Blue Shield 65 Plus (HMO)
Summary of Benefits

Group Medicare Advantage-Prescription Drug Plan
for County of San Bernardino retirees
January 1, 2013 to December 31, 2013

Blue Shield of California is a health plan with a Medicare contract. (H0504)
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blue of california

blueshieldca.com

Blue Shield 65 Plus℠ (HMO)

January 1, 2013 through December 31, 2013

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 County of San Bernardino and California Physicians' Service/Blue Shield of California, a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Federal government. 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*.

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 former employer group/union. 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 at the end of this introduction. 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. The benefits administrator at your former employer group or union 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.

Contra Costa County	**Fresno County***	**Imperial County***	**Kern County***
Los Angeles County	**Madera County***	**Nevada County***	**Orange County**
Riverside County*	**Sacramento County**	**San Bernardino County***	**San Diego County**

San Francisco County	San Joaquin County	San Luis Obispo County	San Mateo County
Santa Clara County	Santa Cruz County	Ventura County	

*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 25 and 26** 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 25 and 26 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 your former employer group/union.

We may expand our plan service area at any time by giving written notice to your former employer group/union. 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 your Benefits Administrator. You may also call our dedicated Blue Shield 65 Plus Member Service representatives at (800) 776-4466 [TTY: (800) 794-1099).

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 your former employer group/union'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** and click on *Find a Provider*. Our customer service 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. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

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 or visit us at **blueshieldca.com/med_pharmacy**. Our customer service number is listed at the end of this introduction.

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/med_formulary**. Be sure to click on *2013 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 '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 osteoporosis drugs for some women.
- 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 took place in a Medicare-certified facility and was paid for by Medicare or paid by a private insurance company that was the primary payer for Medicare Part A coverage.
- 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 Durable Medical Equipment.

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* 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. Our customer service number is listed below.

Please call Blue Shield of California for more information about Blue Shield 65 Plus (HMO).

Visit us at www.blueshieldca.com or, call us:

Customer Service Hours for October 1 – February 14:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7:00 a.m. - 8:00 p.m. Pacific

Customer Service Hours for February 15 – September 30:
Monday, Tuesday, Wednesday, Thursday, Friday, 7:00 a.m. - 8:00 p.m. Pacific

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 on the web.

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

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

SECTION II: SUMMARY OF BENEFITS
2103 Blue Shield 65 Plus (HMO)
An employer-sponsored Medicare Advantage HMO plan for retirees and their eligible spouse and/or dependent(s)

Prepared for: **County of San Bernardino**

Effective: **January 1, 2013**

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	In 2012 the monthly Part B premium was $99.90 and may change for 2013. The annual Part B deductible amount was $140 and may change for 2013. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more. 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.	**General** Your group is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premiums, your benefits administrator will tell you the amount you and your former employer group/union contribute to the premium. 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. In-Network $3,400 out-of-pocket limit for Medicare-covered services.
2 - Doctor and Hospital Choice **(For more information, see Emergency Care - #15 and Urgently Needed Care - #16)**	You may go to any doctor, specialist or hospital that accepts Medicare.	**In Network** You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).

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)
SUMMARY OF BENEFITS		
INPATIENT CARE		
3 - Inpatient Hospital Care **(includes Substance Abuse and Rehabilitation Services)**	In 2012 the amounts for each benefit period were: Days 1-60: $1156 deductible Days 61-90: $289 per day Days 91-150: $578 per lifetime reserve day These amounts may change for 2013. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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.	**In-Network** No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: $0 copay per admission Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
4 - Inpatient Mental Health Care	In 2012 the amounts for each benefit period were: Days 1-60: $1156 deductible Days 61-90: $289 per day Days 91-150: $578 per lifetime reserve day These amounts may change for 2013. 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.	**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. $0 copay per admission for each Medicare-covered hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

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Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
INPATIENT CARE		
5 - Skilled Nursing Facility (SNF) **(in a Medicare-certified skilled nursing facility)**	In 2012 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: $144.50 per day These amounts may change in 2013. 100 days for each benefit period. 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.	**General** Authorization rules may apply. **In-Network** Plan covers up to 100 days each benefit period No prior hospital stay is required. For SNF stays: Days 1-100: $0 copay per day
6 - Home Health Care **(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)**	$0 copay	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered home health visit
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	**General** You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice. You pay $10 for the hospice consultation services (one time only).
8 - Doctor Office Visits	20% coinsurance	**General** Authorization rules may apply. **In-Network** • $10 copay for each Medicare-covered Primary Care Physician visit.

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)
OUTPATIENT CARE		
		• $10 copay for each Medicare covered specialist visit.
9 - Chiropractic Services	Supplemental routine care not covered. 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.	**General** Authorization rules may apply. **In-Network** $10 copay for each Medicare-covered chiropractic visit 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.
10 - Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered podiatry visit Medicare-covered podiatry visits are for medically-necessary foot care. $0 copay for each routine (non-Medicare-covered) visit. Limited to one visit per calendar month.
11- Outpatient Mental Health Care	35% coinsurance for most outpatient mental health services 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. "Partial hospitalization program" is a structured program of active	**General** Authorization rules may apply. **In-Network** • $10 copay for each Medicare-covered individual therapy visit • $5 copay for each Medicare-covered group therapy visit • $10 copay for each Medicare-covered individual therapy visit with a psychiatrist $5 copay for each Medicare-covered group therapy visit a psychiatrist

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)
OUTPATIENT CARE		
	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.	• $0 copay for Medicare-covered partial hospitalization program services
12 - Outpatient Substance Abuse Care	20% coinsurance	**General** Authorization rules may apply. **In-Network** • $10 copay for Medicare-covered individual substance abuse outpatient treatment visits • $5 copay for Medicare-covered group substance abuse outpatient treatment visits
13 - Outpatient Services	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 visit $0 copay for each Medicare-covered outpatient hospital facility visit
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered ambulance benefits.
15 - Emergency care **(You may go to any emergency room if you reasonably believe you need emergency care.)**	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	**General** $20 copay for Medicare-covered emergency room visits within the United States. If you are admitted to the hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. Worldwide coverage: $0 copay for emergency room visits outside the U.S. and its territories.

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)
OUTPATIENT CARE		
	inpatient for the same condition within3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.	Combined $10,000 plan coverage limit for supplemental emergency or urgently needed services outside the U.S. and its territories every year.
16 - Urgently Needed Care **(This is NOT emergency care, and in most cases, is out of the service area.)**	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	**General** $20 copay for Medicare-covered urgently-needed-care visits If you are admitted to the hospital within 24 hours for the same condition, you pay $0 for the urgently-needed-care visit. $20 copay for Medicare-covered urgently needed care visits outside of the plan's service area (waived if admitted to the hospital). Worldwide coverage: $0 copay for urgently needed services outside the U.S. and its territories. Combined $10,000 plan coverage limit for supplemental emergency or urgently needed services outside the U.S. and its territories every year.
17 - Outpatient Rehabilitation Services **(Occupational Therapy, Physical Therapy, Speech and Language Therapy)**	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Occupational Therapy visits $0 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment **(includes wheelchairs, oxygen, etc.)**	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered durable medical equipment

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Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
19 - Prosthetic Devices **(includes braces, artificial limbs and eyes, etc.)**	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for each Medicare-covered prosthetic device
20 - Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Diabetes self-management training $0 copay for Medicare-covered: • Diabetes monitoring supplies • Therapeutic shoes or inserts If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of $10 may apply. For test strips, lancets and glucose control solution, you pay $0.
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays $0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor whey they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered: ▪ lab services ▪ diagnostic procedures and tests ▪ X-rays ▪ diagnostic radiology services (not including X-rays) ▪ therapeutic radiology services If the doctor provides you services in addition to Outpatient

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)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
	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.	Diagnostic Procedures, Tests and Lab Services, separate cost sharing of $10 may apply If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of $10 may apply
22 - Cardiac and Pulmonary Rehabilitation Services	20% coinsurance for Cardiac Rehabilitation services 20% coinsurance for Pulmonary Rehabilitation services 20% coinsurance for Intensive Cardiac Rehabilitation services This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Cardiac Rehabilitation Services $0 copay for Medicare-covered Intensive Cardiac Rehabilitation Services $0 copay for Medicare-covered Pulmonary Rehabilitation Services
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS		
23 - Preventive Services and Wellness/Education Programs	No coinsurance, copayment or deductible for the following: - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. $0 copay for the HIV	**General** Authorization rules may apply. $0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare. **In-Network** The plan covers the following supplemental education/wellness programs: - Nursing Hotline - Health club membership/ Fitness classes

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS		
23 - Preventive Services and Wellness/Education Programs (continued)	screening, but you generally pay 20% of the Medicare-approved amount for the doctors 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 months or up to three times during a pregnancy. - 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. - 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. - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). 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.	

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)
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS		
23 - Preventive Services and Wellness/Education Programs (continued)	- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse - Screening for depression in adults - Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs - Intensive behavioral counseling for Cardiovascular Disease (biannual) - Intensive behavioral therapy for obesity - Welcome to Medicare Preventive Visits (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 to Medicare Preventive Visits or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.	
24 - Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered renal dialysis $0 copay for Medicare-covered kidney disease education services
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs	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.	**Drugs covered under Medicare Part B** **General** For Medicare Part B chemotherapy drugs and other Part B drugs, you pay: $10 copay when administered in the physician's office. If obtained at a retail pharmacy, you pay the applicable copay or coinsurance amount, depending

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
PRESCRIPTION DRUG BENEFITS		
		on the tier that the drug falls under.
		Drugs covered under Medicare Part D **General** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at blueshieldca.com/med_formulary on the web.
25 – Outpatient Prescription Drugs (continued)		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. 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). Total yearly drug costs are the total drug costs paid by both you and a Part D plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield 65 Plus (HMO) for certain drugs. 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 cannot be met by most

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		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. 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. The plan charges a minimum cost sharing amount for certain low-cost drugs. If you request a formulary exception for a drug and Blue Shield 65 Plus (HMO) approves the exception, you will pay the applicable drug tier cost-sharing for that drug. **In-Network** $0 deductible. Supplemental drugs don't count toward your out-of-pocket drug costs. **Initial Coverage** You pay the following until total yearly drug costs reach $2,970: **Retail Pharmacy** Tier 1: Preferred Generic ▪ $10 copay for a one-month (30-day) supply of drugs in this tier from a preferred network pharmacy ▪ $20 copay for a three-month (90-day) supply of drugs in this tier from a preferred network

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)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		pharmacy ▪ $10 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy ▪ $30 copay for a three-month (90-day) supply of drugs in this tier from an other network pharmacy Tier 2: Preferred Brand ▪ $20 copay for a one-month (30-day) supply of drugs in this tier from a preferred network pharmacy ▪ $40 copay for a three-month (90-day) supply of drugs in this tier from a preferred network pharmacy ▪ $20 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy ▪ $60 copay for a three-month (90-day supply of drugs in this tier from an other network pharmacy Tier 3: Non-Preferred Brand ▪ $40 copay for a one-month (30-day) supply of drugs in this tier from a preferred network pharmacy ▪ $80 copay for a three-month (90-day) supply of drugs in this tier from a preferred network pharmacy ▪ $40 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy ▪ $120 copay for a three-month (90-day supply of drugs in this tier from an other network pharmacy Tier 4: Injectable Drugs ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier from a preferred network pharmacy

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)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day) supply of drugs in this tier from a preferred network pharmacy ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier from an other network pharmacy ▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day supply of drugs in this tier from an other network pharmacy Tier 5: Specialty Tier ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier from a preferred network pharmacy ▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day) supply of drugs in this tier from a preferred network pharmacy ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier from an other network pharmacy ▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day supply of drugs in this tier from an other network pharmacy **Long Term Care Pharmacy** Tier 1: Preferred Generic ▪ $10 copay for a one-month (31-day) supply of drugs in this tier

Benefit	Original Medicare	Blue Shield 65 Plus (HMO)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		Tier 2: Preferred Brand ▪ $20 copay for a one-month (31-day) supply of drugs in this tier Tier 3: Non-Preferred Brand ▪ $40 copay for a one-month (31-day) supply of drugs in this tier Tier 4: Injectable Drugs ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (31-day) supply of drugs in this tier Tier 5: Specialty Tier ▪ 20% of Blue Shield's contracted rate (up to a $100 copayment maximum per prescription) for a one-month (31-day) supply of drugs in this tier Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. **Mail Order** Tier 1: Preferred Generic ▪ $20 copay for a three-month (90-day) supply of drugs in this tier Tier 2: Preferred Brand ▪ $40 copay for a three-month (90-day) supply of drugs in this tier Tier 3: Non-Preferred Brand ▪ $80 copay for a three-month (90-day) supply of drugs in this tier Tier 4: Injectable Drugs ▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day) supply of drugs in this tier

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)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		Tier 5: Specialty Tier ▪ 20% of Blue Shield's contracted rate (up to a $300 copayment maximum per prescription) for a three-month (90-day) supply of drugs in this tier. **Coverage Gap** The plan covers all formulary drugs through the coverage gap. You pay the applicable drug tier cost sharing amount listed under "Initial Coverage" above. **Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,750, you pay the lower of: ▪ The applicable drug tier copay as noted above, or ▪ 5% coinsurance. **Out-of-Network** 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).

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)
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs (continued)		**Out-of-Network Initial Coverage** 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 $2,970: Tier 1: Preferred Generic ▪ $10 copay for a one-month (30-day) supply of drugs in this tier Tier 2: Preferred Brand ▪ $20 copay for a one-month (30-day) supply of drugs in this tier Tier 3: Non-Preferred Brand ▪ $40 copay for a one-month (30-day) supply of drugs in this tier Tier 4: Injectable Drugs ▪ 20% of the submitted cost (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier Tier 5: Specialty Tier ▪ 20% of the submitted cost (up to a $100 copayment maximum per prescription) for a one-month (30-day) supply of drugs in this tier **Out-of-Network Coverage Gap** The plan covers all formulary drugs through the coverage gap. You pay the applicable drug tier cost sharing listed under "Initial Coverage" above. **Out-of-Network Catastrophic Coverage** After your yearly out-of-pocket drug costs reach $4,750, you pay the lower of: ▪ The applicable drug tier copay as noted above, or ▪ 5% coinsurance.

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)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	**General** Authorization rules may apply. **In-Network** In general, preventive dental benefits (such as cleaning) not covered. $0 copay for Medicare-covered dental benefits
27 - Hearing Services	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 **Non-Medicare-covered services** $10 copay for each routine hearing test, up to one test per year.
28 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental 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** • $0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. • $10 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye. **Non-Medicare-covered services** $10 copay for each routine eye exam.

Partial county service area ZIP code listing

Fresno County, the following ZIP codes only:

93242	93245	93602	93606	93607	93609
93611	93612	93613	93616	93618	93619
93625	93626	93627	93630	93631	93646
93648	93650	93651	93652	93654	93656
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:

95602	95712	95924	95945	95946	95949
95959	95960	95975	95977	95986	

Kern County, the following ZIP codes only:

93203	93206	93215	93216	93220	93226
93241	93243	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:

93610	93614	93620	93622	93626	93636
93637	93638	93639	93645	93653	93720

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					

Contact us

Please call Blue Shield of California for more information about Blue Shield 65 Plus (HMO). Visit us at **blueshieldca.com**, 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 from October 1, 2012, through February 14, 2013. However, after February 14 your call will be handled by our automated phone system on weekends and holidays.

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 from October 1, 2012, through February 14, 2013. However, after February 14 your call will be handled by our automated phone system on weekends and holidays.

Or visit us at **www.blueshieldca.com**

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** on the web.

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

MG00007- County of San Bernardino – MA5032 (10/12)