

# Blue Shield 65 Plus (HMO) Summary of Benefits

## **Group Medicare Advantage Prescription Drug Plan for CalPERS retirees**

January 1, 2012 to December 31, 2012

An HMO plan with a Medicare Contract (H0504)  
H0504\_11\_181 08232011



## **Blue Shield 65 Plus<sup>SM</sup> (HMO)**

January 1, 2012 through December 31, 2012

### **SECTION I – Introduction to Summary of Benefits**

Thank you for your interest in Blue Shield 65 Plus (HMO), a Group Medicare Advantage-Prescription Drug plan offered to you by the California Public Employees' Retirement System (CalPERS) and California Physicians' Service/Blue Shield of California, a Medicare Advantage Health Maintenance Organization (HMO).

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Blue Shield 65 Plus (HMO) and ask for the "Evidence of Coverage".

Our helpful Member Services representatives are always happy to answer your benefit questions, explain why you may need more coverage than just Original Medicare, and help answer any questions you might have regarding the enrollment process.

**Call Member Services at (800) 776-4466 [TTY/TDD: (800) 794-1099] between 7 a.m. and 8 p.m., 7 days a week.**

#### ***You have choices in your health care***

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Blue Shield 65 Plus (HMO).

You may have other options offered by your employer or union group. You make the choice. No matter what you decide, you are still in the Medicare Program. You may join or leave a plan only at certain times. Please contact your Benefits Administrator or Blue Shield 65 Plus (HMO) at the telephone number listed above. You can also call 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

#### ***How can I compare my options?***

You can compare Blue Shield 65 Plus (HMO) and the Original Medicare plan using this Summary of Benefits. The chart in this booklet lists some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. CalPERS can provide you with information on any other options available to you.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

#### ***Where is Blue Shield 65 Plus (HMO) available?***

The service area for this plan includes the following counties and partial counties. You must live in one of these areas to join the plan.

<b>Fresno County*</b>	<b>Imperial County*</b>	<b>Kern County*</b>	<b>Los Angeles County</b>
<b>Madera County*</b>	<b>Nevada County*</b>	<b>Orange County</b>	<b>Riverside County*</b>
<b>San Bernardino County*</b>	<b>San Luis Obispo County</b>	<b>San Joaquin County*</b>	<b>San Francisco County</b>
<b>Ventura County</b>			

\*These counties only provide coverage in certain areas. Please refer to the ZIP code listing at the end of this booklet for details on partial county service area coverage.

Although Medicare is a Federal program, Blue Shield 65 Plus (HMO) is available only to individuals who **live** in our plan service area. A Post Office box or rental mailbox cannot be used to determine whether you meet the residence eligibility requirements for this plan. Your permanent residence must be used to determine eligibility. To stay a member of our plan, you must keep living in this service area. The plan service area is described above and **pages 28 and 29** list the eligible ZIP codes for partial counties.

In instances when a ZIP code spans more than one county, your permanent residence must be in the portion of the ZIP code that is in the county that is in our plan service area. That means, even if your ZIP code is listed on pages 28 & 29 your home would not be inside our plan service area if you live in a county that is not part of our plan service area and you would not be eligible for this plan.

Subject to approval by the Centers for Medicare & Medicaid Services (CMS), we may reduce our plan service area effective any time after January 1 by giving prior written notice to CalPERS.

We may expand our plan service area at any time by giving written notice to CalPERS. ZIP codes are subject to change by the U.S. Postal Service. If you have a question about whether a ZIP code is currently included in the plan service area, please contact CalPERS at **888 CalPERS** (or **888-225-7377**) [TTY/TDD: **(877) 249-7442**] between 8 a.m. and 5 p.m., Monday through Friday, excluding holidays. You may also call our dedicated Blue Shield 65 Plus Member Service representatives at 800-776-4466 [TTY/TDD: (800) 794-1099], 7 a.m. to 8 p.m., 7 days a week.

**Who is eligible to join Blue Shield 65 Plus (HMO)?**

You can join Blue Shield 65 Plus (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B, meet CalPERS's eligibility requirements, and live in the plan service area. Your Medicare-eligible dependents may also join Blue Shield 65 Plus (HMO) if they meet these requirements. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Blue Shield 65 Plus (HMO) unless they are members of our organization and have been since their dialysis began.

**Can I choose my doctors?**

Blue Shield 65 Plus (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list visit

us at [www.blueshieldca.com](http://www.blueshieldca.com) and click on *Find a Provider*. Our Member Services number is listed at the end of this introduction.

### ***What happens if I go to a doctor who's not in your network?***

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

### ***Where can I get my prescriptions if I join this plan?***

Blue Shield 65 Plus (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory by calling Blue Shield 65 Plus (HMO) at the number on the back cover of this booklet, or you can access our pharmacy directory online by clicking on *Find a Provider* at [blueshieldca.com](http://blueshieldca.com).

Blue Shield 65 Plus (HMO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

### ***Does My Plan Cover Medicare Part B Or Part D Drugs?***

Blue Shield 65 Plus (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### ***What is a prescription drug formulary?***

Blue Shield 65 Plus (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug.

If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at

[blueshieldca.com/medicarepartdplans/formulary](http://blueshieldca.com/medicarepartdplans/formulary). Be sure to click on *2012 GMA-PD (Blue Shield 65 Plus (HMO) Group Plan) Formulary* to view the right formulary for your Blue Shield 65 Plus (HMO) plan.

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### ***How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?***

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

### ***What are my protections in this plan?***

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan.

Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Blue Shield 65 Plus (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Blue Shield 65 Plus (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your

problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Shield 65 Plus (HMO) for more details.

### **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Blue Shield 65 Plus (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

### **Where can I find information on plan ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service).

If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly obtain a copy of the plan ratings for this plan.

Please call Blue Shield of California for more information about Blue Shield 65 Plus (HMO). Visit us at [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers) or, call us:

Member Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7:00 a.m. – 8:00 p.m.  
Pacific Standard Time

Current members should call toll-free (800)-776-4466 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD: (800)-794-1099)

Prospective members should call toll-free (800)-776-4466 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug program. (TTY/TDD: (800)-794-1099)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [medicare.gov](http://medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call member services at the phone number listed above.

Este documento puede estar disponible en braille, en letra grande o en otros formatos alternativos.

Este documento puede estar disponible en otro idioma que no sea el inglés. Para obtener información adicional, llame a servicio al cliente, al número de teléfono que figura arriba.

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

## Section 2: Summary of Benefits 2012 Blue Shield 65 Plus (HMO)

**An employer-sponsored Medicare Advantage HMO plan for retirees and their eligible spouse and/or dependent(s)**

Prepared for: **CalPERS**

Effective: **January 1, 2012**

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<b>IMPORTANT INFORMATION</b>		
<p><b>Premium and Other Important Information</b></p>	<p>In 2011 the monthly Part B premium was \$96.40 and may change for 2012. The annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General CalPERS is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premiums, CalPERS will tell you the amount you and your former employer contribute to the premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to any applicable MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles and \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$6,700 out-of-pocket limit for Medicare-covered services.</p>
<p><b>Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care)</b></p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<b>INPATIENT CARE</b>		
<p><b>Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</b></p>	<p>In 2011 the amounts for each benefit period were:  Days 1-60: \$1,132 deductible  Days 61-90: \$283 per day  Days 91-150: \$566 per lifetime reserve day  These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit period you can have.</p>	<p>In-Network  No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:  \$0 copay per admission.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>Inpatient Mental Health Care</b></p>	<p>In 2011 the amounts for each benefit period were:  Days 1-60: \$1,132 deductible  Days 61-90: \$283 per day  Days 91-150: \$566 per lifetime reserve day  These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network  You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$0 copay per admission for each Medicare-covered hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</b></p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:  Days 1-20: \$0 per day  Days 21-100: \$141.50 per day  These amounts may change in 2012.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. 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. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General  Authorization rules may apply.</p> <p>In-Network  Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p>For SNF stays:  Days 1-100: \$0 copay per day.</p>
<p><b>Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</b></p>	<p>\$0 copay</p>	<p>General  Authorization rules may apply.</p> <p>In-Network  \$0 copay for Medicare-covered home health visits.</p>
<p><b>Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General  You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p><b>OUTPATIENT CARE</b></p>		
<p><b>Doctor Office Visits</b></p>	<p>20% coinsurance</p>	<p>General  Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> <li>• \$10 copay for each Primary Care Physician visit for Medicare-covered benefits.</li> <li>• \$25 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>• \$10 copay for each specialist visit for Medicare-covered benefits.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Blue Shield 65 Plus (HMO)</b>
<b>Chiropractic Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<b>Outpatient Mental Health Care</b>	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> <li>• \$10 copay for each Medicare-covered individual or group therapy visit.</li> <li>• \$10 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</li> <li>• \$0 copay for Medicare-covered partial hospitalization services.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<b>Outpatient Substance Abuse Care</b>	20% coinsurance	General Authorization rules may apply.  In-Network \$10 copay for each Medicare-covered individual or group therapy visit.
<b>Outpatient Services/Surgery</b>	20% coinsurance for the doctor's services  Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.  20% coinsurance for ambulatory surgical center facility services	General Authorization rules may apply.  In Network \$0 copay for each Medicare-covered ambulatory surgical center or outpatient hospital facility visit.
<b>Ambulance Services (medically necessary ambulance services)</b>	20% coinsurance	General Authorization rules may apply.  In-Network \$0 copay for Medicare-covered ambulance benefits.
<b>Emergency care (You may go to any emergency room if you reasonably believe you need emergency care.)</b>	20% coinsurance for the doctor's services  Specified copayment for outpatient hospital facility emergency services.  Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.  You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.  Not covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits (waived if admitted to hospital).  Worldwide coverage: \$50 copay for emergency room visits outside the U.S. (There is a combined \$10,000 plan coverage limit for emergency or urgently needed services outside the U.S. every year.)

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</b></p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$25 copay for Medicare-covered urgently needed care visits within the plan's service area (waived if admitted to the hospital).</p> <p>\$25 copay for Medicare-covered urgently needed care visits outside of the plan's service area (waived if admitted to the hospital).</p> <p>Worldwide coverage: \$25 copay for urgently needed services outside the U.S. (There is a combined \$10,000 plan coverage limit for emergency or urgently needed services outside the U.S. every year.)</p>
<p><b>Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</b></p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p>
<p><b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b></p>		
<p><b>Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</b></p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered item.</p>
<p><b>Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</b></p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered item.</p>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Diabetes Programs and Supplies</b></p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> <li>• \$10 copay for Diabetes self-management training.</li> <li>• \$0 copay for Diabetes monitoring supplies.</li> <li>• \$0 copay for Therapeutic shoes or inserts.</li> </ul> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$10 may apply.</p> <p>For test strips, lancets and glucose control solution you pay the applicable drug tier copay/ coinsurance.</p>
<p><b>Diagnostic Tests, X-Rays, Lab Services, and radiology services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>▪ lab services</li> <li>▪ diagnostic procedures and tests</li> <li>▪ X-rays</li> <li>▪ diagnostic radiology services (not including X-rays)</li> <li>▪ therapeutic radiology services</li> </ul> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$10 may apply.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$10 may apply.</p>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Pulmonary Rehabilitation Services</p>
<p><b>PREVENTIVE SERVICES</b></p>		
<p><b>Preventive Services and Wellness/Education Programs</b></p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm Screening</li> <li>- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine for people with Medicare who are at risk.</li> <li>- HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12</li> </ul>	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen(PSA) test only)</li> <li>- Smoking Cessation (Counseling to stop smoking)</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Preventive Services and Wellness/Education Programs (continued)</b></p>	<p>months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> <li>- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>- Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietician and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>- Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>- Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome</li> </ul>	<ul style="list-style-type: none"> <li>- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>- Nursing Hotline</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<b>Preventive Services and Wellness/Education Programs (continued)</b>	to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	
<b>Kidney Disease and Conditions</b>	20% coinsurance for renal dialysis  20% coinsurance for kidney disease education services	General Authorization rules may apply. <b>In-Network</b> \$0 copay for renal dialysis  \$0 copay for kidney disease education services.
<b>Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  Routine eye exams and glasses not covered.  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.  Annual glaucoma screenings covered for people at risk.	General Authorization rules may apply.  In-Network <ul style="list-style-type: none"> <li>• \$10 copay for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• \$10 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$10 copay for up to 1 routine eye exam every year.</li> </ul>
<b>Dental Services</b>	Preventive dental services (such as cleaning) not covered.	In-Network In general, preventive dental benefits (such as cleaning) not covered.  \$0 copay for Medicare-covered dental benefits
<b>Hearing Services</b>	Supplemental routine hearing exams and hearing aids not covered.  20% coinsurance for diagnostic hearing exams.	General Authorization rules may apply.  In-Network \$10 copay for Medicare-covered diagnostic hearing exams

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

<b>Benefit</b>	<b>Original Medicare</b>	<b>Blue Shield 65 Plus (HMO)</b>
<b>Outpatient Prescription Drugs covered under Medicare Part B</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage plan or a Medicare Cost plan that offers prescription drug coverage.	<p>General</p> <p>For Part B-covered chemotherapy drugs and other Part B-covered drugs, you pay:</p> <p>\$10 copay when administered in the physician's office.</p> <p>\$0 copay when obtained at a retail pharmacy.</p>
<b>Outpatient Prescription Drugs Covered under Medicare Part D</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage plan or a Medicare Cost plan that offers prescription drug coverage.	<p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://blueshieldca.com/Medicarepartdplans/formulary">blueshieldca.com/Medicarepartdplans/formulary</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes; live in long term care facilities; or have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<p>Your provider must get prior authorization from Blue Shield 65 Plus (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Shield 65 Plus (HMO) approves the exception, you will pay the Tier 4: Injectable Drugs cost-sharing for that drug.</p> <p><b>In-Network</b></p> <p>\$0 deductible.</p> <p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b></p> <p>You pay the following until total yearly drug costs reach \$2,930:</p> <p><b>Retail Pharmacy</b></p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>▪ \$5 copay for a one month (30-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$10 copay for a three month (90-day) supply of drugs in this tier</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<p>from a preferred network pharmacy</p> <ul style="list-style-type: none"> <li>▪ \$5 copay for a one month (30-day) supply of drugs in this tier from an other network pharmacy</li> <li>▪ \$15 copay for a three month (90-day) supply of drugs in this tier from an other network pharmacy</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a one month (30-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$40 copay for a three month (90-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$20 copay for a one month (30-day) supply of drugs in this tier from an other network pharmacy</li> <li>▪ \$60 copay for a three month (90-day) supply of drugs in this tier from an other network pharmacy</li> <li>▪ Erectile dysfunction drugs: Covered at 50% of Blue Shield's contracted rate for a one month (30-day) supply from a preferred network or other network pharmacy.</li> <li>▪ Erectile dysfunction drugs: Covered at 50% of Blue Shield's contracted rate for a three month (90-day) supply from a preferred network or other network pharmacy.</li> </ul> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from an other network pharmacy</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<ul style="list-style-type: none"> <li>▪ \$150 copay for a three month (90-day supply of drugs in this tier from an other network pharmacy</li> </ul> <p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from an other network pharmacy</li> <li>▪ \$150 copay for a three month (90-day supply of drugs in this tier from an other network pharmacy</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier from a preferred network pharmacy</li> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier from an other network pharmacy</li> <li>▪ \$150 copay for a three month (90-day supply of drugs in this tier from an other network pharmacy</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>▪ \$5 copay for a one month (34-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a one month (34-day) supply of drugs in this tier</li> <li>▪ Erectile dysfunction drugs: Covered at 50% of Blue Shield's contracted rate for a one month (34-day) supply.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (34-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (34-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (34-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>▪ \$10 copay for a three month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$40 copay for a three month (90-day) supply of drugs in this tier</li> <li>▪ Erectile dysfunction drugs: Covered at 50% of Blue Shield's contracted rate for a three month (90-day) supply.</li> </ul> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier; most injectables are not available through mail-order. Check the formulary for more information.</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>▪ \$100 copay for a three month (90-day) supply of drugs in this tier; most Specialty Tier Drugs are not available through mail-order. Check the formulary for more information.</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<p><b>Coverage Gap</b> The plan covers all formulary drugs through the coverage gap. You pay the applicable drug tier cost sharing amount listed under "Initial Coverage" above.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you pay the lower of:</p> <ul style="list-style-type: none"> <li>▪ The applicable drug tier copay as noted above, or</li> <li>▪ 5% coinsurance.</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Shield 65 Plus (HMO).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930.</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>▪ \$5 copay for a one month (30-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>▪ \$20 copay for a one month (30-day) supply of drugs in this tier</li> </ul>

If you have any questions about this plan's benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
<p><b>Prescription drugs covered under Medicare Part D (continued)</b></p>		<ul style="list-style-type: none"> <li>▪ Erectile dysfunction drugs: Covered at 50% of Blue Shield's contracted rate for a one month (30-day) supply.</li>   <li>Tier 3: Non-Preferred Brand Drugs <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier</li> </ul> </li>   <li>Tier 4: Injectable Drugs <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier</li> </ul> </li>   <li>Tier 5: Specialty Tier <ul style="list-style-type: none"> <li>▪ \$50 copay for a one month (30-day) supply of drugs in this tier</li> </ul> </li>   <li><b>Out-of-Network Coverage Gap</b> The plan covers all formulary drugs through the coverage gap. You pay the applicable drug tier cost sharing listed under "Initial Coverage" above.</li>   <li><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you pay the lower of: <ul style="list-style-type: none"> <li>▪ The applicable drug tier copay as noted above, or</li> <li>▪ 5% coinsurance.</li> </ul> </li> </ul>

## SECTION 3: Exceptions, Appeals & Grievance Processes

### Exceptions

If you learn that your plan does not cover your drug, you, your physician or other prescriber or your appointed representative can ask us to make an exception to our coverage rules. There are several types of exceptions you can request.

- You can ask us to cover your drug if it is not on our Formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover additional quantities.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drugs tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drugs tier instead. This would lower the amount you must pay for your drug.

Please note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drugs tier.

Generally, an exception request is approved for coverage if the drug is necessary to treat your medical condition and the alternative drugs included on the plan's Formulary or alternative drugs in a lower tier would not be as effective or appropriate in treating your condition and/or would cause you to have adverse medical effects. If you or your appointed representative requests an Exception, your physician or other prescriber must also submit a statement of medical need to support your request.

Call us to request a **Blue Shield Prescription Coverage Request Form**. You and your physician or other prescriber must complete the form and send it to us.

**BY FAX:** (888) 697-8122

**BY MAIL:** Blue Shield of California, Pharmacy Services Department  
PO Box 7168  
San Francisco, CA 94120-7168.

Your physician or other prescriber may also contact us directly to request an exception by calling Pharmacy Services at **(800) 535-9481**, 8:00 a.m. to 6:00 p.m., weekdays, excluding holidays.

For **more information** regarding the Exception process please call Member Services:

**(800) 776-4466 [TTY: (800) 794-1099]**

7 a.m. to 8 p.m., 7 days a week.

To **inquire about the status** of an exception request, please have your physician or other prescriber call Pharmacy Services 8:00 a.m. to 6:00 p.m., weekdays, excluding holidays:

**Phone:** (800) 535-9481

To **appoint a representative** or authorize someone to act on your behalf, you and your representative must first sign and date a statement that gives this person legal permission to act as your authorized representative. This form must be completed and submitted before exception requests from your appointed representative can be reviewed.

**BY FAX:** (818) 228-5116

**BY MAIL:** Blue Shield 65 Plus (HMO)  
Medicare Appeals & Grievances  
P.O. Box 927  
Woodland Hills CA 91365-9856.

You can call Member Services to request a copy of the **Blue Shield 65 Plus (HMO) Appointment of Representative Form** at **(800) 776-4466 [TTY: (800) 794-1099]** 7 a.m. to 8 p.m., 7 days a week.

## Appeals and Grievances

As a Blue Shield 65 Plus (HMO) member, you are guaranteed your right to file a complaint if you have concerns or problems with any part of your care. The Medicare program has helped set the rules about what you need to do to make a complaint and what we are required to do when we receive a complaint. If you make a complaint, we must be fair in how we handle it. You cannot be disenrolled or penalized in any way for filing a complaint.

We encourage you to let us know right away if you have questions, concerns or problems related to your Prescription Drug coverage, covered services or the care you receive. Comments are utilized to help improve the services provided to you.

There are two types of complaints you can make. The type of complaint you file depends on your situation.

An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about what services and/or drugs are covered for you or how much we will pay for a service and/or drug.

You must file the appeal request within 60 calendar days from the date included on the notice of our Coverage Determination. We may give you more time if you have a good reason for missing the deadline.

To ask for a **standard** appeal, you or your appointed representative may send a written appeal request to the address listed below. We will give you our decision within 7 calendar days after receiving the request. We will give you the decision sooner if your health condition requires us to. If we do not give you our decision within 7 calendar days, your request will automatically be forwarded to an independent organization who will review your case.

To ask for a **fast** appeal, you and/or your doctor will need to call, fax or write to us at the numbers or address listed below. We will give you our decision within 72 hours after receiving the request. We will give you the decision sooner if your health condition requires us to. If we do not give you our decision within 72 hours, your request will automatically be forwarded to an independent organization who will review your case.

A **grievance** is the type of complaint you make if you have any other type of problem with Blue Shield 65 Plus (HMO) or one of our providers.

### **Filing a Grievance with our Plan**

If you have a complaint, please call:

**(800) 776-4466 [TTY: (800) 794-1099]** 7 a.m. to 8 p.m., 7 days a week.

We will try to resolve your complaint over the phone. If you ask for a written response, we will respond in writing to you.

### **If we cannot resolve your complaint over the phone, we have a formal procedure to review your complaints.**

Our Grievance Process consists of two steps:

- Step 1: File a Grievance

To begin the process, call a Member Services representative within 60 days of the event and ask to file a Grievance. You may also file a Grievance in writing within 60 days of the event by sending it to:

Blue Shield 65 Plus (HMO)  
Medicare Appeals & Grievances  
PO Box 927  
Woodland Hills CA 91365-9856.  
**FAX:** (818) 228-5116

If contacting us by Fax or by Mail, please call us to request a **Blue Shield 65 Plus (HMO) Appeals & Grievance Form.**

We will let you know that we received the notice of your concern within 5 days and give you the name of the person who is working on it. We will normally resolve it within 30 days.

If you ask for a "Fast Grievance" because we decided not to give you a "Fast Decision" or "Fast Appeal" or because we asked for an extension on our Initial Decision or Fast Appeal, we will forward your request to a Medical Director who was not involved in our original decision. We may ask if you have additional information that was not available at the time you requested a "Fast Initial Decision" or "Fast Appeal."

The Medical Director will review your request and decide if our original decision was appropriate. We will send you a letter with our decision within 24 hours of your request

for a “Fast Grievance.”

- Step 2: Grievance Hearing

If you are not satisfied with this resolution, you may make a written request to Blue Shield 65 Plus (HMO) Medicare Appeals & Grievances for a Grievance hearing. Within 31 days of your written request, we will assemble a panel to hear your case. You will be invited to attend the hearing, which includes an uninvolved physician and a representative from the Appeals and Grievance Resolution Department. You may attend in person or by teleconference. After the hearing, we will send you a final resolution letter.

We must address your Grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your complaint. We may extend the time frame by up to 14 days if you ask for the extension, or if we justify a need for additional information and the delay is in your best interest.

## **Additional Information**

For more detailed information on how the exceptions, appeals and grievance processes work, please read the *Evidence of Coverage* chapters that describe this process in more detail.

To obtain an aggregate number of grievances, appeals and exceptions filed with Blue Shield 65 Plus (HMO) call Member Services at:

**(800) 776-4466** [TTY: **(800) 794-1099**] 7 a.m. to 8 p.m., seven days a week.

# Partial county service area ZIP code listing

## Fresno County, the following ZIP codes only:

93602	93606	93607	93609	93611	93612
93613	93616	93619	93625	93626	93627
93630	93648	93650	93651	93652	93657
93660	93662	93664	93667	93668	93675
93701	93702	93703	93704	93705	93706
93707	93708	93709	93710	93711	93712
93714	93715	93716	93717	93718	93720
93721	93722	93723	93724	93725	93726
93727	93728	93729	93730	93740	93741
93744	93745	93747	93750	93755	93759
93760	93761	93762	93764	93765	93771
93772	93773	93774	93775	93776	93777
93778	93779	93780	93784	93786	93790
93791	93792	93793	93794	93844	93888

## Imperial County, the following ZIP codes only:

92227	92231	92232	92233	92243	92244
92249	92250	92251	92259	92273	92274
92281					

## Nevada County, the following ZIP codes only:

95712	95924	95945	95946	95949	95959
95960	95975	95977	95986		

## Kern County, the following ZIP codes only:

93203	93206	93216	93220	93226	93241
93250	93263	93268	93276	93280	93285
93287	93301	93302	93303	93304	93305
93306	93307	93308	93309	93311	93312
93313	93314	93380	93383	93384	93385
93386	93387	93388	93389	93390	93518
93531					

## Madera County, the following ZIP codes only:

93614	93636	93637	93638	93639	93645
-------	-------	-------	-------	-------	-------

## Riverside County, the following ZIP codes only:

91752	92028	92201	92202	92203	92210
92211	92220	92223	92230	92234	92235
92236	92239	92240	92241	92247	92248
92253	92254	92255	92258	92260	92261
92262	92263	92264	92270	92274	92276
92282	92292	92320	92324	92373	92399
92501	92502	92503	92504	92505	92506
92507	92508	92509	92513	92514	92515

92516	92517	92518	92519	92521	92522
92530	92531	92532	92536	92539	92543
92544	92545	92546	92548	92549	92551
92552	92553	92554	92555	92556	92557
92561	92562	92563	92564	92567	92570
92571	92572	92581	92582	92583	92584
92585	92586	92587	92589	92590	92591
92592	92593	92595	92596	92599	92860
92877	92878	92879	92880	92881	92882
92883					

**San Bernardino County, the following ZIP codes only:**

91701	91708	91709	91710	91729	91730
91737	91739	91743	91758	91761	91762
91763	91764	91766	91784	91785	91786
91792	91798	92252	92256	92277	92278
92284	92285	92286	92301	92305	92307
92308	92311	92312	92313	92314	92315
92316	92317	92318	92321	92322	92324
92325	92326	92327	92329	92331	92333
92334	92335	92336	92337	92339	92340
92341	92342	92344	92345	92346	92347
92350	92352	92354	92356	92357	92358
92359	92365	92368	92369	92371	92372
92373	92374	92375	92376	92377	92378
92382	92385	92386	92391	92392	92393
92394	92395	92397	92398	92399	92401
92402	92403	92404	92405	92406	92407
92408	92410	92411	92412	92413	92414
92415	92418	92420	92423	92424	92427
92880					

**San Joaquin County, the following ZIP codes only:**

94505	94514	95201	95202	95203	95204
95205	95206	95207	95208	95209	95210
95211	95212	95213	95215	95219	95220
95227	95230	95231	95234	95236	95237
95240	95241	95242	95243	95258	95267
95269	95290	95297	95304	95320	95330
95336	95337	95361	95366	95376	95377
95378	95385	95391	95686		

## Contact us

Please call Blue Shield of California for more information about Blue Shield 65 Plus (HMO). Visit us at [blueshieldca.com/calpers](http://blueshieldca.com/calpers), or call us for questions related to the Group Medicare Advantage Prescription Drug Plan Program.

### Enrollment

If you are interested in enrolling in Blue Shield 65 Plus (HMO), please call our Member Services representatives at:

**1-800-776-4466,**

[TTY **1-800-794-1099**]

7 a.m. to 8 p.m., seven days a week

### Member assistance

If you are a member and need assistance, please call our Member Services representatives at:

**1-800-776-4466**

(TTY **1-800-794-1099**)

7 a.m. to 8 p.m., seven days a week

Or visit us at [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

MG00007-CalPERS (10/11)