

Keep living the life you love with
a Medicare coverage option
from Blue Shield of California.

Los Angeles (partial)/Orange counties



Blue Shield 65 Plus (HMO) benefit overview

Medicare Advantage Prescription Drug Plan
Effective January 1 through December 31, 2016

live by your own plan

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blue  of california

blueshieldca.com



Live by your own plan with the help of one of ours.

If your plan is to keep living the life you love, our Medicare plans can help. We offer a variety of affordable coverage options and all the help you need to find the one that's right for your specific health and financial needs. We've been serving Californians for over 75 years. In fact, we were the first Blue Shield in the country. 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. So go ahead. Live by your own plan.

for care, not profitSM

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

2. 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 not-for-profit company that's been serving Californians for more than 75 years.
- We strive to uphold high standards of ethical business practices in our programs and products. In fact, we have been recognized as **one of the World's Most Ethical Companies** for four years in a row by Ethisphere Institute.*
- Blue Shield is a California original. We're the first Blue Shield in the country and are an advocate for affordable, quality care for all Californians.
- We know Medicare. Over 254,000[†] Medicare beneficiaries in the Golden State have trusted their healthcare coverage to us.
- Live by your own plan – we've been helping our members do just that for over 75 years.

3. 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).

4. Service

- A dedicated Member Services team
- Get a 90-day supply of drugs for only two 30-day copays when you visit one of our network pharmacies that offer preferred cost-sharing, or order through our mail service pharmacy.[‡]

5. Network

We have a large network of primary care physicians and specialists, so chances are you can keep seeing your doctor. Or, if you're ready to switch doctors, we can help you find a physician who is convenient for you.

You can search for a plan provider at **blueshieldca.com/findaprovider**. Be sure to click on *Select a Plan* and choose "Medicare Advantage – Blue Shield 65 Plus (HMO)" and select the sub plan "Blue Shield 65 Plus (HMO)."

* April 2015. For more about Ethisphere, the World's Most Ethical ranking methodology, and the complete list of the World's Most Ethical Companies, visit www.ethisphere.com.

† Blue Shield Medicare Advantage HMO and Medicare Supplement plan membership reporting as of May 2015.

‡ Tier 6: Specialty Tier Drugs excluded.

2. Summary of 2016 medical benefits

Effective January 1 through December 31, 2016

Available in select areas of Los Angeles County and all of Orange County*

Benefit	With Blue Shield 65 PlusSM, you pay:
Monthly plan premium (you must continue to pay Medicare Part B premium)	\$0
Annual out-of-pocket maximum (this is the most you would pay in a year for Medicare Parts A and B covered services)	\$2,800
Primary care physician visits	\$0 copay
“Welcome to Medicare” preventive visit and Annual Wellness Visit	\$0 copay
Specialist office visits (with primary care physician referral)	\$0 copay
Inpatient hospital care	\$0 copay
Outpatient surgery (when performed at an ambulatory surgical center)	\$0 copay
Basic outpatient diagnostic tests, EKGs, basic X-rays, and lab services (according to Medicare guidelines; prior authorization required)	\$0 copay
MRI scans, CT scans, and other complex diagnostic radiology services	\$40 copay

Benefit	With Blue Shield 65 Plus, you pay:
Diabetic test strips and lancets (see the plan's <i>Evidence of Coverage</i> for a full list of what's covered)	\$0 copay
Vision care – routine eye exam and refraction (once every 12-month period through network providers; some coverage at non-network providers included)	\$10 copay
Ambulance services	\$200 copay per trip, one way
Basic gym membership/fitness program	\$0 copay; see Section 4
Urgently needed services[†]	\$5 copay
Emergency care[†]	\$75 copay
Skilled nursing facility care (100 days per benefit period [‡] ; no prior hospitalization required with network provider)	\$25 copay/day for days 1 to 20 \$100 copay/day for days 21 to 100
NurseHelp 24/7SM (telephone and online support)	\$0 copay

† Worldwide coverage. \$75 copay and \$10,000 annual limit for emergency care and urgently needed services outside the U.S. and its territories.

‡ 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.

3. Summary of 2016 prescription drug coverage

Available in select areas of Los Angeles County and all of Orange County*

Our network 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.

Part D prescription drug benefit	Using a Blue Shield 65 Plus network pharmacy that offers preferred cost-sharing, you pay:	
	One-month (up to a 30-day) supply	Three-month (up to a 90-day) supply [†]
Deductible	\$0	
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	25% of Blue Shield's contracted rate	25% of Blue Shield's contracted rate
Tier 6: Specialty Tier Drugs	33% of Blue Shield's contracted rate	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[‡] (800) 865-6647 [TTY: 711]
- Safeway and Vons pharmacies[‡] (877) 723-3929 [TTY: 711]
- Costco[‡] (800) 955-2292 [TTY: 711]





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

* Refer to your Summary of Benefits for a complete description of the service area.

† Three-month supply cost-sharing also applies to Blue Shield's mail service pharmacy. For Tier 6: Specialty Tier Drugs, only a 30-day supply is available through mail service.

4 ‡ Accepts e-prescribing.

Part D prescription drug benefit	Using a Blue Shield 65 Plus network pharmacy that offers <u>standard 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	\$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	25% of Blue Shield's contracted rate	25% of Blue Shield's contracted rate
Tier 6: Specialty Tier Drugs	33% of Blue Shield's contracted rate	Not offered

During the coverage gap stage, the plan provides some drug coverage.

Coverage gap

(coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$3,310 until your yearly out-of-pocket drug costs reach \$4,850)

Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs are covered at the copays described above. For Tiers 3-6, you pay 45% of the plan's cost for brand-name drugs, and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Whether a drug is considered generic or brand can be determined using the plan formulary.

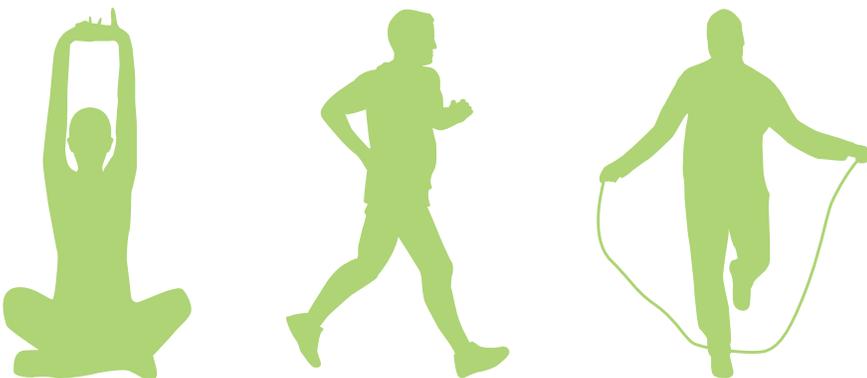
4. SilverSneakers Fitness program

Exercise, education, and social activities are very important to your health and well-being, which is why Blue Shield of California offers the **Healthways SilverSneakers® Fitness** program at no additional cost!

SilverSneakers includes the following:

- A fitness membership with access to more than 13,000 locations* nationwide (including women-only locations) where you can use equipment and take group exercise classes
- SilverSneakers FLEX™ with classes including tai chi, yoga, dance, and walking groups offered in neighborhood locations such as parks, recreation centers, and adult-living communities
- SilverSneakers Steps®, which includes various kits for you to use at home or when you travel
- Fun social activities and events, plus health education seminars

To find your closest SilverSneakers location and FLEX classes, order a SilverSneakers Steps kit, or get additional information, visit siversneakers.com. Remember, when you travel you can use any SilverSneakers location in the nation! Enroll today and be one step closer to a healthier lifestyle.



* As of April 2015, siversneakers.com.

5. Optional supplemental dental HMO plan

Having good oral health is important, particularly as you get older. According to the Centers for Disease Control and Prevention, nearly 25% of people ages 65 to 75 have gum disease, which is linked to other health concerns, including increased risks of heart disease, stroke, and diabetes. Regular dental exams can play a vital role in the early detection of these conditions, as well as other health problems such as nutritional deficiencies, oral infections, and systemic diseases.

Blue Shield offers an optional supplemental dental HMO plan to Blue Shield 65 Plus members for a **low monthly premium of \$12.60**. This comprehensive plan provides access to a network of over 15,000 dentists*.

Optional supplemental dental HMO plan vs no coverage: potential savings

Description	Patients without coverage (Standard list price for two preventive visits) [†]	Blue Shield's optional supplemental dental HMO plan member out-of-pocket costs
Annual premium	\$0.00	\$151.20 (\$12.60 x 12 months)
Annual dental exam, teeth cleaning, and X-rays	\$385.00 (D0120, D1110, D0210)	\$5.00
6-month follow-up and cleaning	\$265.00 (D0120, D0272, D1110)	\$5.00
Molar root canal	\$1,375.00 (D3330)	\$335.00 [‡]
Noble metal porcelain crown	\$1,350.00 (D2750)	\$275.00 [#]
Total cost	\$3,375.00[†]	\$771.20
Potential one-year savings		\$2,603.80

* Dental providers in California are available through a contracted dental plan administrator. Network numbers are as of May, 2015.

† The sample costs are based on the 2015 Fair Health 90th percentile amounts for the 90010 ZIP code. These rates 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 semi-precious 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 basic and major 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 HMO plan benefits at a glance

The following is a summary of services and supplies covered by the optional supplemental dental HMO plan benefit.

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

Benefit	With the optional supplemental dental HMO plan, you pay:*
Diagnostic and preventive services – For your annual dental exam and six-month checkup.	
• Comprehensive oral exams (D0150)	\$5 copay
• Periodic oral exams (D0120)	\$0 copay
• Complete X-rays (D0210)	\$0 copay
• Adult prophylaxis (cleanings, every 6 months) (D1110)	\$5 copay
Minor restorative services – Keep your teeth healthy.	
• One-surface composite resin restoration – anterior (D2330)	\$11 copay
• Two-surface composite resin restoration – anterior (D2331)	\$17 copay
Major services – Make sure the big stuff is taken care of when needed.	
• Crown (porcelain fused to noble metal) (D2752)	\$275 [†] copay
• Osseous surgery – four or more teeth per quadrant (D4260)	\$293 copay
• Endodontic therapy – anterior root canal (D3310)	\$195/268 [†] copay
• Endodontic therapy – molar root canal (D3330)	\$335/425 [†] copay
• Periodontal root planing – four or more per teeth per quadrant (D4341)	\$45 copay
• Extraction (single erupted tooth) (D7140)	\$15 copay
• Bridge - Pontic – porcelain fused to high noble metal (per unit) (D6240)	\$210 [†] copay
• Bridge retainer – crown, porcelain fused to high noble metal (per unit) (D6750)	\$275 [†] copay
• Complete denture – upper (D5110) or lower (D5120)	\$285 copay
• Removal of impacted tooth (complete bony) (D7240)	\$80 copay

* All services must be performed, prescribed, or authorized by your dentist, chosen from the Blue Shield *Dental Provider Directory*. If you need to see a specialist, you must get a referral from your dental provider to receive covered specialist services. Maximum plan pays for your specialist services is \$1,000 per calendar year. You are responsible for amounts above \$1,000.

† 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.

‡ You pay the copayment plus the cost of precious or semi-precious metals.

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 also 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

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 *Evidence of Coverage*.
5. Plan ID card: Present this card every time you receive healthcare services or prescription drugs.
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!

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.

Blue Shield and the Shield symbol are registered marks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

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

This information is available for free in other languages. Please contact Member Services at (800) 776-4466 [TTY: 711] from 7 a.m. to 8 p.m., seven days a week, for additional information.

Esta información está disponible de forma gratuita en varios idiomas. Por favor, llame a Servicios para Miembros al (800) 776-4466 [TTY: 711] de 7 a.m. a 8 p.m., siete días a la semana para información adicional.