

BLUE SHIELD OF CALIFORNIA  
TANDEM PPO NETWORK  
TOOLS & TIPS  
(2024)



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Thank you for participating in Blue Shield of California's Tandem PPO Network. We hope this reference guide will be helpful in providing services for our Tandem plan members. Review the guide in its entirety or click the links below to go directly to the information you need.

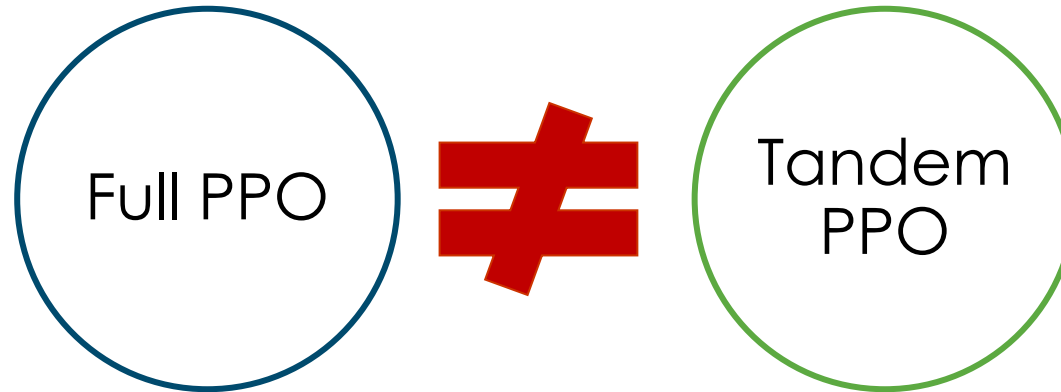
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# Difference between Full PPO and Tandem PPO Networks

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The Full PPO Network and Tandem PPO Network are different networks.



Participation in the Full PPO Network  
does not automatically mean you participate in the Tandem PPO Network.

**It is important to determine if you are in the Tandem PPO Network before serving a Tandem member.**

**If a member uses non-emergency services from a provider who does NOT participate in the Tandem PPO Network, those services will be billed at out-of-network rates.**



# Tandem PPO Network overview

- The Tandem PPO Network is a subset of our Full PPO Network.
- Available statewide, it offers members access to a quality network of providers, which includes all specialties and levels of care.
- Tandem members are automatically matched to a primary care physician (PCP)\*, but they can change this match at any time.
  - Matched PCP names do not appear on the member ID card.
- Tandem members are free to choose any doctor or specialist without referral – in or out of the network.
- If members seek services from out-of-network providers or facilities, they pay a greater share of costs.†



\* PCP match is based on location (within 10 miles of member's residence) and if panel is open to new patients.

† Members with Tandem EPO plans do not have coverage for ANY out-of-network costs except emergency care. EPO plans utilize the Tandem PPO Network. See [page 5](#) for EPO plan names.



# 2024 Blue Shield Tandem PPO plan names

Tandem plans are “off-exchange” group plans and are not available as Individual and Family Plans (IFP) through the Covered California exchange.

Tandem PPO plans for large groups (101+ employees)		Tandem PPO plans for small groups (1 to 100 employees)		Tandem EPO plans for large groups (101+ employees)*
Tandem PPO Combined Deductible 0-250 80/60	Tandem PPO Split Deductible 35-1000 80/60	Bronze Tandem PPO 5500/65 (Off-Exchange)	Gold Tandem PPO 750/30 (Off-Exchange)	Tandem EPO 10-250 90%
Tandem PPO Combined Deductible 0-250 90/70	Virtual Blue <sup>SM</sup> PPO Combined Deductible 20-250 80/60	Bronze Tandem PPO 6250/65 (Off-Exchange)	Gold Tandem PPO 1000/35 (Off-Exchange)	Tandem EPO 20-500 80%
Tandem PPO Combined Deductible 0-400 90/70	Virtual Blue <sup>SM</sup> PPO Combined Deductible 20-250 90/70	Bronze Tandem PPO 6500/70 (Off-Exchange)	Platinum Tandem PPO 0/0 (Off-Exchange)	Tandem EPO 25-1500 80%
Tandem PPO Combined Deductible 10-250 90/70	Virtual Blue <sup>SM</sup> PPO Combined Deductible 20-500 80/60	Bronze Tandem PPO 6850/55 (Off-Exchange)	Platinum Tandem PPO 0/10 (Off-Exchange)	Tandem EPO 25-2500 80%
Tandem PPO Combined Deductible 15-250 90/70	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-1000 80/60	Bronze Tandem PPO 7500/65 (Off-Exchange)	Platinum PPO Tandem 250/10 (Off-Exchange)	Tandem EPO Per Admit 10-250
Tandem PPO Combined Deductible 20-250 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-1500 80/60	Silver Tandem PPO 2000/60 (Off-Exchange)	Platinum Tandem PPO 250/15 (Off-Exchange)	Tandem EPO Zero Admit 20
Tandem PPO No Network Deductible 10 100/50	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-2000 70/50	Silver Tandem PPO 2350/65 (Off-Exchange)	Virtual Blue <sup>SM</sup> Bronze Tandem PPO 7500/75 (Off-Exchange)	Tandem EPO Zero Admit 30
Tandem PPO Split Deductible 0-500 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-250 90/70	Silver Tandem PPO 2550/70 (Off-Exchange)	Virtual Blue <sup>SM</sup> Silver Tandem PPO 2700/75 (Off-Exchange)	Tandem EPO Facility Coinsurance 20-20%
Tandem PPO Split Deductible 0-1750 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-500 80/60	Gold Tandem PPO 0/35 (Off-Exchange)	Virtual Blue <sup>SM</sup> Gold Tandem PPO 1500/45 (Off-Exchange)	
Tandem PPO Split Deductible 10-250 90/70	Virtual Blue <sup>SM</sup> PPO Split Deductible 20-750 80/60	Gold Tandem PPO 500/30 (Off-Exchange)	Virtual Blue <sup>SM</sup> Platinum Tandem PPO 250/20 (Off-Exchange)	<b>* Does not cover out-of-network costs except for emergency care.</b>
Tandem PPO Split Deductible 20-500 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 50-1000 70/50			
Tandem PPO Split Deductible 25-750 80/60	Virtual Blue <sup>SM</sup> PPO Split Deductible 50-3000 60/50			

# Tandem PPO Virtual Blue overview

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**A virtual-first plan delivering convenience, access, and choice.**

Tandem PPO Virtual Blue members:

- Choose from a diverse selection of virtual primary care physicians and maintain an ongoing relationship.
- Pay a \$0 copay for virtual primary, specialty and mental health visits – no referral required. Twenty (20) specialties including cardiologists, endocrinologists and more.
- Enjoy short appointment lead times with online booking for virtual care via the Blue Shield app or the AccoladeCare app.
- Receive support from a virtual team including their chosen primary care physician plus access to other health professionals such as behavioral therapists, specialists, health and mental health coaches, social workers, etc.
- Most Tandem PPO Virtual Blue plans will obtain in-person care through the Tandem network – no referral required. Deductibles and cost sharing, where applicable.

\* Click [here](#) for more information about the Tandem PPO Virtual Blue care model.

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# How to check your participation in the Tandem Network

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Take one of the following actions to check Tandem Network participation:

1. Search Blue Shield's [Find a Doctor](#) online directory. [Instructions provided next page.](#)
  - Note, failure to verify your directory information may result in suppression from our directory listings. If this is the case, you will not show in the member's Tandem Network.
  - To reinstate your information in *Find a Doctor*, your Provider Connection Account Manager (or a user with permission to edit provider data) must [log in to Provider Connection](#), view your provider directory data, submit updates if necessary, and attest to the accuracy of your information.
    - For detailed instructions, see [Provider data management](#) in the Provider Connection *News & Education* section.
2. Contact:
  - Your IPA or medical group *OR*
  - Blue Shield Provider Information and Enrollment at **(800) 258-3091** *OR*
  - Your Blue Shield Contract Manager (for hospitals and other facilities).

# Use *Find a Doctor* to check Tandem network participation

1. Go to [Find a Doctor](#).
2. Choose a provider type (e.g., **Doctors & Specialists**).

**What are you looking for?**  
Search Blue Shield of California's extensive provider network.

 DOCTORS & SPECIALISTS	 PRIMARY CARE PHYSICIAN		
 FACILITIES	 DENTISTS	 VISION CARE	 MENTAL HEALTH
 ALTERNATIVE MEDICINE	 PHARMACIES	 EQUIPMENT & SUPPLIES	 URGENT CARE

3. Select **Continue as a guest**.

## Get personalized search results

Log in to get personalized search results for doctors, dentists, hospitals, urgent care, and more.

Log in

## Help us help you



Creating an account is quick and easy. With an account, you can access and manage your health care plan and information.

Create an account

Continue as a guest

4. Enter your ZIP code and click **Continue**.

## Where are you located?

 [Use Current Location](#)  [Search Outside U.S.](#)

Continue





# Find a Doctor instructions (continued)

5. Click **Select a plan.**

## Get personalized search results

Select a plan to show providers in that network

Select a plan

Show popular plans

Show all results

6. Select "Employer Group Plans" OR "Small Business Tandem PPO" as *Plan type* and any Tandem PPO plan as *Subplan*. Click **Continue with this plan.**

## Find your plan

Plan year

Select the year you want your coverage to start

2024

Plan type

2024 Employer Group Plan (101+ Employees)

Subplan

Tandem PPO

Continue with this plan

7. Click the **name radio button**, then enter your last name and click **Search**. If you display at the office location contracted with Tandem, you are in-network.

< Search Doctors

Tandem PPO >

Doctor Type  Doctor Name

Enter last name

search

7 Doctors found within 15 Miles of San Francisco, CA 94116, USA


Narrow your search by clicking these options, then scroll down to click **Apply**.

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# Tandem PPO Network member ID card examples

All Tandem member IDs begin with "XNK" and have the word "Tandem" on the card.




Subscriber	Group #	<b>W00020</b>
<b>MEMBER NAME</b>	Effective	<b>12/01/2023</b>
<b>ID: XNK000000000</b>	Coverage	<b>INDIVIDUAL</b>
<b>Copayment</b>	Plan	<b>PPO</b>
Primary Care \$35    Specialist \$35	RxBIN	<b>004336</b>
Urgent Care Center \$35    Teladoc 0%	RxPCN	<b>77993333</b>
Emergency Room \$100 + 20%		

**Tandem PPO 500 80/60**



Subscriber	Group #	<b>W0051</b>
<b>MEMBER NAME</b>	Effective	<b>01/01/2024</b>
<b>ID: XNK000000000</b>	Coverage	<b>INDIVIDUAL</b>
<b>Copayment</b>	Plan	<b>TANDEM PPO</b>
Virtual Blue Care \$0	RxBIN	<b>004336</b>
Primary Care \$30	RxPCN	<b>77993333</b>
Specialist \$40		
Urgent Care Center \$30		
Emergency Room \$200		



If members have questions about their benefits, claims, or referrals, refer them to the Shield Concierge or Member Customer Service phone number on the back of their member ID cards.

# Ensure Tandem member claims are processed as in-network

To ensure correct claim processing, it is important to confirm that services are billed under the right tax identification number (TIN), employer identification number (EIN), or social security number (SSN).

Claims may be processed as out of network if:	How to avoid:
An individual provider is contracted with the Tandem PPO Network, but the medical group is not, and services are billed using the group TIN instead of the individual provider's TIN.	If the individual provider participates in the Tandem PPO Network, then use the individual provider's SSN/EIN/TIN on the claim.
A medical group is contracted with the Tandem PPO Network, but a provider also has an individual agreement and uses the individual provider's TIN instead of the medical group's TIN.	If the medical group participates in the Tandem PPO Network, then use the medical group's SSN/EIN/TIN on the claim.
A medical group or provider doesn't participate in the Tandem PPO Network at all its locations, and a provider renders services at a location that is not participating in the Tandem PPO Network.	Be sure claims reflect the Group or Provider TIN for the locations participating in the Tandem PPO Network.

**If claims are processed as out-of-network, members may be billed for the balance.**



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