

blue  of california



San Bernardino County (partial)

Blue Shield 65 Plus (HMO) Summary of Benefits

Medicare Advantage Prescription Drug Plan
Effective January 1 through December 31, 2017

Keep living the life you love

We're a California-based health plan that's been serving Californians since 1939. We share your values and understand your need for a health plan that helps you keep living the life you love. That's why we offer a variety of affordable 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.

To join Blue Shield 65 Plus,SM you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes: San Bernardino County.* The service area for San Bernardino County includes **only the ZIP codes listed below**. You must live in one of these ZIP codes to join the plan: 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 91798, 92301, 92305, 92307, 92308, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92326, 92327, 92329, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92342, 92344, 92345, 92346, 92347, 92350, 92352, 92354, 92356, 92357, 92358, 92359, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92412, 92413, 92414, 92415, 92418, 92420, 92424 and 92427.

* Denotes partial county.

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1. 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.

1. Costs

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

2. Formulary

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

3. Reputation

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. Over 267,000* Medicare beneficiaries in the Golden State have trusted their healthcare coverage to us.

4. Service

- A dedicated Member Services team right here in California.
- Get 30 days extra of your drug supply at no cost! When you order a 90-day supply with one of our network pharmacies that offer preferred cost-sharing, or order through our mail service pharmacy, you only pay two 30-day copays.†

5. Network

With our large network of primary care physicians and specialists, chances are you can keep seeing your doctor. If you're ready to switch doctors, we can help. Search blueshieldca.com/findaprovider for a plan provider, click on *Select a Plan* and choose "Medicare Advantage – Blue Shield 65 Plus (HMO)" and select the subplan "Blue Shield 65 Plus (HMO)."

* Blue Shield Medicare Advantage HMO and Medicare Supplement plan membership reporting as of April 2016.

† Not all covered drugs are offered at a 90-day supply. See the plan formulary for more information.



2. Summary of 2017 medical benefits

Effective January 1 through December 31, 2017

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.)	\$0 copay per admission
Doctor visits	
• Primary care physician	You pay nothing
• Specialists*	You pay nothing
Preventive care	You pay nothing. Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency care	\$75 copay per visit. You pay the copay regardless of whether or not you are admitted to a hospital for the same condition. Worldwide coverage. \$75 copay and \$50,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories.
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. \$75 copay and \$50,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories.

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

Premiums and benefit	With Blue Shield 65 Plus, you pay:
Diagnostic services/labs/imaging* (according to Medicare guidelines; prior authorization is required)	
• Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.)	\$40 copay for each diagnostic radiology service
• Lab services	You pay nothing
• Diagnostic tests and procedures	You pay nothing
• Outpatient X-rays	You pay nothing
• 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*	
• Hearing exam	You pay nothing
• Hearing aids	You will be reimbursed up to \$500 every two years for hearing aids (applies to both ears combined; costs for hearing aids do not apply to your \$2,800 total out-of-pocket maximum).
Dental services	Covered with additional premium. See optional supplemental dental HMO and PPO plans in Section 5.
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 visit	\$900 copay per stay
• Outpatient group therapy visit	\$30 per visit
• Outpatient individual therapy visit	\$30 per visit

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

Premiums and benefit	With Blue Shield 65 Plus, you pay:
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
Ambulance	\$200 copay per trip (each way)
Transportation	Not covered
Foot care (podiatry services)	
• Foot exams and treatment*	You pay nothing for each Medicare-covered visit
Medical equipment/supplies*	
• Durable medical equipment (e.g., wheelchairs, oxygen)‡	20% of the Medicare-allowed amount
• Prosthetics (e.g., braces, artificial limbs)	You pay nothing
• Diabetes training services and supplies‡	You pay nothing for all diabetes supplies except blood glucose monitors. For blood glucose monitors, see “Durable medical equipment” above.
Wellness programs (e.g., fitness)	
• Basic gym access through SilverSneakers Fitness	You pay nothing, see Section 4
• NurseHelp 24/7SM (telephone and online support)	You pay nothing
Medicare Part B Drugs	20% of the Medicare-allowed amount for chemotherapy drugs 20% of the Medicare-allowed amount for other Part B drugs

† 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.

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

3. Summary of 2017 prescription drug coverage

Part D prescription drug benefit	Using a Blue Shield 65 Plus network pharmacy that offers preferred cost-sharing , 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	\$10 copay [†]
Tier 3: Preferred Brand Drugs	\$40 copay	\$80 copay [†]
Tier 4: Non-Preferred Brand Drugs	\$88 copay	\$176 copay [†]
Tier 5: Injectable Drugs	33% coinsurance	33% 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.

- CVS/pharmacy[‡] (including CVS pharmacy at Target) (800) 865-6647 [TTY: 711]
- Safeway and Vons pharmacies[‡] (877) 723-3929 [TTY: 711]
- Albertsons/Sav-on/Osco pharmacies[‡] (877) 276-9367 [TTY: 711]
- Costco[‡] (800) 955-2292 [TTY: 711]
- 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.

Pending regulatory approval.

Part D prescription drug benefit	Using a Blue Shield 65 Plus network pharmacy that offers standard cost-sharing , 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	\$95 copay	\$285 copay [†]
Tier 5: Injectable Drugs	33% coinsurance	33% 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 \$3,700 until your yearly out-of-pocket drug costs reach \$4,950)

Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs are covered at the copays described above. For Tiers 3-6, you pay 40% coinsurance for brand-name drugs and 51% coinsurance for generic drugs until your costs total \$4,950, 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 purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:

- 5% of the cost, or
- \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs

Our network of over 7,500 network pharmacies* includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

* As of May 2016.

† 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.

4. SilverSneakers Fitness

Exercise, education and social activities are very important to your health and well-being, which is why Blue Shield of California offers **SilverSneakers® Fitness** 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 such as yoga, Latin dance and tai chi

To find your closest SilverSneakers location and FLEX classes, or get additional information, visit **silversneakers.com**.

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

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.



* As of July 2016, silversneakers.com.

5. Optional supplemental dental HMO and PPO plans

Blue Shield offers two optional supplemental dental plans to Blue Shield 65 Plus members: a dental HMO plan and a dental PPO plan.

Not sure which plan to choose? We can help. Consider this:

- Our optional supplemental dental HMO plan has a lower premium than our PPO plan, with a monthly premium of \$12.90 and offers fixed member out-of-pocket costs; while
- Our optional supplemental dental PPO plan lets you choose from a larger list of participating dentists for a monthly premium of \$33.40.

If you are more concerned with keeping costs down than you are with choosing a dentist, the optional supplemental dental HMO plan may be right for you.

So, let's talk about choices in dental providers.

- The optional supplemental dental HMO plan gives you access to more than 21,000* general dentists statewide; and
- The optional supplemental dental PPO plan gives you access to nearly 41,000* general dentists and specialists statewide.

Optional supplemental dental HMO or PPO plan vs no coverage: potential savings if seeing a network dentist

Description	Patients without coverage (Standard list price assuming the sample services listed below) [†]	Optional supplemental dental HMO plan member estimated out-of-pocket costs	Optional supplemental dental PPO plan member estimated out-of-pocket costs
Annual premium	N/A	\$154.80 (\$12.90 x 12 months)	\$400.80 (\$33.40 x 12 months)
Annual dental exam, teeth cleaning and X-rays	\$443.00 (D0120, D1110, D0210)	\$5.00	\$0.00 (0%)
Annual deductible	\$0.00	\$0.00	\$50.00
Six-month follow-up and cleaning	\$304.00 (D0120, D0272, D1110)	\$5.00	\$0.00 (0%)
Molar root canal	\$1,500.00 (D3330)	\$335.00 [‡]	\$750.00 (50%)
Noble metal porcelain crown	\$1,500.00 (D2752)	\$275.00 [#]	\$750.00 (50%)
Total cost	\$3,747.00[†]	\$774.80	\$1,950.80
Potential one-year savings		\$2,972.20	\$1,796.20

* Dental providers in California are available through a contracted dental plan administrator. Network numbers are as of June 2016.

[†] The sample costs are based on the Fair Health 90th percentile amounts for the 90010 ZIP code area (as of April 2016). These costs may not apply to you.

[‡] This amount is your copayment if a general dentist performs the molar root canal. Your copayment will be higher if the molar root canal is performed by a specialist.

[#] You pay the copayment plus the cost of precious or semiprecious metals.

Optional supplemental dental HMO plan highlights

- A wide range of dental benefits, including many diagnostic and preventive services at no charge to you
- Fixed copayments for preventive and comprehensive services
- No waiting period for most services
- No deductibles
- Specialty care available with a referral from your dental provider
- Virtually no claim forms

Optional supplemental dental PPO plan highlights

- Unlike the HMO plan, you have access to out-of-network dentists and specialists
- Specialist care available with NO referral needed
- A wide range of dental benefits, including 100% coverage for in-network diagnostic and preventive services
- No claim forms if you go to an in-network dentist

Optional supplemental dental HMO and PPO plan benefits at a glance

The following 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.

Benefit	With the optional supplemental dental HMO plan*:	With the optional supplemental dental PPO plan*:
Annual deductible	You pay nothing	You pay \$50 (not applied to diagnostic and preventive services) [†]
Annual benefit limit	\$1,000 for covered endodontic, periodontic and oral surgery services when performed by a network specialist	\$1,500 for covered preventive and comprehensive dental services combined (\$1,000 may be used for services provided by out-of-network dentists and specialists) [†]

Diagnostic and preventive services – For your annual dental exam and six-month checkup.

• Comprehensive oral exams (D0150)	\$5 copay	You pay nothing if you go in-network and 20% if you go out-of-network
• Periodic oral exams (D0120)	\$0 copay	
• Complete X-rays (D0210)	\$0 copay	
• Adult prophylaxis (cleanings, every 6 months) (D1110)	\$5 copay	

* All services must be performed, prescribed or authorized by your network dentist. **For the optional supplemental dental HMO plan only** – If you need to see a specialist, you must get a referral from your dental provider to receive covered specialist services.

† May not be applicable to all services. Please refer to the plan EOC for more information.

Benefit	With the optional supplemental dental HMO plan*:	With the optional supplemental dental PPO plan*:
Major services – Make sure the big stuff is taken care of when needed.	No waiting period	12-month waiting period
• Crown (porcelain fused to noble metal) (D2752)	\$275 copay [†]	50% of the cost
• Endodontic therapy – molar root canal (D3330)	\$335 copay/\$425 [‡] copay	
• Extraction (single erupted tooth) (D7140)	\$15 copay	
• Bridge – Pontic – porcelain fused to high noble metal (per unit) (D6240)	\$210 [‡] copay	
• Complete denture – upper (D5110) or lower (D5120)	\$285 copay	

* All services must be performed, prescribed or authorized by your network dentist. **For the optional supplemental dental HMO plan only** – If you need to see a specialist, you must get a referral from your dental provider to receive covered specialist services.

[†] You pay the copayment plus the cost of precious or semiprecious metals.

[‡] You pay the lower amount if the benefit is provided by a general dentist. You pay the higher amount if the benefit is provided by a specialist.

6. How to enroll

Applying is easy. You have two options:

1. Work with your broker or sales representative to use our online plan comparison tool, and immediately **enroll online**.
2. While enrolling online is faster and easier, you can choose to fill out the **paper application** in the enclosed booklet instead. Here's how:
 - Tear out the application.
 - Fill it out completely.
 - Be sure to sign where indicated.
 - Fax it to us at **(877) 251-3660**. You may also mail it to the address listed at the top of page 1 of the application.



7. What to expect once you enroll

Over the next few weeks, you will receive:

1. Acknowledgement letter: We will notify you that we received your completed enrollment form and that Medicare has approved your enrollment in our plan. The letter will include a copy of the information in your enrollment form for your records.
2. 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.
3. Other health insurance survey: Allows us to tell Medicare whether you have other insurance in addition to our plan.
4. Welcome kit: A full explanation of how to use your new plan. Be sure to read the *Member Handbook* and the plan EOC.
5. Plan ID card: Present this card every time you receive healthcare services or prescription drugs. We will also mail you a description of how to read the card.
6. 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!



Notes

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.

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/findaprovider](https://www.blueshieldca.com/findaprovider).

Our plan Pharmacy Directory is located on our website at [blueshieldca.com/med_pharmacy](https://www.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](https://www.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.

SilverSneakers is a registered trademark of Healthways, Inc., an independent company that does not provide Blue Shield of California products or services.

Blue Shield 65 Plan and NurseHelp 24/7 are service marks, and Blue Shield and the Shield symbol are registered trademarks, of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

This information is available for free in other languages. Please call Member Services at (800) 776-4466 [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.

Esta información está disponible gratis en otros idiomas. Comuníquese con nuestro Servicio para Miembros al (800) 776-4466 [TTY 711] de 8 a.m. a 8 p.m., cualquier día de la semana, desde el 1 de octubre hasta el 14 de febrero, y de 8 a.m. a 8 p.m. entre semana, desde el 15 de febrero hasta el 30 de septiembre.

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。