

Blue Shield TotalDual Plan (HMO D-SNP) offered by California Physicians' Service (dba Blue Shield of California)

Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Shield TotalDual Plan. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at blueshieldca.com/MAPDdocuments2024. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Blue Shield TotalDual Plan.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Shield TotalDual Plan.
- Look in section 3.2, page 23 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at **(800) 452-4413** for additional information. (**TTY users should call 711.**) Hours are 8 a.m. to 8 p.m., seven days a week. This call is free.
- If you would like to receive your plan materials online, log in to your account at **blueshieldca.com/login**, click *My profile* on the top right under your initials, go to Communication preferences and select "Electronic Delivery" as your delivery preference. If you do not have an account, go to **blueshieldca.com/login** and click *Create account* and you can select your delivery preference as you create your account.
- This information may be available in a different format, including large print. Please call Customer Service at the number listed above if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

About Blue Shield TotalDual Plan

- Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal. The plan also has a written agreement with the California Medi-Cal (Medicaid) program to coordinate your Medi-Cal (Medicaid) benefits.
- When this document says "we," "us," or "our," it means California Physicians' Service (dba Blue Shield of California). When it says "plan" or "our plan," it means Blue Shield TotalDual Plan.

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Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Shield TotalDual Plan in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p> | \$38.90 | \$0 |
| <p>Doctor office visits</p> | <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p> | <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p> |
| <p>Inpatient hospital stays</p> | <p>You pay:</p> <ul style="list-style-type: none"> • \$1,600 deductible per benefit period. • \$0 copay per day for days 1 to 60 of each benefit period. • \$400 copay per day for days 61 to 90 of each benefit period. • \$800 copay per "lifetime reserve day" for days 91 to 150 of each benefit period (up to 60 days over your lifetime). • 100% of all costs beyond day 151 of each benefit period. <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you pay \$0.</p> | <p>You pay a \$0 copay.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Part D prescription drug coverage (See Section 1.5 for details.)</p> | <p>Deductible: \$505 (does not apply to Drug Tier 1: Preferred Generic Drugs, covered Part D insulin products and most adult Part D vaccines).</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance • Drug Tier 4: 25% coinsurance • Drug Tier 5: 25% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). | <p>Deductible: \$545 (does not apply to Drug Tier 1: Preferred Generic Drugs, covered Part D insulin products and most adult Part D vaccines).</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay • Drug Tier 2: \$0, \$1.55 or \$4.50 copay • Drug Tier 3: \$0, \$4.60 or \$11.20 copay You pay \$0, \$4.60 or \$11.20 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$0, \$4.60 or \$11.20 copay You pay \$0, \$4.60 or \$11.20 per month supply of each covered insulin product on this tier. • Drug Tier 5: \$0, \$4.60 or \$11.20 copay <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p> | <p style="text-align: center;">\$8,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> | <p style="text-align: center;">\$8,850</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Monthly premium | \$38.90 | \$0 |
| <p>You must also continue to pay your Medicare Part B premium unless it is paid for you by Medi-Cal (Medicaid).</p> | | |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|---|
| Maximum out-of-pocket amount | \$8,300 | \$8,850 |
| <p>Because our members also get assistance from Medi-Cal (Medicaid), very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>If you are eligible for Medi-Cal (Medicaid) assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> | | |
| | | <p>Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at blueshieldca.com/medicare/providerdirectories for Provider Directories and blueshieldca.com/medpharmacy2024 for Pharmacy Directories. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| Acupuncture for chronic low back pain (Medicare-covered) | You pay 20% of the total cost per visit for all Medicare-covered services. | You pay a \$0 copay per visit for all Medicare-covered services. |
| Acupuncture services (non-Medicare covered) | You pay a \$0 copay per visit for up to 12 visits per year. | Acupuncture services (non-Medicare covered) are not covered. |
| Ambulance services | You pay 20% of the total cost per trip (each way). | You pay a \$0 copay per trip (each way). |
| Cardiac rehabilitation services | You pay 20% of the total cost per visit. | You pay a \$0 copay per visit. |
| Chiropractic services- Medicare covered | You pay 20% of the total cost for Medicare-covered services. | You pay a \$0 copay for Medicare-covered services. |

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| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Diabetes self-management training, diabetic services and supplies</p> <p>For people with diabetes who have severe diabetic foot disease: One pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including non-customized removable inserts provided with such shoes). Coverage includes fitting.</p> | <p>You pay 20% of the total cost for therapeutic shoes.</p> | <p>You pay a \$0 copay for therapeutic shoes.</p> |
| <p>Durable medical equipment and related supplies</p> | <p>You pay 20% of the total cost for durable medical equipment and related supplies.</p> | <p>You pay a \$0 copay for durable medical equipment and related supplies.</p> |
| <p>Emergency care</p> | <p>You pay 20% of the total cost per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> | <p>You pay a \$0 copay per visit to an emergency room.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| Hearing services | | |
| Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. (Medicare covered) | You pay 20% of the total cost for Medicare-covered diagnostic hearing exams. | You pay a \$0 copay for each Medicare-covered diagnostic hearing exam. |
| Routine (non-Medicare covered) hearing exams | You pay a \$0 copay for up to 1 routine hearing exam per year. | You pay a \$0 copay for each routine (non-Medicare) hearing exam. |
| Hearing aids | You pay a \$0 copay for up to 2 hearing aids, hearing aid fitting and evaluation every year with \$2,000 limit every year. | You will be reimbursed up to \$2,000 every year for two hearing aids and two hearing aid fitting and evaluations (applies to both ears combined). *Costs for hearing aids do not apply to the plan's maximum out-of-pocket limit. You may obtain hearing aids at the provider of your choice. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|-----------------------------|
| <p>Inpatient hospital care</p> | <p>You pay:</p> <ul style="list-style-type: none"> • \$1,600 deductible per benefit period. • \$0 copay per day for days 1 to 60 of each benefit period. • \$400 copay per day for days 61 to 90 of each benefit period. • \$800 copay per "lifetime reserve day" for days 91 to 150 of each benefit period (up to 60 days over your lifetime). • 100% of all costs beyond day 151 of each benefit period. <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you pay \$0.</p> | <p>You pay a \$0 copay.</p> |
| <p>Inpatient services in a psychiatric hospital</p> | <p>You pay:</p> <ul style="list-style-type: none"> • \$1,600 deductible per benefit period. • \$0 copay per day for days 1 to 60 of each benefit period. • \$400 copay per day for days 61 to 90 of each benefit period. • \$800 copay per "lifetime reserve day" for days 91 to 150 of each benefit period (up to 60 days over your lifetime). • 100% of all costs beyond day 151 of each benefit period. <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you pay \$0.</p> | <p>You pay a \$0 copay.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Inpatient stay: Covered services received in a hospital or SNF during a non-covered inpatient stay</p> | | |
| <p>X-ray, radium, and isotope therapy including technician materials and services</p> | <p>You pay 20% of the total cost for items covered by Medicare.</p> | <p>You pay a \$0 copay for items covered by Medicare.</p> |
| <p>Surgical dressings</p> | <p>You pay 20% of the total cost.</p> | <p>You pay a \$0 copay.</p> |
| <p>Splints, casts and other devices used to reduce fractures and dislocations</p> | <p>You pay 20% of the total cost.</p> | <p>You pay a \$0 copay.</p> |
| <p>Prosthetics and orthotics devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices</p> | <p>You pay 20% of the total cost for items covered by Medicare.</p> | <p>You pay a \$0 copay for items covered by Medicare.</p> |
| <p>Leg, arm, back, and neck braces; trusses, and artificial legs, arms, and eyes including adjustments, repairs, and replacements required because of breakage, wear, loss or a change in the patient's physical condition</p> | <p>You pay 20% of the total cost for items covered by Medicare.</p> | <p>You pay a \$0 copay for items covered by Medicare.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Inpatient stay: Covered services received in a hospital or SNF during a non-covered hospital stay (continued)</p> <p>Physical therapy, speech therapy, and occupational therapy</p> | <p>You pay 20% of the total cost per visit.</p> | <p>You pay a \$0 copay per visit.</p> |
| <p>Medicare Part B prescription drugs</p> | <p>You pay 20% of the total cost.</p> | <p>You pay a \$0 copay.</p> |
| <p>Outpatient diagnostic tests & therapeutic services and supplies</p> | <p>You pay 20% of the total cost for Medicare-covered diagnostic procedures/tests, diagnostic radiological services, therapeutic radiological services, blood services and medical supplies.</p> | <p>You pay a \$0 copay for Medicare-covered diagnostic procedures/ tests, diagnostic radiology services. therapeutic radiological services, blood services and medical supplies.</p> |

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| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Outpatient hospital services</p> <p>Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery</p> <p>Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be required without it</p> <p>X-rays and other radiology services billed by the hospital</p> <p>Medical supplies such as splints and casts</p> <p>Certain drugs and biologicals that you can't give yourself</p> | <p>You pay 20% of the total cost for each visit to an emergency room or an outpatient hospital facility.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> | <p>You pay a \$0 copay for each visit to an emergency room and each Medicare-covered visit to an outpatient hospital facility.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> |
| <p>Outpatient mental health care</p> | <p>You pay 20% of the total cost for each individual or group therapy visit.</p> | <p>You pay a \$0 copay for each individual or group therapy visit.</p> |
| <p>Outpatient rehabilitation services</p> | <p>You pay 20% of the total cost per visit.</p> | <p>You pay a \$0 copay per visit.</p> |
| <p>Outpatient substance abuse services</p> | <p>You pay 20% of the total cost for each individual or group therapy visit.</p> | <p>You pay a \$0 copay for each Medicare-covered individual or group therapy visit.</p> |
| <p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p> | <p>You pay 20% of the total cost for each visit to an ambulatory surgical center or outpatient hospital facility.</p> | <p>You pay a \$0 copay for each visit to an ambulatory surgical center or outpatient hospital facility.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Over-the-Counter (OTC) items | You have a \$200 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC items catalog for more information. | You have a \$180 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC items catalog for more information. |
| Partial hospitalization services and Intensive outpatient services (Mental health) | You pay 20% of the total cost per visit. | You pay a \$0 copay per visit. |
| Podiatry services (Medicare-covered) | You pay 20% of the total cost for each Medicare-covered visit. | You pay a \$0 copay for each Medicare-covered visit. |
| Prosthetic devices and related supplies | You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies. | You pay a \$0 copay for Medicare-covered prosthetic devices and related supplies. |
| Pulmonary rehabilitation services | You pay 20% of the total cost per visit. | You pay a \$0 copay per visit. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| Services to treat kidney disease | | |
| Outpatient dialysis treatments | You pay 20% of the total cost for each dialysis treatment billed by a qualified, Medicare-approved dialysis provider and for any drugs used during the procedure. | You pay a \$0 copay for each dialysis treatment billed by a qualified, Medicare-approved dialysis provider and for any drugs used during the procedure. |
| Inpatient dialysis treatments (if admitted as an inpatient to a hospital for special care) | You pay 20% of the total cost. | You pay a \$0 copay. |
| Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) | You pay 20% of the total cost for self-dialysis training. | You pay a \$0 copay for self-dialysis training. |
| Home dialysis equipment and supplies | You pay 20% of the total cost. | You pay a \$0 copay. |
| Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) | You pay 20% of the total cost. | You pay a \$0 copay. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---------------------------------------|
| <p>Skilled nursing facility (SNF) care</p> | <p>For each Medicare-covered stay in a SNF, you pay:</p> <ul style="list-style-type: none"> • \$0 copay for days 1 to 20 of each benefit period. • \$200 copay per day for days 21 to 100 of each benefit period. • 100% of all costs for days 101 and beyond. <p>There is a limit of 100 days for each benefit period if your condition requires additional rehabilitation services, other types of daily skilled nursing, or other skilled care. If you go over the 100-day limit, you will be responsible for all costs.</p> <p>A benefit period begins the day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal (Medicaid), you pay a \$0 copay.</p> | <p>You pay a \$0 copay.</p> |
| <p>Supervised Exercise Therapy (SET)</p> | <p>You pay 20% of the total cost per visit.</p> | <p>You pay a \$0 copay per visit.</p> |

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| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| Transportation services (non-Medicare covered) | You pay a \$0 copay for each one-way trip to a plan-approved health-related location (unlimited one-way trips per year). | You pay a \$0 copay for each one-way trip to a plan-approved health-related location (limited to 48 one-way trips per year). |
| Urgently needed services | You pay 20% of the total cost per visit (waived if admitted to the hospital within one day for the same condition). | You pay a \$0 copay per visit. |
| <p>Vision care (Medicare- covered)</p> <p>Outpatient physician services for diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> | <p>You pay 20% of the total cost per visit.</p> <p>You pay 20% of the total cost per visit.</p> | <p>You pay a \$0 copay per visit.</p> <p>You pay a \$0 copay per visit.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Vision care, non-Medicare covered (obtained from a network provider)</p> <p>Eyeglass frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses</p> | <p>You pay a \$0 copay for either contact lenses OR for one pair of eyeglasses (frames and lenses) priced up to \$295 every year. If you choose contact lenses or eyeglasses (frames and lenses) priced above \$295, you are responsible for the difference.</p> | <p>You pay a \$0 copay for one pair of eyeglass frames (priced up to a maximum plan benefit coverage amount of \$350) every 24 months when you use a network provider. If you choose eyeglass frames priced above \$350, you are responsible for the difference.</p> <p>You pay a \$0 copay for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$350 for contact lens services and materials) every 12 months when you use a network provider. If you choose contact lens services and materials price above \$350, you are responsible for the difference.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| Vision care, non-Medicare covered (obtained from a non-network provider) | Vision care, non-Medicare covered (obtained from a non-network provider) is <u>not</u> covered. | Vision care, non-Medicare covered (obtained from a non-network provider) <u>is</u> covered. |
| Routine eye exam, refraction and prescription for eyeglass lenses. | Routine eye exam, refraction and prescription for eyeglass lenses are <u>not</u> covered. | You are reimbursed up to \$30 for one exam every 12 months. |
| Eyeglass frames and eyeglass lenses including single, bifocal, trifocal, and lenticular lenses or contact lenses. | Eyeglass frames and eyeglass lenses including single, bifocal, trifocal, and lenticular lenses or contact lenses are <u>not</u> covered. | You are reimbursed up to \$35 for one pair of eyeglass frames every 24 months. You are reimbursed up to \$35 for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses every 12 months. |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>The deductible is \$505 (does not apply to Tier 1: Preferred Generic Drugs).</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 and the full cost of drugs on Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier Drugs until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$104 or \$505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)</p> | <p>The deductible is \$545 (does not apply to Tier 1: Preferred Generic Drugs).</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 and the full cost of drugs on Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs and Tier 5: Specialty Tier Drugs until you have reached the yearly deductible.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail service prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 2 Generic Drugs: You pay 25% of the total cost.</p> <p>Tier 3 Preferred Brand Drugs: You pay 25% of the total cost.</p> <p>Tier 4 Non-Preferred Drugs: You pay 25% of the total cost.</p> <p>Tier 5 Specialty Tier Drugs: You pay 25% of the total cost. Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 2 Generic Drugs: You pay \$0, \$1.55 or \$4.50 per prescription.</p> <p>Tier 3 Preferred Brand Drugs: You pay \$0, \$4.60 or \$11.20 per prescription. You pay \$0, \$4.60 or \$11.20 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 Non-Preferred Drugs: You pay \$0, \$4.60 or \$11.20 per prescription. You pay \$0, \$4.60 or \$11.20 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 Specialty Tier Drugs: You pay \$0, \$4.60 or \$11.20 per prescription. Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p> |

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Your Blue Shield TotalDual Plan Contract and Plan Benefit Package (PBP) number will change next year. This does not impact your coverage and there is nothing you need to do to keep your plan. | H5928-055 | H2819-003 |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Shield TotalDual Plan

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Blue Shield TotalDual Plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, California Physician’s Service (dba Blue Shield of California) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Shield TotalDual Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Shield TotalDual Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:

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- Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medi-Cal (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Medi-Cal (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medi-Cal (Medicaid)

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-434-0222. You can learn more about HICAP by visiting their website (<http://www.cahealthadvocates.org/hicap/>).

For questions about your Medi-Cal (Medicaid) benefits, contact the California Department of Health Care Services/Health Care Options, at 1-800-430-4263 (TTY users should call 1-800-430-7077), 8:00 am to 6:00 pm, Monday thru Friday, except holidays. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal (Medicaid) coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medi-Cal (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medi-Cal (Medicaid) Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in California. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call California ADAP Call Center at (844) 421-7050, 8 a.m. to 5 p.m., Monday through Friday, or visit their website at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_eligibility.aspx.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Shield TotalDual Plan

Questions? We’re here to help. Please call Customer Service at **(800) 452-4413 (TTY only, call 711)**. We are available for phone calls 8 a.m. to 8 p.m., seven days a week. Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Blue Shield TotalDual Plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at blueshieldca.com/MAPDdocuments2024. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at blueshieldca.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Section 7.3 – Getting Help from Medi-Cal (Medicaid)

To get information from Medi-Cal (Medicaid) you can call the California Department of Health Care Services/Medi-Cal Managed Care at 1-888-452-8609. TTY users should call 711.