



EPO Plan

Frequently Asked Questions

1. What is an EPO?

An EPO (Exclusive Provider Organization) combines HMO and PPO features. You will continue to have co-pays and will need to stay within the plan's provider network; however, you will not need to name a primary care physician and you will not need a referral to see a specialist.

2. What is a provider?

A provider is a licensed health care facility, program, agency, doctor or health professional that delivers health care services.

3. What is our EPO network and how do I find a provider?

Check Provider Finder at www.anthem.com/ca. Be sure to search by plan and select "Blue Cross PPO (Prudent Buyer) – Large Group". If you are outside of California, please select "National PPO (BlueCard PPO)".

4. May I continue to see my current doctor when I join the EPO?

If your doctor is in the Anthem Prudent Buyer network, yes; however, if your current doctor is not in-network, services provided will not be covered. To find out if your current doctor is in the Anthem Prudent Buyer network, see question #3 above.

5. What happens if I see a doctor who is not in the EPO network of providers?

With an EPO, you are covered for services received from **network providers only**. If you see a doctor outside of the Anthem Prudent Buyer network, the services will not be covered and the entire cost of the services will be your responsibility (**except** in the case of an emergency).

6. Do I need to identify a primary care physician?

NO. You are not required to identify or use a primary care physician but you are encouraged to do so.

7. Do I need a referral to seek care from a specialist?

NO. You may choose to go to a specialist found within the Blue Cross PPO (Prudent Buyer) – Large Group in CA or the National PPO (BlueCard PPO) outside of CA.

8. What are my co-pays? What is covered?

Please refer to the Summary of Benefits and Coverage (SBC) for more details.

9. What do I do when I need emergency care?

Call 911 or seek help from any doctor or hospital immediately. This call may be made by you, a family member, the doctor or the hospital staff where services are received.

10. What does emergency care include?

Emergency Care includes health care services provided in a hospital emergency facility or emergency room or a comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the person's condition, sickness or injury is of such a nature that failure to get immediate care

could result in:

- Placing the patient's health in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of the fetus

11. What happens if I need medical care while I'm out of town?

EPO members will have an "EPO in a suitcase" logo in the bottom right hand corner of their member ID card have access to more than 800,000 doctors and 5,000 hospitals nationwide in the Anthem National BlueCard Program.

12. My children are away at college. How can they get services?

If they attend college in California, they can get services if they access a provider in the Anthem Prudent Buyer Large Group network. If they are outside of California, they will need to access a provider in the Anthem National BlueCard network. Please refer to how to find a doctor in network.

13. Will I have to file claim forms?

There are usually no claim forms to file. Show your member ID card and your network provider will file claims for you.

14. What if I need behavioral health care or chemical dependency treatment?

The Holman Group will provide these services, please refer to the Frequently Asked Questions for The Holman Group.

15. What do I do if I currently have mail order prescriptions through Anthem?

You will need to fill out a mail order form with Express Scripts. ESI will now be your primary contact and can be contacted at with 1-866-727-5892.

16. Will I have trouble refilling my prescription after January 1, 2018?

AUHSD has partnered with Express Scripts as our Pharmacy Benefits Manager effective January 1, 2018. To avoid any trouble, provide your pharmacy with your new card prior to or when requesting your refill.

17. I'm in the HMO plan now, do I have to enroll in the EPO?

NO. You will be automatically placed in the EPO plan at open enrollment. If you would prefer to switch to the PPO plan YOU MUST complete a new enrollment form for the PPO plan during Open Enrollment which is November 1 through November 15.

18. I'm in the PPO plan but would like to move to the EPO plan, do I have to enroll in the EPO plan?

YES. You must complete a Change Form for the EPO plan during Open Enrollment which is November 1 through November 15.

19. Effective January 1, 2018, who will I call with questions, problems, or concerns about my medical benefits?

AUHSD has partnered with Benefit Risk Management Services (BRMS) as our third party administrator. BRMS will now be your primary contact and may be contacted at 1-866-730-8588.