

Effective January 1 – December 31, 2018

Blue Shield 65 Plus (HMO)

Medicare Advantage Prescription Drug Plan

Los Angeles County
(partial)/Orange County

Summary of Benefits

blueshieldca.com/medicare



We all have the right to live a healthy, limitless life

We're a California-based health plan that's been serving Californians since 1939. We understand your healthcare coverage needs are unique, and what it takes to provide you with affordable access to care. That's why we offer a variety of quality coverage options and will help you find the Medicare plan that's right for your specific health and financial needs. We strive to provide Medicare beneficiaries with the most affordable and comprehensive benefits in the marketplace, and the highest level of customer service. And we will continue to be a leading voice for access to affordable, quality care for all Californians.

we never stop working for you.

What's inside

Why choose Blue Shield	1
Summary of 2018 medical benefits	2
Summary of 2018 prescription drug coverage	6
Optional supplemental dental HMO and PPO plans	8
SilverSneakers Fitness program	10
How to enroll	11
What to expect once you enroll	12

To join Blue Shield 65 PlusSM, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes: Orange County and Los Angeles County,* **except the following ZIP codes:** 90090, 90198, 90895, 91050, 91051, 91199, 93510, 93532, 93534, 93535, 93536, 93539, 93543, 93544, 93550, 93551, 93552, 93553, 93563, 93584, 93586, 93590, 93591 and 93599.

* Denotes partial county.

Why choose Blue Shield

You may be asking yourself what to look for when picking a health plan. Or maybe you're trying to decide between two plans that appear similar. Here are some of the things we think you should consider before enrolling.

Costs

Use this Summary of Benefits to compare what you will pay with our plan versus other plans.

List of drugs

If you currently take medication, be sure you confirm that your medication, or an acceptable alternative, is on our list of drugs.

Reputation and quality

This is where we feel our plan really stands out from the competition. Why?

- **Blue Shield puts care first, not profit.** Blue Shield is a nonprofit company that's been serving Californians since 1939.
- We strive to uphold high standards of ethical business practices in our programs and products.
- Blue Shield is a California original. We're one of the first Blue Shield plans in the country and an advocate for affordable, quality care for all Californians.
- We know Medicare. More than 260,000* Medicare beneficiaries in the Golden State have trusted their healthcare coverage to us.

Service

- You have a California-based Member Services team dedicated to you.
- Save time and gas by having prescriptions delivered right to your door. Order your qualifying ongoing prescriptions through our mail service pharmacy.†

Doctors and specialists

With our large network of primary care physicians and specialists, chances are you can keep seeing your current doctor. If you're ready to switch doctors, we can help. Search [blueshieldca.com/find-a-doctor](https://www.blueshieldca.com/find-a-doctor) for a plan provider, when asked if you know what plan you're interested in, choose "Medicare Advantage – (HMO)" and then select the correct sub-plan option for your plan.

* Blue Shield Medicare Advantage HMO and Medicare Supplement plan membership reporting as of June 2017.

† Not all covered drugs are offered through mail service. See the plan formulary for more information.

Summary of 2018 medical benefits

Effective January 1 through December 31, 2018

This is a summary document. For a complete list of services, please refer to the appropriate plan Evidence of Coverage (EOC) located on our website at blueshieldca.com/findamedicareplan.

Services marked with an * may require a referral from your doctor.

Premiums and benefits	With Blue Shield 65 Plus, you pay:
Monthly plan premium (You must continue to pay your Medicare Part B premium.)	\$0
Deductible	You pay nothing
Maximum out-of-pocket responsibility (does not include prescription drugs) (This is the most you would pay for the year for Medicare Parts A and B services.)	\$2,800
Inpatient hospital coverage (Our plan covers an unlimited number of days for an inpatient hospital stay.)	
	You pay nothing per admission
Outpatient hospital coverage (We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury)	
<ul style="list-style-type: none"> Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery 	\$100 copay for each visit to an emergency room \$150 copay for each visit to an outpatient hospital facility
Outpatient surgery	
	\$0 copay for each visit to an ambulatory surgical center \$150 copay for each visit to an outpatient hospital facility
Doctor visits	
<ul style="list-style-type: none"> Primary care physician 	You pay nothing
<ul style="list-style-type: none"> Specialists* 	You pay nothing
Preventive care	
	You pay nothing Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	
	\$100 copay per visit. You pay the copay regardless of whether or not you are admitted to a hospital for the same condition. Worldwide coverage. \$100 copay and \$50,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories.

Premiums and benefits	With Blue Shield 65 Plus, you pay:
Urgently needed services	\$5 copay per visit. You pay the copay regardless of whether or not you are admitted to a hospital for the same condition. Worldwide coverage. \$100 copay and \$50,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories.
Diagnostic services/labs/imaging* (covered according to Medicare guidelines; prior authorization is required)	
<ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) 	\$40 copay for each diagnostic radiology service
<ul style="list-style-type: none"> • Lab services 	You pay nothing
<ul style="list-style-type: none"> • Diagnostic tests and procedures 	You pay nothing
<ul style="list-style-type: none"> • Outpatient X-rays 	You pay nothing
<ul style="list-style-type: none"> • Therapeutic radiology services (such as radiation treatment for cancer) 	You pay 20% of the Medicare-allowed amount. While you pay 20% for therapeutic radiology services, you will never pay more than your \$2,800 total out-of-pocket maximum for the year.
Hearing services*	
<ul style="list-style-type: none"> • Hearing exam 	You pay nothing
Dental services	
	Covered with additional premium. See optional supplemental dental HMO and PPO plans on page 8.

Summary of 2018 medical benefits (cont'd)

Services marked with an * may require a referral from your doctor.

Premiums and benefits	With Blue Shield 65 Plus, you pay:
Vision services	
• Exam to diagnose and treat diseases and conditions of the eye*	You pay nothing
• Yearly glaucoma screening*	You pay nothing
• Routine eye exam and refraction (once every 12-month period through network providers; some coverage at non-network providers included; see the plan EOC for details)	You pay nothing
• Eyeglass frames (for up to 1 every two years)	\$20 copay. Our plan pays up to \$100 every two years for eyeglass frames.
• Eyeglass lenses (for up to 1 every year)	\$20 copay
Mental health services*	
• Inpatient mental health care	\$900 copay per stay
• Outpatient group therapy visit	\$30 copay per visit
• Outpatient individual therapy visit	\$30 copay per visit
Skilled nursing facility (SNF)*	
(100 days per benefit period;† no prior hospitalization required with network provider)	You pay nothing for days 1 through 20 \$50 copay per day for days 21 through 100
Rehabilitation Services*	
• Occupational therapy visit	You pay nothing
• Physical therapy and speech and language therapy visit	You pay nothing

† A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.

Premiums and benefits	With Blue Shield 65 Plus, you pay:
Ambulance	\$150 copay per trip (each way)
Transportation	Not covered
Medicare Part B Drugs	20% of the Medicare-allowed amount for chemotherapy drugs
	20% of the Medicare-allowed amount for other Part B drugs
Foot care (podiatry services)	
• Foot exams and treatment*	\$0 copay for each Medicare-covered visit
Medical equipment/supplies*	
• Durable medical equipment (e.g., wheelchairs, oxygen)‡	20% of the Medicare-allowed amount
• Blood glucose monitors	You pay nothing for ACCU-CHEK® blood glucose monitors and 20% of the Medicare-allowed amount for blood glucose monitors from all other manufacturers
• Prosthetics (e.g., braces, artificial limbs)	You pay nothing
• Diabetes self-management training, diabetic services and supplies‡	You pay nothing for all training, services and supplies except blood glucose monitors (see “Blood glucose monitors” above)
Wellness program	
• Basic gym access through SilverSneakers Fitness	You pay nothing; see page 10
NurseHelp 24/7SM (telephone and online support)	
	You pay nothing





‡ Prior authorization from the plan may be required. See the plan EOC for more information.

Summary of 2018 prescription drug coverage

Part D prescription drug benefit	Using a Blue Shield 65 Plus network pharmacy that offers <u>preferred cost-sharing</u> , you pay:	
Deductible	\$0	
	One-month (up to a 30-day) supply	Three-month (up to a 90-day) supply*
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$5 copay	\$7.50 copay [†]
Tier 3: Preferred Brand Drugs	\$40 copay	\$100 copay [†]
Tier 4: Non-Preferred Brand Drugs	\$95 copay	\$237.50 copay [†]
Tier 5: Injectable Drugs	30% coinsurance	30% coinsurance [†]
Tier 6: Specialty Tier Drugs	33% coinsurance	Not offered

Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing. Here's just a few:

<ul style="list-style-type: none"> CVS/pharmacy[‡] (including CVS pharmacy at Target) 	(888) 607-4287 [TTY: 711]	
<ul style="list-style-type: none"> Safeway and Vons pharmacies[‡] 	(877) 723-3929 [TTY: 711]	
<ul style="list-style-type: none"> Albertsons/Sav-on/Osco pharmacies[‡] 	(877) 932-7948 [TTY: 711]	
<ul style="list-style-type: none"> Costco[‡] 	(800) 955-2292 [TTY: 711]	
<ul style="list-style-type: none"> Ralphs,[‡] Walmart[‡] and many more. 		

You do not have to be a Costco member to use Costco Pharmacies.

* Three-month supply cost-sharing also applies to Blue Shield's mail service pharmacy.

† A long-term (up to a 90-day) supply is not available for select drugs. The drugs that are not available for a long-term supply are marked with the symbol † in our Drug List.

‡ Accepts e-prescribing.

Part D prescription drug benefit **Using a Blue Shield 65 Plus network pharmacy that offers standard cost-sharing, you pay:**

Deductible	Using a Blue Shield 65 Plus network pharmacy that offers <u>standard cost-sharing</u>, you pay:	
	One-month (up to a 30-day) supply	Three-month (up to a 90-day) supply*
Tier 1: Preferred Generic Drugs	\$7 copay	\$21 copay
Tier 2: Generic Drugs	\$12 copay	\$36 copay [†]
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay [†]
Tier 4: Non-Preferred Brand Drugs	\$100 copay	\$300 copay [†]
Tier 5: Injectable Drugs	30% coinsurance	30% coinsurance [†]
Tier 6: Specialty Tier Drugs	33% coinsurance	Not offered

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC.

Coverage gap

(coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$3,750, until your yearly out-of-pocket drug costs reach \$5,000)

Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs are covered at the copays described above. For Tiers 3-6, you pay 35% coinsurance for brand-name drugs (plus a portion of the dispensing fee) and 44% coinsurance for generic drugs until your costs total \$5,000, which is the end of the coverage gap. Whether a drug is considered generic or brand can be determined using the plan formulary.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copay for a generic drug (including brand drugs treated as generic) and an \$8.35 copay for all other drugs

Our network of over 6,000 pharmacies[#] includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy for your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

As of June 2017.

Optional supplemental dental HMO and PPO plans

Your teeth are an important part of your overall health. Blue Shield offers two optional supplemental dental plans to our members: a dental HMO plan and a dental PPO plan.

Which one would work best for you?

Your goal: Keep costs down while maintaining coverage

Benefits of the optional supplemental dental HMO:

- Offers our lowest premium at \$13.20 per month with no deductibles
- Choose a dentist from our dental network of more than 15,000* general dentists statewide
- Freedom to change your dentist whenever you want
- Fixed copayments for basic and major services for easier budgeting
- No waiting period for most services
- No annual dollar limit on general dentistry

Your goal: More flexibility and choice in coverage

Benefits of the optional supplemental dental PPO:

- Choose from nearly 38,000* general dentists and specialists statewide for a monthly premium of \$34.90
- See non-network dentists and specialists – including your current dentist
- No referrals needed for specialist care in or out of the network
- 100% coverage for network diagnostic and preventive services
- No claim forms if seeing a network dentist
- Three cleanings per year

Optional supplemental dental HMO and PPO plan benefits at a glance

Here is a summary of services and supplies covered by the optional supplemental dental HMO and PPO plans.

This chart is only a summary. For a complete list of the benefits, exclusions and limitations, please refer to the plan EOC.

Optional supplemental dental plan	Optional supplemental dental HMO		Optional supplemental dental PPO	
	Participating dentists only		Participating dentists	Non-participating dentists
Calendar-year deductible per member (not applicable to diagnostic and preventive services)	You pay nothing		You pay \$50 before major services begin	
Calendar-year maximum per member[†]	\$1,000 for covered endodontic, periodontic and oral surgery services when performed by an in-network dental specialist.		\$1,500 for covered preventive and comprehensive dental services combined, no matter if the services are performed by a participating general dentist or a dental specialist. Up to \$1,000 of this maximum amount may be used for covered preventive and comprehensive dental services performed by non-participating dentists in a calendar year. You pay any amount above the \$1,500 calendar-year benefit maximum.	
Waiting Periods – Major Services Only	No waiting period		Six-month waiting period for major services only	

Optional supplemental dental plan	Optional supplemental dental HMO		Optional supplemental dental PPO	
	Participating dentists only	Participating dentists	Participating dentists	Non-participating dentists
Summary list of services covered (ADA code)[‡]	You pay	You pay	You pay	You pay
Monthly optional supplemental dental plan premium	\$13.20		\$34.90	
Diagnostic services				
Comprehensive oral exam (D0150)	\$5 copay	0%		20%
Complete X-rays – once every 6 months (D0210)	\$0 copay	0%		20%
Preventive care				
Prophylaxis – adult (D1110)	\$5 copay (1 cleaning every 6 months)	0% for 3 cleanings per year (1 every 4 months)		20% for 3 cleanings per year
Restorative services				
One surface composite resin restoration – anterior (D2330)	\$11 copay	20%		30%
Crown (porcelain fused to noble metal) (D2750)	\$275 [#] copay	50%		50%
Periodontics[∞]				
Periodontal scaling & root planing/four or more teeth per quadrant (D4341)	\$45 copay	50%		50%
Endodontics[∞]				
Anterior root canal therapy (D3310)	\$195 copay	50%		50%
Molar root canal therapy (D3330)	\$335 copay	50%		50%

* Dental providers in California are available through a contracted dental plan administrator. Network numbers are as of June 2017.

† All services must be performed, prescribed or authorized by your network dentist. If you need to see a specialist, you must get a referral from your primary dentist to receive covered specialist services. Plan pays a maximum of \$1,000 per calendar year for covered specialist services. You are responsible for amounts above \$1,000. If you are enrolled in the optional supplemental dental PPO plan and you need to see a specialist, you may go directly to the specialist.

‡ ADA codes are procedure codes established by the American Dental Association for efficient processing and reporting of dental claims.

You pay the copayment plus the cost of precious or semi-precious metals. Porcelain on molar crowns is not a covered benefit.

∞ For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.

SilverSneakers Fitness

Exercise, education and social activities are very important to your health and well-being, which is why Blue Shield 65 Plus offers **SilverSneakers®** at no additional cost!

SilverSneakers helps you live the life you want by giving you access to:

- Over 13,000 fitness locations* nationwide that you can use anytime
- Exercise equipment and SilverSneakers classes
- Social events and activities
- SilverSneakers FLEX® classes including yoga, Latin dance and tai chi

If you're new to fitness, that's OK. Nearly half of all SilverSneakers members had never been to a fitness location before joining the program.

To find your closest SilverSneakers location and SilverSneakers FLEX classes, or get additional information, visit silversneakers.com. You can use more than one location at a time.



* As of July 2017, silversneakers.com. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.



How to enroll

Apply one of five ways:

1. **By phone** – Simply call **(800) 488-8000** [TTY: **711**] from 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30. We're ready to answer your questions and can even help you enroll right over the phone.
2. **Online** – Visit **blueshieldcamedicare.com**.
3. **By fax** – Complete, sign and date the enrollment form, then fax it to us at **(800) 499-3338**.
4. **By mail** – Complete, sign and date the enrollment form, then mail it to us in the enclosed postage-paid envelope.
5. **We will come to you** – Call the number above, or attend one of our neighborhood events to set up a one-on-one meeting in your home, where you work or at your favorite coffee shop.

What to expect once you enroll

Over the next few weeks, you will receive:

- Acknowledgement letter: We will let you know we received your completed enrollment form and that Medicare has approved your enrollment in our plan.
- New member verification letter: We will write to you to verify that you understand that you've been enrolled in our plan and how the plan works.
- Other health insurance survey: Please complete and return so we can tell Medicare whether you have other insurance in addition to our plan.
- Welcome kit: This kit gives you a full explanation of how to use your new plan. Be sure to read the Member Handbook and the plan's *Evidence of Coverage (EOC)*.
- Plan ID card: Present this card every time you receive healthcare services or prescription drugs. We will also include a description of how to read the card.
- Health survey: Your answers can help us provide you and your doctor with information that may better help you effectively manage your health.

The *Member Handbook* in your welcome kit will give you more details about what to expect as a Blue Shield 65 Plus plan member. We hope to welcome you to our plan!



Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Our plan Provider Directory is located on our website at blueshieldca.com/find-a-doctor.

Our plan Pharmacy Directory is located on our website at blueshieldca.com/med_pharmacy.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/med_formulary.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-776-4466** (TTY: **711**).

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al **1-800-776-4466** (TTY: **711**).

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Shield of California 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Blue Shield has been dedicated to offering quality healthcare coverage and member service since 1939 – an ongoing tradition you can trust.

We hope this booklet made our health plan information easy to understand. It's one of the ways we're working to make your health plan selection simple.

Need help?

Contact Blue Shield at **(800) 488-8000** [TTY: **711**]

8 a.m. to 8 p.m., seven days a week, from October 1 through February 14,
and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.