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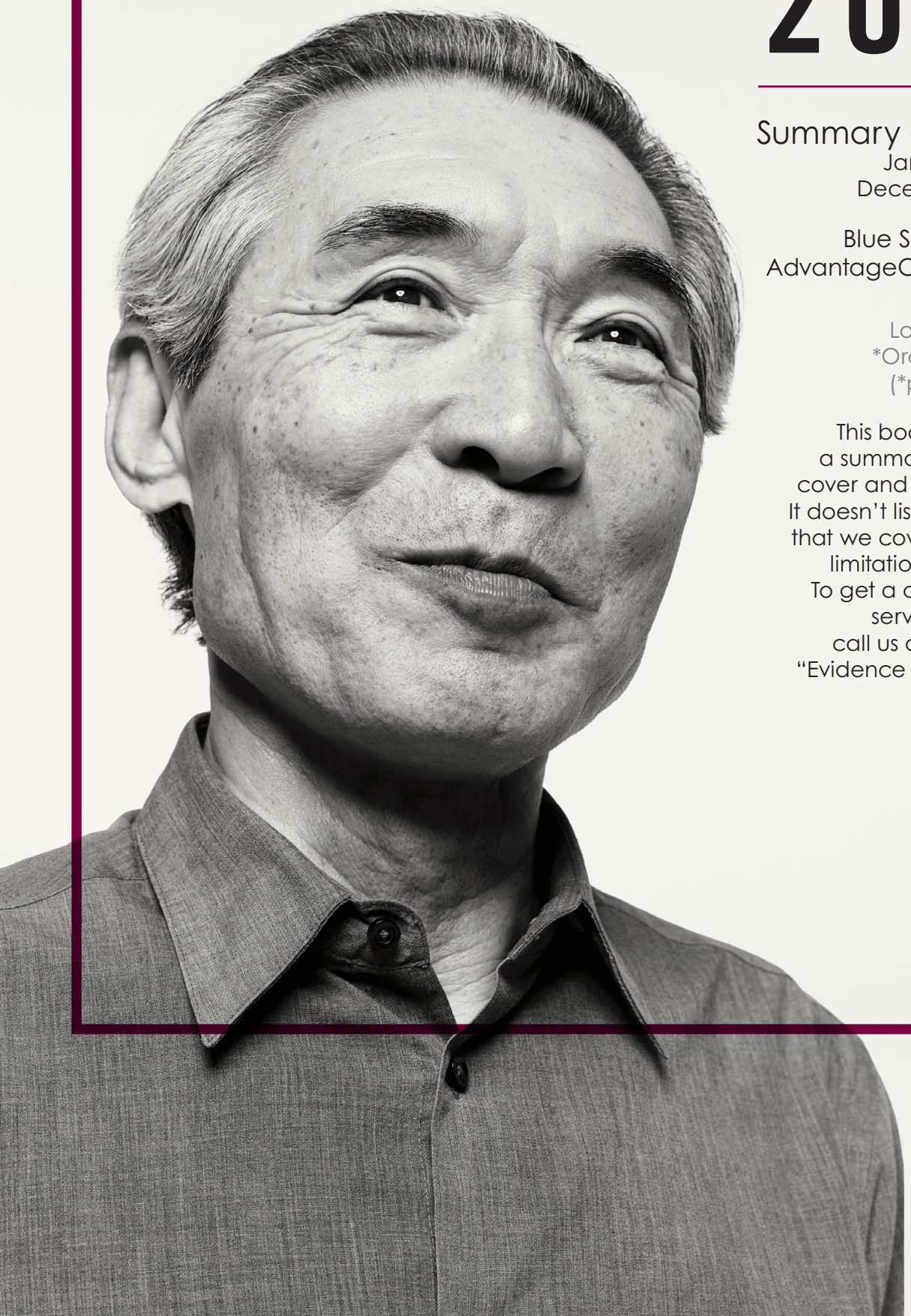

2020

Summary of Benefits

January 1, 2020 -
December 31, 2020

Blue Shield Promise AdvantageOptimum Plan (HMO)

Los Angeles and
*Orange Counties
(*partial county)

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".

blue california

Promise Health Plan

2020 Summary of Benefits

Blue Shield Promise AdvantageOptimum Plan

Los Angeles and *Orange Counties, Plan 004

This is a summary of drug and health services covered by Blue Shield Promise AdvantageOptimum Plan from January 1, 2020 - December 31, 2020.

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 request the "Evidence of Coverage."

Blue Shield Promise AdvantageOptimum Plan includes Medicare health care (Part C) and prescription drug (Part D) coverage and may offer supplemental benefits in addition to Part C and Part D benefits, offering you the convenience of having both your medical and prescription drugs covered through one plan.

To join **Blue Shield Promise AdvantageOptimum Plan**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Los Angeles and *Orange Counties.

The service area for Orange County includes **only the ZIP codes listed below**. You must live in one of these ZIP codes to join the plan:
90620 90621 90622 90623 90624 90630 90631
90632 90633 90638 90680 90720 90740 90742
90743 92609 92610 92617 92619 92620 92626
92637 92646 92647 92648 92649 92655 92657
92673 92683 92685 92694 92697 92698 92701
92702 92703 92704 92705 92706 92707 92708
92725 92735 92801 92802 92803 92804 92805
92806 92807 92808 92809 92812 92814 92815
92816 92817 92821 92822 92823 92825 92831
92832 92833 92834 92835 92836 92837 92838
92840 92841 92842 92843 92844 92845 92846
92850 92868 92870 92871 92885 92886 92887
92899

*partial county

If you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at (800) 847-1222 (TTY: 711), 8 a.m. – 8 p.m., seven days a week, from October 1 to March 31 and 8 a.m. – 6 p.m. weekdays, from April 1 to September 30, or visit us at blueshieldca.com/promise/medicare.

Premiums and Benefits	Blue Shield Promise AdvantageOptimum Plan
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than $999 annually Includes copays and other costs for covered Medicare Parts A and B services for the year
Inpatient Hospital Care	$0 copay per admission
Outpatient Hospital Facility	$100 copay for each visit to an outpatient hospital facility
Ambulatory Surgery Center	$0 copay for each visit to an ambulatory surgical center
Doctor Visits • Primary Care Physician • Specialists	 $0 copay per visit $0 copay per visit
Preventive Services (Mammography & influenza vaccines) (No referral needed)	$0 copay Other preventive services are available There are some covered services that have a cost
Emergency Care	$85 copay per visit (waived if admitted)
Urgently Needed Services	$0 copay per visit (in network) $45 copay per visit (out of network) (waived if admitted)
Diagnostic Services/Labs/Imaging • Diagnostic radiology services (such as MRIs, CT scans, PET scans) • Diagnostic test and procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer)	 $0 copay $0 copay $0 copay You pay 20% of the cost
Hearing Services • Hearing exam (Medicare-covered) • Routine (non-Medicare covered) hearing exam • Hearing aids	 $10 copay for each Medicare-covered visit $10 copay for one routine hearing exam per year $0 copay for 1 fitting/evaluation for hearing aid every year $0 copay for up to 2 hearing aids every year $1,500 limit every year
Dental Services • Unlimited oral exams every year • Cleaning, one every 6 months • Fluoride treatment, one every 6 months • X-rays, one full set every 2 years	 $0 copay $0 copay $5 copay per visit $0 copay
Vision Services • Exam to diagnose and treat diseases and conditions of the eye • Routine eye exam (one every year) • Eyewear coverage limit • Refraction test (one every 2 years)	 $0 copay $0 copay $250 limit for glasses and contacts every year $0 copay

Premiums and Benefits	Blue Shield Promise AdvantageOptimum Plan
Mental Health Services • Inpatient mental health care • Outpatient group therapy visit • Outpatient individual therapy visit	 $100 copay per day for days 1-8 $0 copay per day for days 9-90 You are covered for 90 days each benefit period, up to the 190-day lifetime limit. 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. $25 copay per visit $25 copay per visit
Opioid Treatment Program Services	$0 copay
Podiatry • Foot exams and treatment • Routine (non-Medicare covered) foot care	 $5 copay per visit $0 copay per visit
Medical Supplies	You pay 20% of the cost
Skilled Nursing Facility Care	$0 copay per day for days 1 through 20 $80 copay per day for days 21 through 100 100 days per benefit period; no prior hospital stay required 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 • Occupational therapy visit • Physical therapy and speech and language therapy visit	 $10 copay per visit $10 copay per visit
Ambulance Services	$125 copay per trip (each way) (waived if admitted)
Transportation Services	$0 copay 30 one-way trips to plan-approved health-related locations Transportation must be arranged 24 hours in advance
Medicare Part B Drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs

Part D Prescription Drug Benefit	Blue Shield Promise AdvantageOptimum Plan			
Stage 1: Annual Deductible	**$0** This stage does not apply because there is no deductible.			
Stage 2: Initial Coverage	**Preferred retail cost-sharing (in-network)**		**Standard retail cost-sharing (in-network)**	
	30-day supply	**90-day supply[MO]**	**30-day supply**	**90-day supply[MO]**
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$5 copay	$5 copay
Tier 2: Generic Drugs	$3 copay	$7.50 copay	$10 copay	$25 copay
Tier 3: Preferred Brand Drugs	$40 copay	$100 copay	$47 copay	$117.50 copay
Tier 4: Non-Preferred Drugs	$80 copay	$200 copay	$87 copay	$217.50 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	Not covered	33% coinsurance	Not covered
Coverage Gap Phase (After the total drug costs paid by you and the plan reach $4,020, up to the out-of-pocket threshold of $6,350)	Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs are covered at the copays described above. For all other tiers, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs until your costs total $6,350, which is the end of the coverage gap.			
Catastrophic Coverage (When your annual out-of-pocket costs exceed $6,350)	After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: • 5% of the cost, or • $3.60 copay for a generic drug (including brand drugs treated as generic) and an $8.95 copay for all other drugs			

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

***90-day supply cost-sharing also applies to Blue Shield Promise's mail order pharmacy. Tier 5 drugs are limited to a 30-day supply for mail order.**

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

Supplemental Plan Benefits	Blue Shield Promise AdvantageOptimum Plan
SilverSneakers Fitness	$0 copay
Nurse Advice Line	$0 copay
Worldwide Emergency Care/ Urgently Needed Services	$100 copay per visit (waived if admitted) No annual plan coverage limit
Acupuncture	$0 copay per visit 24 visits per year
Over-the-Counter Items	You have $105 per quarter to spend on covered items. You can place one order per quarter and cannot roll over your unused allowance into the next quarter.
Personal Emergency Response System	$0 copay
Telehealth	$0 copay

IMPORTANT NOTE: To view information on non-discrimination requirements, you can go to our website at https://www.blueshieldca.com/promise/affordable-care-act.asp.

Blue Shield of California Promise Health Plan is an HMO and an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California Promise Health Plan depends on contract renewal.

Blue Shield of California Promise Health Plan complies with applicable State and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

blue california

Promise Health Plan

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **(800) 847-1222 (TTY: 711)**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **blueshieldca.com/promise/medicare** or call **(800) 847-1222 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

For enrollment inquiries please call the Sales Department (800) 847-1222 (TTY: 711)

8 a.m. – 8 p.m., seven days a week, from October 1 to March 31 and 8 a.m. – 6 p.m. weekdays, from April 1 to September 30.

601 Potrero Grande Dr.,
Monterey Park, CA 91755

blueshieldca.com/promise/medicare