Effective October 1, 2023 – September 30, 2024

2023

Summary of Benefits

Blue Shield 65 Plus (HMO)

Group Medicare Advantage Prescription Drug Plan
for Self-Insured Schools of California

blueshieldca.com/medicare
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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** 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/medpharmacy2023**
- Formulary (List of covered drugs) – **blueshieldca.com/medformulary2023**

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	$1,500 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	$20 copay per visit $20 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	$20 copay for each visit to a network urgent care center within your plan service area. $50 copay for each visit to an urgent care center outside of your plan service area but within the United States and its territories. $50 copay for each visit to an emergency room outside of your plan service area but within the United States and its territories.	This copay is waived if you are admitted to a hospital within one day for the same condition.
	$50 copay for each visit to an emergency room or urgent care center that is outside of the United States and its territories. You have a $10,000 combined annual limit for covered emergency care or 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.	The copay is waived 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 • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer)	$0 copay for each diagnostic radiology service $0 copay $0 copay $0 copay $0 copay	**A referral from your doctor may be required for diagnostic services, labs and imaging services.** Covered according to Medicare guidelines; prior authorization is required.
Hearing services • Hearing exam (Medicare-covered) • Routine (non-Medicare covered) hearing exam	$20 copay per visit $20 copay	**A referral from your doctor may be required for hearing services.**
Dental services • Non-routine dental care	$20 copay per visit at a PCP's office $20 copay per visit at a specialist's office	This does not include services in connection with care, treatment, filling, removal, or replacement of teeth.

Premiums and Benefits	You Pay	What you should know
Vision services • Exam to diagnose and treat diseases and conditions of the eye • Yearly glaucoma screening • Eyeglasses or contact lenses after cataract surgery	$20 copay for each Medicare-covered visit $0 copay $0 copay	**A referral from your doctor may be required for an exam and treat diseases and conditions of the eye.** **A referral from your doctor may be required for yearly glaucoma screenings.**
Mental health services • Inpatient mental health care • Outpatient group therapy visit • Outpatient individual therapy visit	For each Medicare-covered stay you pay: $0 copay per stay for days 1 through 150 $20 copay per visit $20 copay per visit	**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.
Skilled nursing facility (SNF) care	$0 copay 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.

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	 $20 copay per visit $20 copay per visit $20 copay per visit	**A referral from your doctor may be required for rehabilitation services.**
Ambulance	$0 copay per trip (one way)	
Medicare Part B drugs	$20 copay when administered by your PCP or by a specialist. If the drug is listed on the Part B rebatable drug list and obtained at a retail pharmacy or your doctor's office, you will pay either the applicable tier copay or coinsurance, whichever amount is lesser.	
Opioid treatment program services	$0 copay	
Annual Physical Exam	$0 copay	**One every 12 months.**
Additional Telehealth Services (Teladoc)	$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	 $20 copay for each Medicare-covered visit	**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	$0 copay	**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.**
Health and Wellness programs • NurseHelp 24/7SM (Telephone and online support) • LifeReferrals 24/7 – Access to counselors, consultations, information and referrals for a wide range of family and personal issue	$0 copay $0 copay	

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccine at no cost to you. Call Customer Care for more information.

Important Message About What You Pay for Insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 $7,400.

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 Supply*NDS**
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	$50 copay	$100 copay	$50 copay	$150 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 $7,400, 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 can get a 90-day supply of maintenance drugs at a lower cost share. Your order will be delivered to your home or office with no charge for standard shipping. After enrolling in your Blue Shield Medicare plan, you can log in to your Blue Shield of California member account at blueshieldca.com/login.

Tier 5 drugs are limited to a 30-day supply by mail service.

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 of California 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. Individual and employer group retiree plans have different service areas, benefits and provider networks.

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