

## INTER-PLAN PROGRAMS

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### ***Out-of-Area Services***

#### Overview

The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever you access health care Services outside the geographic area the Claims Administrator serves, the Claim for those Services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When you receive care outside of the Claims Administrator's Services area, you will receive it from one of two kinds of providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Plan in that geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. The Claims Administrator explains how both kinds of providers are paid.

### ***Inter-Plan Programs Eligibility - Claim Types***

All Claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care benefits except when paid as medical Claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Plan Administrator to provide the specific Service or Services.

#### BlueCard® Program

Under the BlueCard® Program, when you receive covered health care Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what the Claims Administrator agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its Participating Providers.

Whenever you receive covered health care Services outside the Claims Administrator's Service Area and the Claim is processed through the BlueCard Program, the amount you pay for covered health care Services is calculated based on the lower of:

- the billed charges for your Covered Services; or,
- the negotiated price that the Host Blue makes available to the Claims Administrator.

Often, this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to your Health Care Provider. Sometimes, it is an estimated price that takes into account special arrangements with your Health Care Provider or provider group that may include types of settlements, incentive payments, and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of Health Care Providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of modifications of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for your Claim because they will not be applied after a Claim has already been paid.

### ***Special Cases: Value-Based Programs***

#### BlueCard® Program

If you receive covered health care Services under a Value-Based Program inside a Host Blue's Service Area, you will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments. Additional information is available upon request.

### **Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements**

If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to employer on your behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

### **Inter-Plan Programs: Federal/State Taxes/Surcharges/Fees**

Federal or state laws or regulations may require a surcharge, tax or other fee that applies to self-funded accounts. If applicable, the Claims Administrator will include any such surcharge, tax or other fee as part of the Claim charge passed on to you.

### **Nonparticipating Providers Outside the Claims Administrator's Service Area**

When covered health care Services are provided outside of the Claims Administrator's Service Area by Nonparticipating Providers, the amount you pay for such Services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, you may be responsible for the difference between the amount that the Nonparticipating Provider bills and the payment the Claims Administrator will make for the covered health care Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency Services.

### **Blue Cross Blue Shield Global® Core**

If you are outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter "BlueCard Service Area"), you may be able to take advantage of Blue Cross Blue Shield Global® Core when accessing covered health care Services. Blue Cross Blue Shield Global® Core is unlike the BlueCard Program available in the BlueCard Service Area in certain ways. For instance, although Blue Cross Blue Shield Global® Core assists you with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when you receive care from providers outside the BlueCard Service Area, you will typically have to pay the providers and submit the Claims yourself to obtain reimbursement for these Services.

If you need medical assistance Services (including locating a doctor or hospital) outside the BlueCard Service Area, you should call the service center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

### **Inpatient Services**

In most cases, if you contact the service center for assistance, Hospitals will not require you to pay for covered inpatient Services, except for your Deductibles, Coinsurance, etc. In such cases, the Hospital will submit your Claims to the service center to begin Claims processing. However, if you paid in full at the time of Service, you must submit a Claim to receive reimbursement for covered health care Services. You must contact the Claims Administrator to obtain Precertification for non-emergency inpatient Services.

### **Outpatient Services**

Physicians, urgent care centers[, urgent care centers] and other outpatient providers located outside the BlueCard Service Area will typically require you to pay in full at the time of Service. You must submit a Claim to obtain reimbursement for covered health care Services.

### **Submitting a Blue Cross Blue Shield Global® Core Claim**

When you pay for covered health care Services outside the BlueCard Service Area, you must submit a Claim to obtain reimbursement. For institutional and professional Claims, you should complete a Blue Cross Blue Shield Global® Core Claim form and send the Claim form with the provider's itemized bill(s) to the Service center (the address is on the form) to initiate Claims processing. Following the instructions on the Claim form will help ensure timely processing of your claim. The Claim form is available from the Claims Administrator, the service center or online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com). If you need assistance with your Claim, submission, you should call the service center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week.