Important information

About changes to your Medicare drug plan

blue california

Blue Shield Rx Plus (PDP) offered by California Physicians' Service (dba Blue Shield of California)

Annual Notice of Changes for 2021

You are currently enrolled as a member of Blue Shield Rx Plus. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1 and 1.3 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2021 Drug List and look in Section 1.3 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ 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 personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ 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, 2020, you will be enrolled in Blue Shield Rx Plus.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Blue Shield Rx Plus.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021.** You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Care number at (888) 239-6469 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30.
- If you would like to receive your plan materials via email, log in at blueshieldca.com/login**,** click Edit Profile, and select "*Yes, save paper, send by Email"* under Communications preferences as your delivery preference. If you do not have an

account, click on *Register now* and you can select your delivery preference during the registration process.
- This information may be available in a different format, including large print. Please call Customer Care at the number listed above if you need plan information in another format.

About Blue Shield Rx Plus

- Blue Shield of California is a PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield of California's pharmacy network includes very limited lower-cost, preferred pharmacies in California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call (888) 239-6469 [TTY: 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30 or consult the online pharmacy directory at blueshieldca.com/medpharmacy2021.

- When this booklet 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 Rx Plus.

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Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Blue Shield Rx Plus in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at blueshieldca.com/PDPdocuments. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	$40.70	$59.00

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: $435; does not apply to Drug Tier 1: Preferred Generic Drugs Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 or $8* copay • Drug Tier 2: $6 or $15* copay • Drug Tier 3: $35 or $42* copay • Drug Tier 4: 40% or 43%* coinsurance • Drug Tier 5: 25% coinsurance * The first amount listed is what you will pay if you use a network pharmacy with preferred cost-sharing. The second amount listed is what you will pay if you use a network pharmacy with standard cost-sharing. See Section 1.3 below for more information.	Deductible: $445; does not apply to Drug Tier 1: Preferred Generic Drugs Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 or $8* copay • Drug Tier 2: $6 or $15* copay • Drug Tier 3: $39 or $44* copay • Drug Tier 4: 41% or 44%* coinsurance • Drug Tier 5: 25% coinsurance * The first amount listed is what you will pay if you use a network pharmacy with preferred cost-sharing. The second amount listed is what you will pay if you use a network pharmacy with standard cost-sharing. See Section 1.3 below for more information.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$40.70	$59.00

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at blueshieldca.com/medpharmacy2021. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.3 – 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If we make an exception and cover a drug that is not on our drug list, this coverage will expire at the end of your plan benefit year, **unless you were otherwise informed at the time the exception was made**. See Chapter 9 of your *Evidence of Coverage* for details on how to request an exception.

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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

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 haven't received this insert by September 30, 2020, please call Customer Care and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at blueshieldca.com/PDPdocuments. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible.	The deductible is $435. During this stage, you pay $8 (standard cost-sharing) or $2 (preferred cost-sharing) for drugs on Tier 1: Preferred Generic Drugs and the full cost of drugs on all other tiers until you have reached the yearly deductible.	The deductible is $445. During this stage, you pay $8 (standard cost-sharing) or $2 (preferred cost-sharing) for drugs on Tier 1: Preferred Generic Drugs and the full cost of drugs on all other tiers until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage 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** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail service prescriptions, look in Chapter 4, Section 5 of your *Evidence of Coverage*.	Your cost for a one-month supply at a network pharmacy: **Tier 1 Preferred Generic Drugs**: *Standard cost sharing:* You pay $8 per prescription. *Preferred cost-sharing:* You pay $2 per prescription. **Tier 2 Generic Drugs**: *Standard* cost-*sharing:* You pay $15 per prescription. *Preferred cost-sharing:* You pay $6 per prescription. **Tier 3 Preferred Brand Drugs:** *Standard cost-sharing:* You pay $42 per prescription. *Preferred cost-sharing:* You pay $35 per prescription. **Tier 4 Non-Preferred Drugs:** *Standard cost-sharing:* You pay 43% of the total cost. *Preferred cost-sharing:* You pay 40% of the total cost. **Tier 5 Specialty Tier Drugs:** *Standard cost-sharing:* You pay 25% of the total cost.	Your cost for a one-month supply at a network pharmacy: **Tier 1 Preferred Generic Drugs**: *Standard cost-sharing:* You pay $8 per prescription. *Preferred cost-sharing:* You pay $2 per prescription. **Tier 2 Generic Drugs**: *Standard* cost-*sharing:* You pay $15 per prescription. *Preferred cost-sharing:* You pay $6 per prescription. **Tier 3 Preferred Brand Drugs:** *Standard cost-sharing:* You pay $44 per prescription. *Preferred cost-sharing:* You pay $39 per prescription. **Tier 4 Non-Preferred Drugs:** *Standard cost-sharing:* You pay 44% of the total cost. *Preferred cost-sharing:* You pay 41% of the total cost. **Tier 5 Specialty Tier Drugs:** *Standard cost-sharing:* You pay 25% of the total cost.

Stage	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage (continued) 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.	*Preferred cost-sharing:* You pay 25% of the total cost. _____ Once your total drug costs have reached $4,020, you will move to the next stage (the Coverage Gap Stage).	*Preferred cost-sharing:* You pay 25% of the total cost. _____ Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage).

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**.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Member Services Name	Member Services	Customer Care
Coverage Decisions for Part D Prescription Drugs – Contact Information	Blue Shield Rx Plus P.O Box 7168 San Francisco, CA 94120	Blue Shield Rx Plus P.O. Box 2080 Oakland, CA 94604-9716
Part D Prescription Drug Payment Requests – Contact Information	SS&C Health Solutions P.O. Box 419019 Kansas City, MO 64141	Blue Shield of California P.O. Box 52066 Phoenix, AZ 85072-2066

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Blue Shield Rx Plus

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in Blue Shield Rx Plus.

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 for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan timely,
- -- *OR*-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- *OR*-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, California Physicians' Service (dba Blue Shield of California) offers other Medicare prescription drug 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 prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Blue Shield Rx Plus.
- To **change to a Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Blue Shield Rx Plus.
    - You will automatically be disenrolled from Blue Shield Rx Plus if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
    - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Blue Shield Rx Plus for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue Shield Rx Plus. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Blue Shield Rx Plus. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
- – *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.

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, people with 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage.*

SECTION 5 Programs That Offer Free Counseling about Medicare

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

HICAP is independent (not connected with any insurance company or health plan). 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 (800) 434-0222. You can learn more about HICAP by visiting their website (www.aging.ca.gov/hicap).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State 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 the 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 Rx Plus

Questions? We're here to help. Please call Customer Care at (888) 239-6469. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30. Calls to these numbers are free.

Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for Blue Shield Rx Plus. 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/PDPdocuments. You may also call Customer Care 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 pharmacy network (Pharmacy 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

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (www.medicare.gov) 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.

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