



USC University of
Southern California



Welcome Brochure

Welcome to the USC Network Medical Plan	1
HealthComp Administrators	2
Understanding Your Plan ID Card . . .	3
How to Read Your Explanation of Benefits (EOB)	5
Using Your Prescription Drug Benefits	7
Using Your Vision Benefits	9
HealthComp Online	10

Welcome to the USC Network Medical Plan

The USC Network Medical Plan is a self-funded medical benefit program provided by the University of Southern California. As a Participant/Covered Person of the USC Network Medical Plan, Benefits are administered by the University with HealthComp, Anthem Blue Cross and CVS Caremark each providing certain administrative services.

The USC Network Medical Plan is a Preferred Provider Organization (PPO) that includes two tiers of In-Network providers (Tier 1 and Tier 2) and Non-Network providers (Tier 3).

Tier 1 Providers

To ensure you receive the highest level of benefits, access Tier 1 providers – USC Care Medical Group, Keck Hospital of USC, USC Norris Cancer Hospital and USC Verdugo Hills Hospital.

The USC Network Medical Plan pays Tier 1 benefits to Tier 2 providers when services are rendered to Covered Persons under age 26.

To find Tier 1 (Keck Medicine) providers call the Trojan Family Navigator at (323) TROJANS/(323) 876-5267 or visit www.keckmedicine.org.

Tier 2 Providers

Anthem Blue Cross maintains the Tier 2 provider network (Anthem Blue Cross Prudent Buyer providers in California and BlueCard® program providers outside of California).

To find Tier 2 providers anywhere in the U.S., call (800) 888-8288 or visit www.anthem.com/ca. To find participating providers outside of the U.S., call BlueCard Worldwide Access at (800) 810-2583 or visit www.bluecardworldwide.com.

Tier 3 Providers

You may also access Non-Network Tier 3 providers for medically necessary covered services. You'll receive the lowest level of benefits and your out-of-pocket costs will be higher than if you accessed care through Tier 1 or Tier 2 In-Network providers.

Prior Authorizations

Anthem Blue Cross provides Prior Authorization for all scheduled hospitalizations, outpatient surgical procedures, speech therapy and certain mental health services. Physical and occupational therapy require Prior Authorization after the first 12 visits of the calendar year.

HealthComp Administrators

HealthComp is a Third Party Administrator (TPA) responsible for processing all medical claims, maintaining eligibility, generating Plan ID cards, and providing customer service for members of the USC Network Medical Plan.

Contact information for HealthComp is shown below and is also printed on the front of your Plan ID card. Information on where to submit medical claims is printed on the back of your Plan ID card.

Present your ID card each time you receive medical care or purchase prescription drugs to ensure all claims are filed correctly. See pages 3 and 4 in this brochure for a description of the information included on the front and back of your ID card.

For questions about benefits, eligibility or claims, or to request additional or replacement plan ID cards, contact:

HealthComp Customer Service

**Telephone (toll free): (855) SC-PLANS / (855) 727-5267
Monday-Friday, 6:00 a.m. to 4:30 p.m. PST**

HCOonline

You can also access **HCOonline** (HealthComp's secure web portal) to access claims history, view electronic Explanation of Benefits (EOBs), review benefits and eligibility information and more. See page 10 for information on how to access HCOonline and set-up a user account.

Understanding Your Plan ID Card

All Participants enrolled in the USC Network Medical Plan receive an ID card. Two ID cards are initially mailed out if you cover one or more dependents, but you can request additional cards. Present your ID card each time you receive medical care or purchase prescriptions drugs.

California ID Card—Front

1 Anthem

2 Subscriber Name: **John Doe**

3 Subscriber ID: **TRJ NP1234567**

4 Anthem Group Number: 276727M001

5 Plan Code: 040

6 HealthComp Group Number: SC1

7 MEDICAL
Eligibility • Claims • Customer Service
HealthComp (TPA)
855-SC-PLANS (855-727-5267)
www.healthcomp.com

8 PRESCRIPTION DRUGS
Rx Bin: 004336
Rx PCN: ADV
Rx Group: RX0659
777-807-7341
www.caremark.com

9 PRUDENT BUYER

10 CVS CAREMARK

THIS CARD IS FOR IDENTIFICATION ONLY.
POSSESSION CONFERS NO RIGHT TO
BENEFITS OR GUARANTEE OF COVERAGE.

California ID Card—Back

11 **Prior-authorization:** Prior-authorization is required for scheduled hospitalizations, outpatient surgical procedures, speech therapy and certain mental health services. Physical & occupational therapy require prior-authorization after the first 12 visits of the calendar year. Notification of an emergency admission must be made within 48 hours.

12 **Submit California medical claims to:**
Prudent Buyer Plan
PO Box 60007 • Los Angeles, CA 90060-0007

13 **Medical claims outside of CA:** Submit to your local Blue Cross and/or Blue Shield plan in the state where services are rendered. To ensure prompt claims processing, include the 3 digit alpha prefix (TRJ) that precedes the patient's ID number.

14 **Prior-Authorization:** 800-274-7767

15 **Vision Service Plan*:** 800-877-7195
(VSP Choice Network)
(www.vsp.com)

*Not a Blue Cross / Blue Shield product

16 **HOW TO LOCATE A NETWORK PROVIDER**
Tier 1 (USC) www.keckmedicine.org
Tier 2 (Anthem) www.anthem.com/ca

17 Anthem Blue Cross Life & Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.

Understanding Your Plan ID Card – Reference


- 1 Anthem Blue Cross logo identifies USC's contracted Tier 2 provider network.
- 2 This is the name of the primary subscriber (employee). All ID cards are issued with the subscriber's name.
- 3 Subscriber ID is the number which should be used for identifying the subscriber eligibility record.
- 4 Anthem Group Number is the Anthem Blue Cross assigned group number.
- 5 Plan Code 040 is a code used by Anthem Blue Cross to identify the USC plan.
- 6 HealthComp Group Number is used by HealthComp to identify the USC account. You may be asked for this number when contacting HealthComp.
- 7 HealthComp is USC's Third Party Administrator (TPA). Contact HealthComp with Member Service, Eligibility and benefit-related questions.
- 8 CVS Caremark is your prescription benefits manager. Contact Caremark if you have prescription related questions. The RX Bin, PCN and Rx Group number are used by your pharmacy when processing your prescription drug claim.
- 9 Prudent Buyer is the name of the Anthem Blue Cross PPO provider network.
- 10 PPO suitcase logo indicates you have access to Anthem Blue Cross PPO providers nationwide.
- 11 Most common prior-authorization requirements are listed here. It is important to adhere to all prior-authorization requirements.
- 12 Mailing address for all medical claims incurred in California, if not submitting electronically to Anthem.
- 13 Blue Cross/Blue Shield note to providers, reminding them to use the TRJ prefix when submitting claims incurred outside of California to their local Blue Cross/Blue Shield plan.
- 14 List of vendor numbers to call when requiring medical prior-authorization and member eligibility/benefit questions.
- 15 Phone number Anthem Blue Cross Prudent Buyer providers use for claims inquiries.
- 16 Web addresses used to locate Tier 1 (Keck Medicine) and Tier 2 (Anthem) providers.
- 17 Anthem Blue Cross is legally required to include this disclaimer on ID cards accessing their name and logos.

How to Read Your Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is important because it verifies that a claim was received by your insurance, documents payment and/or reason(s) for denial and patient responsibility. It also provides the "Covered Amount" Tier 1 and Tier 2 providers have agreed to accept as plan payment and clearly specifies your patient responsibility.

Field descriptions included on an EOB:

- 1 Treatment Dates:** corresponds to the date(s) of treatment.
- 2 Service Code:** HealthComp's billing code for the type of service provided.
- 3 Charge Amount:** the charges submitted by your provider for services rendered (please verify that this amount corresponds with the amount billed to you by the provider of service).
- 4 Not Covered:** charges that are "not covered" and therefore will not be considered for payment by the Plan such as "over usual and customary fees" or exclusions by the Plan.
- 5 Reason Code:** HealthComp's reason code for charges that are not covered or require further explanation.
- 6 PPO/EPO Discount:** the amount of the contractual PPO discount for service provided.
- 7 Covered Amount:** the allowable charges under your Plan or the amount your PPO provider has agreed to accept for services rendered.
- 8 Deductible Amount:** not applicable – the USC Network Medical Plan does not have any deductibles.

SAMPLE	
 P.O. Box 45018, Fresno, CA 93718-5018 Phone: 800.442-7247	
DATE: 01/10/13	
EXPLANATION OF BENEFITS	
EMPLOYEE : JANE DOE SSN : XXX-XX-XXXX GROUP : UNIVERSITY OF SOUTHERN CALIF. GROUP ID : SC-1	CLAIM : 100-SC1-XXX-XXXXXX-XX INCURRED : 01/03/13 PATIENT : JANE DOE

9 Co-pay Amount: any applicable Plan co-payment(s) that patient is responsible for.

10 PCT: the percent the Plan will pay of the "Covered Amount", after any copay requirements have been met. The percentage may vary depending on whether you are utilizing an In-Network (Tier 1 or Tier 2) or Non-Network (Tier 3) provider.

11 Payment Amount: amount paid by the Plan.

12 Deductible Amount Detail: not applicable – the USC Network Medical Plan does not have any deductibles.

13 Other Insurance Credits: represents the amount paid by other insurance (i.e., spouse's plan, Medicare) or previously paid by the Plan if a supplemental payment is being made.

14 Total Payment Amount: total payment made by the Plan for this Explanation of Benefits.

15 Patient Responsibility: amount to be paid to the provider(s) by the Covered Person once provider bill is received.

16 Payment Distribution: identifies the name of the payee, along with the payment amount and check number of each payment made on the EOB.

17 Service Code: a description of the service code in section "2".

18 Reason Code: a description of the reason code in section "5".

TREATMENT DATES	SERV CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	PPO/EPO DISCOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	CO-PAY AMOUNT	PCT	PAYMENT AMOUNT
A) 01/03-01/03/12	411	92.25	.00	C7	38.42	53.83	.00	.00	90	48.45
		92.25	.00		38.42	53.83	.00	.00		48.45

12 YOU HAVE SATISFIED \$ 0.00 OF YOUR STANDARD DEDUCTIBLE
 YOU HAVE SATISFIED \$ 0.00 OF YOUR STANDARD FAMILY DEDUCTIBLE
 YOU HAVE SATISFIED \$ 0.00 OF YOUR PPO DEDUCTIBLE
 YOU HAVE SATISFIED \$ 0.00 OF YOUR PPO FAMILY DEDUCTIBLE

13 OTHER INSURANCE CREDITS .00
14 TOTAL PAYMENT AMOUNT 48.45
15 PATIENT RESPONSIBILITY 5.38

PAYMENT DISTRIBUTION

CODE	PAYEE	AMOUNT	CHECK NUMBER	ACCOUNT
A)	DR SMITH EMP) JOHN DOE	\$ 48.45	0000123456	12345

SERVICE CODE	REASON CODE
411 PHYSICIAN XRAY / LAB SERVICE	C7 BLUE CROSS OF CA DISCOUNT.

MESSAGES

THIS IS YOUR ONLY COPY. PLEASE RETAIN FOR YOUR RECORDS.

Using Your Prescription Drug Benefits

When you enroll in the USC Network Medical Plan, you automatically receive prescription drug coverage administered by CVS Caremark. If prescriptions are filled at a Network Pharmacy, the amount you pay for up to a 30-day supply is shown below.

Retail Prescription Drug Benefits	
Drug Type	Network Pharmacy (Retail and Mail) (up to 30-day supply)
Generic	\$10 copay
Brand Name (No Generic Available)	20% coinsurance (\$30 min copay; \$125 max copay)
Brand Name (Generic Available)	50% coinsurance (\$30 min copay; no maximum)
Specialty Medications	\$200 copay

Network Pharmacies

Network pharmacies include:

- USC Health Center Pharmacy - UPC
- USC Pharmacy - UPC
- USC Medical Plaza Pharmacy - HSC
- Verdugo Professional Pharmacy
- Verdugo Medical Pharmacy
- CVS
- Rite Aid
- Costco
- And many more independent pharmacies

To find Network pharmacies in your area, call CVS Caremark at (877) 807-7341 or visit www.caremark.com.

If a Prescription is Filled at a Non-Network Pharmacy, the Plan will reimburse you 50% of the Plan's CVS Caremark contracted rate (not 50% of cost). Your reimbursement request must be received within 60 days of the fill in order for the Plan to consider for reimbursement.

Mail Order Program

For your convenience, CVS Caremark offers a mail order program. Copays/coinsurance through mail order are the same as under a retail pharmacy (see page 7 for copays/coinsurance).

How to Use the Mail Order Program

- Have your physician write the prescription.
- Complete a Mail Service Order Form. Forms can be downloaded from www.caremark.com. Click on **Forms for Print** from the top NAV bar then click on **Mail Service Order Form**. Mail your completed form along with your original prescription to:

CVS Caremark Mail Service
P.O. Box 94467
Palatine, IL 60094-4467

Allow two to three weeks for delivery of your medication. Once you have established mail order and you request a refill through CVS Caremark Mail Service, allow one to two weeks for delivery.

Questions

For questions regarding your prescription drug benefits, call CVS Caremark Customer Service at (877) 807-7341.

Using Your Vision Benefits

When you enroll in the USC Network Medical Plan, you automatically receive vision coverage through Vision Service Plan (VSP). The table below provides an overview of the key benefits provided through VSP when you use a VSP Choice Network provider. You can also use non-VSP providers and be reimbursed up to specific allowance amounts (allowances not referenced below). For a complete description of benefits, visit www.vsp.com.

Vision Benefits At-a-Glance	
Benefit Feature	VSP Choice Network Provider
WellVision Exam® Once every calendar year	\$15 copay
Lenses Once every calendar year <ul style="list-style-type: none"> • Single Vision • Lined Bifocal • Lined Trifocal • Lens Options 	\$25 copay* \$25 copay* \$25 copay* \$55 to \$175 copay for progressive lenses, 20% to 25% off other lens options
Frames Once every other calendar year	\$25 copay*, then Plan pays 100% up to \$170; 20% off amount over allowance
Contact Lenses & Exam (instead of glasses) Once every calendar year	\$150 allowance 15% off contact lens exam (fitting and evaluation)
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; available only from contracted facilities

* Only **one** copay applies when lenses and frames are purchased at the same time.

Call (800) 877-7195 or visit www.vsp.com for plan details and to find VSP Choice Network providers.

HealthComp Online (HCOOnline)

You have access to a variety of tools and resources for your USC Network Medical Plan benefits through HealthComp's secure web portal called HCOOnline. With HCOOnline you can:

- View eligibility information and coverage effective dates
- Review benefit information
- Access claims history and inquire about claims
- View and print Explanation of Benefits (EOBs)
- Download Medical Plan forms

Accessing HCOOnline

To access HCOOnline follow these steps:

- 1) Go to www.healthcomp.com.
- 2) Click on **HCOOnline** under **Resources** on the right side of the web page.
- 3) To register, enter the 9 characters of your Subscriber ID **without** the preceding "TRJ" letters found on the front of your medical plan ID card.
- 4) Enter your birth date in the password field in YYYYMMDD format. For example, if your birth date is January 5, 1962, you would enter 19620105 as your password.



Once you are logged in for the first time, you can change your password on the **User Account** page. It is your responsibility to keep your user name and password confidential.

Need Assistance?

If you need assistance setting up your user account or have questions, call HealthComp's online support toll-free at (855) SC-PLANS / (855) 727-5267 (M-F, 6:00 am - 4:30 pm PST) or send an email to hconline@healthcomp.com.



Published By:

USC Health Plans
1150 S. Olive St., Suite 2150
Los Angeles, CA 90089
(213) 740-0035

benefits.usc.edu/healthcare/medical

