.

Look inside for tips on how to:

-  save money
-  get information online
-  save time
-  get information by phone



Getting started

As a Blue Shield member, one of the first things you should do is register at blueshieldca.com, our award-winning Web site. Just click on *Register Now*, and enter your member ID number and your birth date. Here you'll have anytime access to valuable resources that can help you make decisions about your health care, learn about your benefits, manage your costs, and improve your well-being.

For information about the coverage and specific benefits of your Shield Spectrum PPOSM plan, please refer to your *Evidence of Coverage and Disclosure Form (EOC&D)* booklet, a copy of which can be downloaded at HDIEET.org. You may also call your dedicated Member Services team at **(800) 642-6155**.

Selecting your doctor

Your Shield Spectrum PPO plans gives you the option to go to a network doctor or a non-network doctor or hospital each time you access care.



At blueshieldca.com, you can find a network physician or specialist by location, medical group, gender, languages spoken, and specialty. If you don't know the type of specialist you need, you can search by condition or procedure. Just click *Find a Provider* on the home page.

How to locate a network provider

Your copayments and coinsurance amounts will typically be at the lowest amount for your plan when you access network providers. By visiting blueshieldca.com and clicking on *Find a Provider*, you can find a network physician by specialty, location, medical group, gender, and languages spoken.

If you don't have access to the Internet, contact Member Services at **(800) 642-6155** for help finding a network physician or to get a printed directory of Shield Spectrum PPO doctors.

Choosing a non-network provider

When you decide to go to a non-network provider, you'll be responsible for paying a percentage of the provider charges, as well as charges above Blue Shield's allowable amount. Also, your copayments and deductibles may be higher, and your calendar-year copayment maximum is set at the highest level for your PPO plan.

You'll also need to file a claim with Blue Shield when you visit a non-network provider. If you need a claim form or have coverage questions about a bill presented to you by a non-network provider, call Member Services at **(800) 642-6155**.

Your Blue Shield member identification card

You should carry your Blue Shield member identification (ID) card with you at all times and show it at your doctor's office at the time of your visit. Your Blue Shield member ID card lists important information, such as your subscriber ID number, your employer group number, and your Member Services phone number.

If you need to order an additional ID card, go to blueshieldca.com, log in, and click on *My Health Plan*. Select *Order Blue Shield ID Cards* and follow the instructions. You will receive your new ID card via U.S. mail within seven to 10 business days. If you don't have access to the Internet, contact Member Services at **(800) 642-6155**.

B.

Accessing care

General care


When you go to a network provider, your annual routine physical exam – and annual gynecological exam for women – is available to you before you meet your plan's deductible. You will pay only a fixed copayment (the lowest amount under your plan benefits) for your preventive examinations. For an explanation of copayments, deductibles, and allowable amounts, please refer to your EOC&D booklet.

For office visits that don't involve preventive care, there is a copayment for seeing network providers and there is no deductible. For non-network providers, there is a deductible and the percentage copayment is higher.

For an office visit with a non-network provider, you must first meet your plan deductible. Your copayment is a percentage of Blue Shield's allowable amount for services received. You will also be responsible for all charges above the allowable amount.

Specialty care

To keep your medical costs down, it's wise to go to a specialist who is in our preferred provider network. For an office visit with a non-network provider, you will be responsible for all charges above the allowable amount.

 You can save money by going to a specialist who is in our preferred provider network. To locate a network provider, visit the *Find a Provider* section of [blueshieldca.com](https://www.blueshieldca.com) or call Member Services at (800) 642-6155.

Access to care guidelines

Blue Shield asks its providers to adhere to the following guidelines. Your experience may differ from these guidelines depending on your particular circumstances. In general, you can expect to obtain an appointment as soon as possible.

Type of care	Timing
Emergency care	Immediately
Urgent care	Within 24 hours
Non-urgent care with personal physician	Within 7 calendar days
Routine physical exam with personal physician	Within 30 calendar days
Non-urgent specialist referral/consultation	Within 14 calendar days


Urgent care

When you need urgent care, you can keep your medical costs down by choosing a provider from our broad network of preferred physicians and urgent care centers. You should seek urgent care from your regular physician whenever possible. You can locate the closest network urgent care facility by going to [blueshieldca.com](https://www.blueshieldca.com), clicking *Find a Provider* on our home page, then looking for the *Find a Hospital and Other Facilities* option. You may also call Member Services at **(800) 642-6155**.

Urgent care away from home

Through the BlueCard® Program, you and your eligible family members will have access to urgent care across the country and around the world. You can locate a BlueCard provider at any time by calling **(800) 810-BLUE** (2583) or by going to the *Find a Provider* section of [blueshieldca.com](https://www.blueshieldca.com).

We recommend bringing a list of BlueCard providers to your travel destination. You should always travel with your Blue Shield member ID card, because it contains information that a BlueCard provider will need. Once you've received services from a BlueCard provider, you will be sent an Explanation of Benefits showing your payment responsibility.

 Urgent care centers are a convenient and cost-effective alternative when your regular physician is not available to see you. Urgent care centers treat patients with conditions that need immediate attention, but are not life-threatening.

Except in an emergency, if you access care from a provider who is not in the BlueCard network, you will have a higher copayment, and you must pay for any charges over Blue Shield's allowable amount. For more information about allowable amounts for non-network providers, please refer to your EOC&D booklet.

Emergency care

Wherever you are, if you reasonably believe that you have an emergency medical condition or mental health condition that requires an emergency response, you should seek care at the nearest medical facility. We encourage you to call 911, when appropriate.

Remember, you are covered for emergency care anywhere in the world, and the higher copayments associated with non-network hospitals do not apply to emergency care. For emergency room visits that result in direct admission to the hospital, you or a family member must notify Blue Shield by the end of the first business day following treatment, or as soon as it is reasonably possible to do so. You can notify Blue Shield by calling our Medical Management department at **(800) 343-1691**.

Second opinions

You can seek a second opinion for any reason without obtaining a referral from your regular doctor. You have the option of seeking a second opinion from a physician who is not in Blue Shield's preferred network. However, to keep your medical costs down, it's best to seek a second opinion from within our preferred provider network. Your copayment for a second opinion office visit is the same as for other non-preventive, non-emergency office visits. For details, please refer to your EOC&D booklet.

Mental health or substance abuse care

If your Blue Shield plan includes coverage for mental health and substance abuse (MHSA) care, you can access medically necessary inpatient care for substance abuse acute detoxification through Blue Shield network and non-network providers. For all other PPO network mental health and substance abuse care, Blue Shield contracts with U.S. Behavioral Health Plan, California (USBHPC). You may also choose to go to any non-participating provider, for a higher out-of-pocket cost.

You can find a USBHPC participating provider online by going to **blueshieldca.com** and clicking *Find a Provider* on the home page. Select *Find a Doctor, Blue Shield PPO* as your plan, and *Mental Health Caregivers* as your doctor type to search within the MHSA network. If you do not have access to the Internet, you may call the USBHPC directly at **(877) 263-9952**. Once you've selected a USBHPC participating provider, you'll still need to phone USBHPC for authorization.

For details about your mental health and substance abuse benefits, please refer to your EOC&D booklet.

Hospital care

If you need to be hospitalized, you will receive the highest level of benefits when you choose a network hospital. If you are admitted to a non-network hospital, you must first meet your plan deductible. Your copayment will be a percentage of Blue Shield's allowable amount for hospital services and you will also be responsible for charges above the allowable amount. For more information about allowable amounts, refer to your EOC&D booklet.

Whenever you are admitted to the hospital, you or your doctor must notify Blue Shield. Failure to notify Blue Shield in advance of any scheduled hospitalization will result in you being charged a Benefit Management Program fee.

If you access care through the BlueCard Program out of state, your inpatient hospital service benefits are the same as when you go to a network hospital here in California. If you have any questions about out-of-state or foreign claims, call Member Services at the number shown on your Blue Shield member ID card.



Getting your prescriptions

1. Find out if a medication is on our formulary.

The Blue Shield Drug Formulary is a comprehensive list of preferred drugs. To find out whether a drug is included in the formulary, whether a brand-name drug has a generic equivalent, and whether a drug has coverage restrictions, go to [blueshieldca.com](https://www.blueshieldca.com) and click on the *Pharmacy* link. For drugs that are not in the formulary, check your EOC&D booklet to determine whether you are covered for non-formulary drugs at a higher copayment.

If you don't have access to a computer, contact Member Services at **(800) 642-6155**.

2. Locate a network pharmacy and fill your prescription.

While logged on to [blueshieldca.com](https://www.blueshieldca.com), click *Pharmacy*, and then click the *Find a Pharmacy* link on the next page you see. Go to a network pharmacist, and present your prescription and your Blue Shield member ID card to receive up to a 30-day supply of covered medications.

3. Save money with generic equivalents.

It's important to note that your copayment is higher for brand-name drugs than for their generic equivalents. And if you request a brand-name drug when a generic drug is available, you are responsible for paying the cost difference as well as the generic copayment for your plan. If your prescription is for a brand-name drug that has no generic equivalent, you will only be responsible for paying the formulary brand-name or non-formulary brand-name copayment as specified in your EOC&D booklet.



Go to the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com) to use our *Ask the Pharmacist* feature. You can submit a question to a pharmacist at the University of California, San Francisco and receive a personal, confidential response to your questions about your prescriptions, over-the-counter medications, herbal products, or dietary supplements.

Prescriptions by mail

If you take a particular drug for a chronic or long-term medical condition such as diabetes or high blood pressure, you may be able to get your prescriptions by mail through PrimeMail. Members who take stabilized doses of covered long-term maintenance medications can order a mail service refill of up to a 90-day supply. You may save money on your copayment, and there is no charge for shipping.

To get started, go to the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com) and click on *Mail Service Prescriptions* to request an order form.

After sending your initial maintenance drug prescription to PrimeMail, you can order refills online by going to [MyPrimeMail.com](https://www.MyPrimeMail.com). If you prefer to renew your prescription by phone, you can call PrimeMail at **(866) 346-7200**.

D.

Manage your health

Blueshieldca.com for personalized online support


As a Blue Shield member, one of the first things you should do is register at blueshieldca.com.

Our Web site gives you easy access to resources that can help you improve your health and better manage your costs and your health plan.

Treatment decision guides

Blue Shield's treatment decision guides help you make informed healthcare choices. Visit blueshieldca.com to find these powerful online tools:

- **Hospital Comparison Tool** – rates selected hospitals on procedure volume, complication and mortality rates, length of stay, and relative cost.
- **Treatment Options Tool** – searches a database of information on treatment options along with issues that you may want to discuss with your physician.
- **Drug Interactions** – provides information on interactions among prescription drugs, over-the-counter medications, dietary supplements, and herbal products.

 **What's my copayment amount? Is there a deductible? Where do I file a claim? *My Health Plan* is the place to get all the details about your specific plan benefits.**

My Health Plan

By logging onto *My Health Plan*, you can access important benefits information:

- **Verify Eligibility** – confirm coverage effective dates for you and your family.
- **Explore Your Benefits** – view your copayments and annual deductible amounts.
- **View Your Claims** – check status and view details, as well as sign up for e-mail claim alerts.
- **Contact Us** – find phone numbers, addresses, or send e-mail to a Member Services representative.



Healthy Lifestyle Rewards is an online, interactive program that helps you adopt and maintain healthy habits. Eat healthier, quit smoking, or start an exercise regimen. Go to blueshieldca.com/hlr to get started today.

Healthy Lifestyle Rewards

Adopting a healthier lifestyle can be a challenge, but Blue Shield makes it easier for you with Healthy Lifestyle Rewards. This interactive online program rewards you for taking steps to improve your health. For every 12 weeks that you log in and participate, you'll earn \$50 – up to \$150 for 36 weeks of participation.

Log in anytime to find the tools you need to start and stay on the road to better health. If you want to lose weight, manage stress, quit smoking, or get fit, you'll find programs, articles, progress trackers, and answers to your questions all in one place. You'll also receive e-mail updates to keep you focused and on track. Private yet interactive, Healthy Lifestyle Rewards helps you set goals and establish healthy lifestyle habits. To learn more, visit blueshieldca.com/hlr.

NurseHelp 24/7SM

Talk to a registered nurse anytime day or night to get answers to your health-related questions. Experienced nurses can help you learn about a condition, evaluate treatment options, develop a healthier lifestyle, or determine whether to see a doctor – all by phone and all for no added charge.

As a Blue Shield member, you can use this convenient service whenever you need it. Get immediate answers and reliable information about:

- Minor illnesses and injuries
- Chronic conditions
- Medical tests and medications
- Healthy eating and exercise

Just call **(866) 543-3728** or TTY **(800) 855-2880**. You can also chat online with a registered nurse by registering at **blueshieldca.com** and going to the *Health & Wellness* section.

LifeReferrals 24/7SM

Get convenient support on a wide variety of topics to assist you with personal, family, and work issues. For personal issues like relationship problems and grief, you can talk to trained counselors and set up face-to-face sessions with licensed therapists. If you have legal or financial questions, you can consult with an attorney or financial professional. All services are confidential and available at no extra cost. Call toll-free any time, day or night, at **(866) 543-3728**.



Call **(866) 543-3728** to talk to registered nurses and master's-level counselors 24 hours a day, every day, about anything – relationship issues, parenting dilemmas, and health questions.

Comprehensive health management programs

Building on research from national experts, these programs give you the tools, knowledge, and support you need to better manage your health and wellness. For more information about our health management programs, go to **blueshieldca.com** and click on *Health Programs* in the *Health & Wellness* section, or call **(877) 289-4415**.

- **Prenatal Program** – Our helpful pregnancy and childbirth education program gives practical advice and useful information from the first trimester to long after the baby comes home.
- **Asthma Management Program** – Based on guidelines from the National Asthma Education and Prevention Program, this program tailors asthma care strategies for children and adults, empowering them to effectively manage their asthma with help from their doctors.
- **Diabetes Management Program** – This program promotes diabetes self-management skills by giving participants valuable tools and skills, including educational materials and schedules for hemoglobin A1c, cholesterol, and complications screening.
- **Coronary Artery Disease Management Program** – With a goal of lowering risk and preventing further problems, this program empowers members with heart disease to make the necessary lifestyle changes to help improve their quality of life.
- **Congestive Heart Failure Program** – This program offers qualified members an at-home monitoring program that tracks patient weight, heart failure symptoms, and medication compliance for members diagnosed with severe heart failure.
- **COPD Self-Management Program** – Members with chronic obstructive pulmonary disease (COPD) are given help and education on promoting lung health and how to use medication to help keep symptoms under control and reduce shortness of breath.

E.

Alternative care and vision discounts

These programs offer discounts on services and supplies ranging from the traditional to the alternative. They're extra ways that we make health and wellness resources available to you. To locate a participating provider for these discount programs, go to the *Find a Provider* section of blueshieldca.com.

Alternative Care Discount Program

We offer you access to alternative health and wellness services at a generous reduction in cost – at least 25% off published fees for these services from participating practitioners:

- Acupuncture
- Massage therapy
- Chiropractic

To take advantage of the Blue Shield discount program, go to the *Health & Wellness* section of blueshieldca.com or call American Specialty Health Networks of California Inc. (ASH Networks) at **(888) 999-9452**. Then make an appointment and present your Blue Shield member ID card when you arrive.

Please note: The Alternative Care Discount Program is made available through an arrangement with American Specialty Health Networks of California Inc. (ASH Networks), and is not a covered service of any Blue Shield health plan. ASH Networks credentials and manages the program's practitioners. None of the terms and conditions of Blue Shield health plans apply. Blue Shield of California and ASH Networks do not review the program's practitioner services and products for medical necessity or efficacy, and make no representations, claims, or guarantees regarding their services or products. Members who use the discount program are responsible for the payment of services provided by participating network practitioners, including payment for cancelled or missed appointments. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process described in Section F of this guide. Blue Shield reserves the right to terminate this program without notice.

Discount Vision Program

As a Blue Shield member, you can visit a select group of participating providers in the Discount Vision Program and show your Blue Shield member ID card to receive a 20% discount on vision care services and supplies, including:

- Routine eye examinations
- Eyeglass frames and lenses
- Photochromatic lenses
- Tints and coatings

Go to the *My Health Plan* section of blueshieldca.com and scroll down to *Additional Coverage*, or call Member Services at the number listed on your member ID card for details.

Please note: The Discount Vision Program is for Blue Shield members who reside in California, and is not a covered benefit of Blue Shield of California health plans. None of the terms or conditions of Blue Shield's health plans apply. Disposable and replaceable contact lenses, eyeglass frame repairs, promotional eyecare offers, medical and surgical eye treatment, and any services not specifically included in this program are excluded from the Discount Vision Program. Blue Shield of California does not review the program's practitioner services and products for medical necessity or efficacy, and makes no representations, claims, or guarantees regarding their services or products. Members who use the discount program are responsible for the payment of services provided by participating network practitioners, including payment for cancelled or missed appointments. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process described in Section F of this guide. Blue Shield reserves the right to terminate this program without notice.



For any questions about the Alternative Care Discount Program, call ASH Networks at **(888) 999-9452**.

F.

Filing an appeal

Blue Shield of California has established a grievance procedure for receiving, resolving, and tracking members' grievances with Blue Shield of California.

For all services other than mental health and substance abuse

Members, a designated representative, or a provider on behalf of the member, may contact the Member Services department by telephone, letter, or online to request a review of an initial determination concerning a claim or service. Members may contact the plan at the telephone number listed on their member ID card. If the telephone inquiry to Member Services does not resolve the question or issue to the member's satisfaction, the member may request a grievance at that time, which the Member Services representative will initiate on the member's behalf.

The member, a designated representative, or a provider on behalf of the member, may also initiate a grievance by submitting a letter or a completed Grievance Form. The member may request this form from Member Services. The completed form should be submitted to:

Blue Shield of California Member Services
Appeals and Grievance
P.O. Box 5588
El Dorado Hills, CA 95762-0011

The member may also submit the grievance online by visiting our Web site at [blueshieldca.com](https://www.blueshieldca.com). Simply log in and click *File a Grievance* on the home page under the "I've had care" heading.

Blue Shield will acknowledge receipt of the grievance within five calendar days. Grievances are resolved within 30 days. The grievance system allows members to file grievances for at least 180 days following any incident or action that is the subject of the member's dissatisfaction. Please refer to the Member Services section of your EOC&D booklet for information on the expedited decision process.

For all mental health and substance abuse services

For Blue Shield plans that include coverage for mental health and substance abuse care, the member, a designated representative, or a provider on behalf of

the member, may contact the mental health services administrator (MHSA) by telephone, letter, or online to request a review of an initial determination concerning a claim or service. Members may contact the MHSA at the telephone number noted below. If the telephone inquiry to the MHSA's Customer Services department does not resolve the question or issue to the member's satisfaction, the member may request a grievance at that time, which the Customer Service representative will initiate on the member's behalf.

The member, a designated representative, or a provider on behalf of the member, may also initiate a grievance by submitting a letter or a completed Grievance Form. The member may request this form from the MHSA's Customer Services department. If the member wishes, the MHSA's Customer Services staff will assist in completing the Grievance Form. Completed grievance forms must be mailed to the MHSA at the following address:

U.S. Behavioral Health Plan, California
Attn: Customer Service
P.O. Box 880609
San Diego, CA 92168
Toll-free contact: **(877) 263-9952**

The member may also submit the grievance to the MHSA online by visiting [blueshieldca.com](https://www.blueshieldca.com). Simply log in and click *File a Grievance* on the home page under the "I've had care" heading.

The MHSA will acknowledge receipt of a grievance within five calendar days. Grievances are resolved within 30 days. The grievance system allows members to file grievances for at least 180 days following any incident or action that is the subject of the member's dissatisfaction. Please refer to the Member Services section of your EOC&D booklet for information on the expedited decision process.

If the grievance involves an MHSA non-participating provider, members should contact the Member Services team at the telephone number listed on their member ID card.

Please note that if your employer's health plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

External independent medical review

If your grievance involves a claim or services for which coverage was denied by Blue Shield or by a contracting provider in whole or in part on the grounds that the service is not medically necessary or is experimental/investigational (including the external review available under the Friedman-Kowles Experimental Treatment Act of 1996), you may choose to make a request to the Department of Managed Health Care to have the matter submitted to an independent agency for external review in accordance with California law. You normally must first submit a grievance to Blue Shield and wait for at least 30 days before you request external review; however, if your matter would qualify for an expedited decision as described above or involves a determination that the requested service is experimental/investigational, you may immediately request an external review following receipt of notice of denial. You may initiate this review by completing an application for external review, a copy of which can be obtained by contacting Member Services. The Department of Managed Health Care will review the application and, if the request qualifies for external review, will select an external review agency and have your records submitted to a qualified specialist for an independent determination of whether the care is medically necessary. You may choose to submit additional records to the external review agency for review. There is no cost to you for this external review. You and your physician will receive copies of the opinions of the external review agency. The decision of the external review agency is binding on Blue Shield; if the external reviewer determines that the service is medically necessary, Blue Shield will promptly arrange for the service to be provided or the claim in dispute to be paid. This external review process is in addition to any other procedures or remedies available to you, and is completely voluntary on your part; you are not obligated to request external review. However, failure to participate

in external review may cause you to give up any statutory right to pursue legal action against Blue Shield regarding the disputed service. For more information regarding the external review process, or to request an application form, please contact Member Services.

California Department of Managed Health Care review

The California Department of Managed Health Care (DMHC) is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you should first contact Blue Shield at the number listed on your member ID card and use our grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Blue Shield, or a grievance that has remained unresolved for more than 30 days, you may call the DMHC for assistance. You may also be eligible for an independent medical review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by Blue Shield related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The DMHC also has a toll-free telephone number **(888) HMO-2219** and a TTY line **(877) 688-9891** for the deaf, hard of hearing, and speech-impaired. The DMHC's Internet site, www.hmohelp.ca.gov, has complaint forms, IMR application forms, and instructions online.

In the event that Blue Shield should cancel or refuse to renew the enrollment for you or your dependents, and you feel that such action was due to health or utilization of benefits, you or your dependents may request a review by the Department of Managed Health Care director.

 **If you have any questions about the services you received from Blue Shield or one of its providers, call your dedicated Member Services team at (800) 642-6155.**

Your right to privacy

Blue Shield of California protects the confidentiality and privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, and Social Security number. We will not disclose this information, except as permitted by law.

If you have any questions about how Blue Shield protects your privacy or confidentiality, please view the Blue Shield of California privacy policy by going to our Web site, **blueshieldca.com**. If you have questions or disagree with a decision Blue Shield has made about your personal and health information, you may contact our Privacy Office at:

Blue Shield of California Privacy Office
P.O. Box 272540
Chico, CA 95927-2540
Toll-free contact: **(888) 266-8080**
E-mail contact: **blueshieldca_privacy@blueshieldca.com**



Know who to call

For any questions regarding claims, general plan information, coverage, and authorization determinations, call your dedicated Member Services team Monday through Friday, 7 a.m. to 7 p.m.

- Member Services (800) 642-6155
- BlueCard® Program (800) 810-BLUE
- Medical Management department (800) 343-1691
- U.S. Behavioral Health Plan California (USBHPC) (877) 263-9952
(if your behavioral health coverage is provided through Blue Shield of California)
- PrimeMail Prescriptions by Mail (866) 346-7200
- NurseHelp 24/7 (866) 543-3728
- LifeReferrals 24/7 (866) 543-3728
- Health management programs (877) 289-4415
- Alternative Care Discount Program (888) 999-9452
- Blue Shield of California Privacy Office (888) 266-8080

Fill out the form below so you'll have all of your health information in one place:

Subscriber name:

ID number (from ID card):

Medical allergies:

Personal physician: Phone:

Specialist: Phone:

Other: Phone:

Other: Phone:

Dentist: Phone:

Pharmacy: Phone:

Urgent care center: Phone:

Hospital: Phone: