



# Blue Shield 65 Plus (HMO) summary of benefits

**Group Medicare Advantage-Prescription Drug Plan  
for County of San Bernardino retirees**

Effective January 1, 2018 to December 31, 2018

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# because you never stop, we never stop.

Hello County of San Bernardino retiree,

Thank you for considering Blue Shield for your and your family's healthcare coverage needs. Blue Shield 65 Plus<sup>SM</sup> is the plan available to eligible County of San Bernardino retiree members who elect Blue Shield, have Medicare Part A and Part B, and live in the Blue Shield 65 Plus service area\*.

Your age doesn't define you or limit you. Your experience, drive, accomplishments, hopes and dreams make you who you are. And because you never stop, we never stop. With more than 75 years of putting care before profit, our aim is to provide Medicare beneficiaries with the most affordable and comprehensive benefits in the marketplace, along with the highest level of care, customer service, and ethical business practices. We're a leading voice on affordable care for everyone in California.

Founded by physicians in 1939, Blue Shield of California proudly serves the health coverage needs of more than 4 million Californians<sup>†</sup>. As fellow Californians, we understand how unique your healthcare coverage needs are, and what it takes to provide you with affordable access to quality care. So you can rest easy, knowing that you've got the coverage you need from a company you know and trust.

Please take some time to learn more about our plan benefits and other services. If you have any questions, we're here to help. This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Simply call us at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.

\*A complete listing of zip codes is in this booklet on pages 11-13.

†About Blue Shield, Fast Facts at [blueshieldca.com/about/corporate-info/facts](https://www.blueshieldca.com/about/corporate-info/facts).

# 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.

## **Plan costs**

You can use this brochure to compare what you will pay with our plan versus other plans.

## **Extensive network**

We know having a good relationship with your doctor is important. That's why our large network gives you many doctors and other providers to choose from. Chances are, your doctor is already part of our network, and you can keep seeing your current doctor.

We have over 5,700\* pharmacies in California, including those that are independently owned as well as all major chains like Costco, CVS Pharmacy, CVS Pharmacy at Target, Safeway and Vons pharmacies, Albertsons/Sav-on/Osco, Ralphs and Walmart to name a few.†

## **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).

## **Easy-to-use coverage**

With Blue Shield 65 Plus, you can see your primary care physician (PCP) as often as you need to, and he or she will coordinate all your care. There is virtually no paperwork or forms to fill out. We also have experienced Member Services representatives who are available to help answer any questions you have from 8 a.m. to 8 p.m., seven days a week from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.

## **We serve Californians, not shareholders**

As a nonprofit corporation, Blue Shield does not answer to shareholders. Instead, we reinvest profits to benefit our members and our communities. We strive to uphold high standards of ethical business practices in our programs, products and interactions with everyone we serve. We know you. We're here for you. Our Member Services team is located in California.

\* 6,000 as of June 2017

† Accepts e-prescribing.

## **Blue Shield 65 Plus (HMO) Phone Numbers and Website**

- If you are a member of this plan, call toll-free (800) 776-4466 [TTY: 711].
- If you are not a member of this plan, call toll-free (800) 776-4466 [TTY: 711].
- Our website: <http://www.blueshieldca.com/findamedicareplan>

## **Hours of Operation**

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time. From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

## **Who can join?**

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 the plan 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:**

\* denotes partial county

Contra Costa County\*, Fresno County, Kern County, Los Angeles County, Madera 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, and 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.

## **What do we cover?**

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get *more than what is* covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

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.

Services marked with an \* may require a referral from your doctor.

## Summary of 2018 medical benefits

### How much is the monthly 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. In addition, you must keep paying your Medicare Part B premium.

### How much is the deductible?

This plan does not have a deductible.

### Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for Medicare Parts A and B services.

Your yearly limit(s) in this plan:

- \$3,400 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

## Medical Benefit      What you pay

Inpatient Hospital Care

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Our plan covers an unlimited number of days for an inpatient hospital stay.

You pay nothing per admission

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**Services marked with an \* may require a referral from your doctor.**

Outpatient Hospital Coverage (We cover medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury)	<p>Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery:</p> <ul style="list-style-type: none"><li>• \$20 copay for each visit to an emergency room</li><li>• You pay nothing for each visit to an outpatient hospital facility</li></ul> <p>Outpatient surgery:</p> <ul style="list-style-type: none"><li>• \$0 copay for each visit to an ambulatory surgical center</li><li>• \$0 copay for each visit to an outpatient hospital facility</li></ul>
Doctor Visits	<hr/> <p>Primary care physician visit: \$10 copay</p> <p>Specialist visit*: \$10 copay</p>
Preventive Care	<hr/> <p>You pay nothing for most Medicare-covered preventive services, including the "Welcome to Medicare" preventive visit (one-time) and the Annual Wellness Visit. Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<hr/> <p>\$20 copay per visit</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay nothing.</p> <p>World-wide coverage. You pay a \$20 copay and have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories.</p>
Urgently Needed Services	<hr/> <p>\$20 copay per visit within your plan service area</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay nothing.</p> <p>World-wide coverage. You pay a \$20 copay (waived if admitted to the hospital within 24 hours for the same condition) and have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories.</p>
Diagnostic Services/Labs/Imaging*	<hr/> <p>Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p>

**Services marked with an \* may require a referral from your doctor.**

	Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing
Hearing Services*	Exam to diagnose and treat hearing and balance issues: \$10 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$10 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye*: \$10 copay Yearly glaucoma screening*: You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Routine eye exam (for up to 1 every year): \$10 copay
Mental Health Services*	<ul style="list-style-type: none"> <li>• Inpatient mental health care: You pay nothing per admission for days 1-150</li> <li>• Outpatient group therapy visit: \$5 copay per visit</li> <li>• Outpatient individual therapy visit: \$10 copay per visit</li> </ul>
Skilled Nursing Facility (SNF)* (100 days per benefit period*; no prior hospitalization required for network provider)	You pay nothing per admission  *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.
Rehabilitation Services*	Cardiac (heart) rehab services: \$10 copay per visit Occupational therapy visit: You pay nothing Physical therapy and speech and language therapy visit: You pay nothing
Ambulance	You pay nothing
Medicare Part B Drugs	You pay a \$10 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.
Foot Care (podiatry services)*	You pay nothing for each Medicare-covered visit

Services marked with an \* may require a referral from your doctor.

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Medical  
equipment/supplies\*

Prosthetic devices (e.g., braces, artificial limbs): You pay nothing

Durable medical equipment (e.g., wheelchairs, oxygen):  
You pay nothing

Blood glucose monitors: You pay nothing

Diabetes self-management training, diabetic services and  
supplies: You pay nothing

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Wellness Programs

Basic gym access through SilverSneakers Fitness: You pay nothing  
NurseHelp 24/7 (telephone and online support): You pay nothing  
LifeReferrals 24/7 – Access to counselors, consultations,  
information and referrals for a wide range of family and personal  
issues: You pay nothing

## Summary of 2018 prescription drug coverage

### How much do I pay?

#### Initial Coverage

You pay the following until your total yearly out-of-pocket drug costs reach \$5,000.

You may get your drugs at network retail pharmacies and our mail service pharmacy.

#### Standard Retail Cost-Sharing (In-Network)

Tier	One month (30-day) supply	Three month (90-day) supply
Tier 1 (Generic Drugs)	\$10 copay	\$30 copay
Tier 2 (Preferred Brand Drugs)	\$20 copay	\$60 copay
Tier 3 (Non-Preferred Drugs)	\$40 copay	\$120 copay
Tier 4 (Injectable Drugs)	20% of Blue Shields's contracted rate (up to a \$100 copay maximum) per prescription	20% of Blue Shields's contracted rate (up to a \$300 copay maximum) per prescription
Tier 5 (Specialty Tier Drugs)	20% of Blue Shields's contracted rate (up to a \$100 copay maximum) per prescription	Not offered

#### Preferred Retail Cost-Sharing (In-Network) and Mail Service Cost-Sharing

Tier	Three month (90-day) supply
Tier 1 (Generic Drugs)	\$20 copay
Tier 2 (Preferred Brand Drugs)	\$40 copay
Tier 3 (Non-Preferred Drugs)	\$80 copay
Tier 4 (Injectable Drugs)	20% of Blue Shields's contracted rate (up to a \$300 copay maximum) per prescription
Tier 5 (Specialty Tier Drugs)	Not offered

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

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

**Coverage  
Gap**

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

**Catastrophic  
Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail service) reach \$5,000, you pay the lower of:

- 5% of the cost, or
- Your applicable drug tier cost-sharing amount.

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.

Need help?

Contact Blue Shield for more information at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.

**PARTIAL COUNTY SERVICE AREA ZIP CODE LISTING**

**Contra Costa County, the following ZIP codes only:**

94506	94507	94526	94528	94582	94583
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**Nevada County, the following ZIP codes only:**

95602	95712	95924	95945	95946	95949
95959	95960	95975	95977	95986	

**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					

**Santa Barbara County, the following ZIP codes only:**

93434	93454	93455	93458		
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**San Bernardino County, the following ZIP codes only:**

91701	91708	91709	91710	91729	91730
91737	91739	91743	91758	91759	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				

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.

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 and pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

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ATTENTION: If you speak another language other than English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 (TTY: 711).

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al 1-800-776-4466 (TTY: 711).

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Blue Shield of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

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