Effective January 1, 2022 – December 31, 2022

2022

Summary of Benefits

Blue Shield 65 Plus (HMO)

Group Medicare Advantage Prescription Drug Plan
for County of San Bernardino

blue california

blueshieldca.com/medicare
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2022 Summary of Benefits

Blue Shield 65 Plus (HMO)

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The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, **please contact your former employer group/union or call Blue Shield 65 Plus Customer Care at (800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week.

Blue Shield 65 Plus is a Medicare Advantage (Part C) plan that covers everything that Original Medicare (Part A and Part B) and includes Part D prescription drug coverage, offering you the convenience of having both your medical services and prescription drugs covered through one plan.

To join **Blue Shield 65 Plus (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, meet your former employer group/union's eligibility requirements, and live in our service area. Your Medicare-eligible dependents may also join Blue Shield 65 Plus (HMO) if they meet these requirements.

Our service area includes the following counties in California:
Alameda County, Contra Costa County*, Fresno County, Kern County, Los Angeles County, Madera County, Merced County, Nevada County*, Orange County, Riverside County, Sacramento County, Santa Barbara 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, Stanislaus County, and Ventura County.

*Denotes partial county. Refer to the ZIP code listing on page 13 for details on the partial county service area coverage.

Look up providers, pharmacies and covered drugs on our website:

- Provider Directory – **blueshieldca.com/find-a-doctor**
- Pharmacy Directory – **blueshieldca.com/medpharmacy2022**
- Formulary (List of covered drugs) – **blueshieldca.com/medformulary2022**

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

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You pay the following:

Premiums and Benefits	You Pay	What you should know
Monthly plan premium	Your former employer group/union 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	You must continue to pay your Medicare Part B premium in addition to the plan premium, if applicable.
Deductible	$0	This plan does not have a deductible.
Annual Maximum out-of-pocket	$3,400 for services you receive from in-network providers	Does not include Part D prescription drugs. This is the most you would pay for the year for in-network covered Medicare Parts A and Part B services.
Inpatient hospital care	$0 copay per admission	Our plan covers an unlimited number of days for a Medicare-covered inpatient hospital stay in a network hospital.

Premiums and Benefits	You Pay	What you should know
Outpatient hospital services • Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery	$0 copay for each visit to an outpatient hospital facility $0 copay for Medicare-covered observation services $50 copay for each visit to an emergency room (this copay is waived if you are admitted to the hospital within one day for the same condition)	Our plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.
Outpatient surgery	$0 copay for each visit to an ambulatory surgical center $0 copay for each visit to an outpatient hospital facility	
Doctor visits • Primary care physician • Specialists	$0 copay per visit $0 copay per visit	**A referral from your doctor may be required for Specialist visits.**
Preventive services	$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	$50 copay per visit $10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories	This copay is waived if you are admitted to a hospital within one day for the same condition. Worldwide coverage.

Premiums and Benefits	You Pay	What you should know
Urgently needed services	$10 copay for each visit to a network urgent care center within your plan service area. $10 copay for each visit to an urgent care center or physician office outside of your plan service area but within the United States and its territories. $10 copay for each visit to an emergency room outside of your plan service area but within the United States and its territories. $0 copay for each visit to an emergency room, urgent care center, or physician office that is outside of your plan service area but within the United States and its territories. You have a combined $10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories. Services outside of the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	This copay is waived if you are admitted to a hospital within one day for the same condition. The copay is waived for each visit to an emergency room that is outside of the plan service area or outside the United States and its territories, if you are admitted to the hospital within one day for the same condition. Worldwide coverage.

Premiums and Benefits	You Pay	What you should know
Diagnostic services, labs, and imaging		**A referral from your doctor may be required for diagnostic services, labs and imaging services.**
• Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.)	$0 copay for each diagnostic radiology service	Covered according to Medicare guidelines; prior authorization is required.
• Lab services	$0 copay	
• Diagnostic tests and procedures	$0 copay	
• Outpatient X-rays	$0 copay	
• Therapeutic radiology services (such as radiation treatment for cancer)	$0 copay	
Hearing services		**A referral from your doctor may be required for hearing services.**
• Hearing exam (Medicare-covered)	$0 copay per visit	
• Routine (non-Medicare covered) hearing exam	$0 copay per visit	
•		
Vision services		
• Exam to diagnose and treat diseases and conditions of the eye	$0 copay for each Medicare-covered visit	**A referral from your doctor may be required for an exam to diagnose and treat diseases and conditions of the eye.**
• Yearly glaucoma screening	$0 copay	**A referral from your doctor may be required for yearly glaucoma screenings.**
• Eyeglasses or contact lenses after cataract surgery	$0 copay	

Premiums and Benefits	You Pay	What you should know
Mental health services • Inpatient mental health care	For each Medicare-covered stay you pay: • $0 copay per day for days 1 through 150 • 100% of the cost of the hospital for days 151 and over unless a new benefit period begins.	**A referral from your doctor may be required for mental health services.** You are covered for 150 days per benefit period, up to the 190-day lifetime limit. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). It ends when you go for 60 days in a row without inpatient hospital care or skilled care in a SNF. If you go into the hospital or a SNF after one benefit period has ended, a new benefit period begins.
• Outpatient group therapy visit	$0 copay per visit	
• Outpatient individual therapy visit	$0 copay per visit	
Skilled nursing facility (SNF) care	• $0 copay per day for days 1 through 20 • $75 copay per day for days 21 through 100 The copay is applicable per admission.	**A referral from your doctor may be required for skilled nursing facility care.** Coverage is limited to 100 days per benefit period; no prior hospitalization required with network provider. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). It ends when you go for 60 days in a row without inpatient hospital care or skilled care in a SNF. If you go into the hospital or a SNF after one benefit period has ended, a new benefit period begins.

Premiums and Benefits	You Pay	What you should know
Rehabilitation services • Cardiac (heart) rehabilitation services • Occupational therapy services • Physical therapy and speech and language therapy services	$0 copay per visit $0 copay per visit $0 copay per visit	**A referral from your doctor may be required for rehabilitation services.**
Ambulance	$125 copay per trip (each way)	
Medicare Part B drugs	$0 copay when administered by your PCP or by a specialist. You pay the applicable drug tier cost-sharing amount when obtained at a network pharmacy.	
Opioid treatment program services	$0 copay	
Annual Physical Exam	$0 copay	
Additional Telehealth Services (Teledoc)	$0 copay	Teladoc Physicians can diagnose and treat basic medical conditions and can also prescribe certain medication. See the plan EOC for more information.
Foot care (podiatry services) • Foot exams and treatment • Routine foot care (non-Medicare covered	$0 copay for each Medicare-covered visit $0 copay per visit, limited to one visit per calendar month, up to 12 visits per year.	**A referral from your doctor may be required for foot care services.**

Premiums and Benefits	You Pay	What you should know
Diabetic Supplies & Services • Blood glucose monitors • Diabetes self-management training, diabetic services and supplies	$0 copay for ACCU-CHEK monitors and 20% coinsurance for blood glucose monitors from all other manufacturers $0 copay for all training, services and supplies (except blood glucose monitors)	**A referral from your doctor may be required for diabetic supplies & services**. Prior authorization from the plan may be required for durable medical equipment, blood glucose monitors and test strips. See the plan EOC for more information.
Durable Medical Equipment (DME) and Related Supplies • Durable medical equipment (e.g., wheelchairs, oxygen	20% coinsurance	**A referral from your doctor may be required for DME and related supplies.** Prior authorization from the plan may be required for DME. See the plan EOC for more information.
Prosthetics/Medical Supplies • Prosthetics (e.g., braces, artificial limbs) • Medical supplies (e.g., splints, casts)	$0 copay $0 copay	**A referral from your doctor may be required for prosthetics/medical supplies.**

Premiums and Benefits	You Pay	What you should know
Health and Wellness program		
• NurseHelp 24/7SM (Telephone and online support)	$0 copay	
• LifeReferrals 24/7 – Access to counselors, consultations, information and referrals for a wide range of family and personal issue	$0 copay	
• Basic gym access through SilverSneakers Fitness	$0 copay	

Part D Prescription Drug Coverage

You pay the following:

Annual Deductible Stage	This stage does not apply because there is no deductible.
Initial Coverage Stage	You pay the following until your total out-of-pocket Part D drug costs reach $7,050.

What you pay:	**Preferred retail cost-sharing (in-network)**		**Standard retail cost-sharing (in-network)^**	
	30-day supply	**90-day supply*NDS**	**30-day supply***	**90-day supplyNDS**
Tier 1: Generic Drugs	$10 copay	$20 copay	$10 copay	$30 copay
Tier 2: Preferred Brand Drugs	$30 copay	$60 copay	$30 copay	$90 copay
Tier 3: Non-Preferred Drugs	$60 copay	$120 copay	$60 copay	$180 copay
Tier 4: Injectable Drugs	20% coinsurance (up to a $100 copay maximum)	20% coinsurance (up to a $300 copay maximum)	20% coinsurance (up to a $100 copay maximum)	20% coinsurance (up to a $300 copay maximum)
Tier 5: Specialty Tier Drugs	20% coinsurance (up to a $100 copay maximum)	Not covered	20% coinsurance (up to a $100 copay maximum)	Not covered

^If you reside in a long-term care facility, you pay the same as at an in-network standard retail cost-sharing pharmacy. There are limited situations where you may be able to get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

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

NDS A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount of select drugs that can be filled at one time **for your protection**. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

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

Coverage Gap Stage

Because there is no coverage gap for the plan, this payment stage does not apply to you.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail service) reach $7,050, your share of the cost for a covered drug will be $0.

This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.

Mail Service Pharmacy

CVS Caremark is our network mail service pharmacy where you may obtain a 90-day supply of maintenance drugs at a lower cost. They will be delivered to your home or office with no charge for shipping or delivery. After enrolling in Blue Shield 65 Plus, sign up at caremark.com or call (866) 346-7200 [TTY: 711].

Network pharmacies that offer preferred cost-sharing

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

CVS/pharmacy‡ (including CVS pharmacy at Target)	(888) 607-4287 [TTY: 711]	CVS/pharmacy
Safeway and Vons pharmacies	(877) 723-3929 [TTY: 711]	VONS Pharmacy
Albertsons/Sav-on/Osco pharmacies	(877) 932-7948 [TTY: 711]	Albertsons Sav-on Pharmacy
Costco (You do not have to be a member to use the pharmacy.)	(800) 955-2292 [TTY: 711]	COSTCO PHARMACY

Ralphs, Walmart and other pharmacies are also available in our network.

‡Accepts e-prescribing

PARTIAL COUNTY SERVICE AREA ZIP CODE LISTING

Contra Costa County, the following ZIP codes only:

94506	94507	94526	94528	94582	94583	

Nevada County, the following ZIP codes only:

95602	95712	95924	95945	95946	95949	95959
95960	95975	95977	95986			

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield 65 Plus offers individual and employer group retiree plans to Medicare beneficiaries who have Part A and Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan's specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan's specific service area. Blue Shield 65 Plus individual and employer group retiree plans have different service areas, benefits and provider networks.

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