

Effective October 1, 2021 – September 30, 2022

# 2021

## Summary of Benefits

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### Blue Shield 65 Plus (HMO)

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



[blueshieldca.com/medicare](https://blueshieldca.com/medicare)

H0504\_21\_404D\_M 07152021

## 2021 Summary of Benefits

### **Blue Shield 65 Plus (HMO)**

October 1, 2021 – September 30, 2022

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, **please contact your former employer group/union or call Blue Shield 65 Plus Customer Care at (800) 776-4466** [TTY: 711]. Effective October 1, 2021, we are available 8 a.m. to 8 p.m., seven days a week, year-round.

Blue Shield 65 Plus is a Medicare Advantage (Part C) plan that covers everything that Original Medicare (Part A and Part B) and includes Part D prescription drug coverage, offering you the convenience of having both your medical services and prescription drugs covered through one plan.

To join **Blue Shield 65 Plus (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 our service area. Your Medicare-eligible dependents may also join Blue Shield 65 Plus (HMO) if they meet these requirements.

#### **Our service area includes the following counties in California:**

Alameda County, Contra Costa County\*, Fresno County, Kern County, Los Angeles County, Madera County, Merced County, Nevada County\*, Orange County, Riverside County, Sacramento County, Santa Barbara County, San Bernardino County, San Diego County, San Francisco County, San Joaquin County, San Luis Obispo County, San Mateo County, Santa Clara County, Santa Cruz County, Stanislaus County, and Ventura County.

\*Denotes partial county. Refer to the ZIP code listing on page 12 for details on the partial county service area coverage.

#### **Look up providers, pharmacies and covered drugs on our website:**

- Provider Directory – [blueshieldca.com/find-a-doctor](https://blueshieldca.com/find-a-doctor)
- Pharmacy Directory – [blueshieldca.com/medpharmacy2021](https://blueshieldca.com/medpharmacy2021)
- Formulary (List of covered drugs) – [blueshieldca.com/medformulary2021](https://blueshieldca.com/medformulary2021)

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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You pay the following:

<b>Premiums and Benefits</b>	<b>You Pay</b>	<b>What you should know</b>
<b>Monthly plan premium</b>	Your former employer group/union is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premiums, your benefits administrator will tell you the amount you and your former employer group/union contribute to the premium	You must continue to pay your Medicare Part B premium in addition to the plan premium, if applicable.
<b>Deductible</b>	\$0	This plan does not have a deductible.
<b>Annual Maximum out-of-pocket</b>	\$1,500 for services you receive from in-network providers	Does not include Part D prescription drugs. This is the most you would pay for the year for in-network covered Medicare Parts A and Part B services.
<b>Inpatient hospital care</b>	\$0 copay per admission	Our plan covers an unlimited number of days for a Medicare-covered inpatient hospital stay in a network hospital.
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery</li> </ul>	<p>\$0 copay for each visit to an outpatient hospital facility</p> <p>\$0 copay for Medicare-covered observation services</p> <p>\$50 copay for each visit to an emergency room (this copay is waived if you are admitted to the hospital within one day for the same condition)</p>	Our plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.

<b>Premiums and Benefits</b>	<b>You Pay</b>	<b>What you should know</b>
<b>Outpatient surgery</b>	<p>\$0 copay for each visit to an ambulatory surgical center</p> <p>\$0 copay for each visit to an outpatient hospital facility</p>	
<b>Doctor visits</b> <ul style="list-style-type: none"> <li>• Primary care physician</li> <li>• Specialists</li> </ul>	<p>\$20 copay per visit</p> <p>\$20 copay per visit</p>	<b>A referral from your doctor may be required for Specialist visits.</b>
<b>Preventive services</b>	\$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Emergency care</b>	<p>\$50 copay per visit</p> <p>\$10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories.</p>	<p>This copay is waived if you are admitted to a hospital within one day for the same condition.</p> <p>Worldwide coverage.</p>

<b>Premiums and Benefits</b>	<b>You Pay</b>	<b>What you should know</b>
<b>Urgently needed services</b>	<p>\$20 copay for each visit to a network urgent care center within your plan service area.</p> <p>\$50 copay for each visit to an urgent care center or physician office outside of your plan service area but within the United States and its territories.</p> <p>\$50 copay for each visit to an emergency room outside of your plan service area but within the United States and its territories.</p> <p>\$50 copay for each visit to an emergency room outside of your plan service area but within the United States and its territories.</p> <p>You have a combined \$10,000 combined annual limit for emergency care and urgently needed services outside the United States and its territories. Services outside of the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>	<p>This copay is waived if you are admitted to a hospital within one day for the same condition.</p> <p>The copay is waived for each visit to an emergency room that is outside of the plan service area or outside the United States and its territories, if you are admitted to the hospital within one day for the same condition.</p> <p>Worldwide coverage.</p>

Premiums and Benefits	You Pay	What you should know
<p><b>Diagnostic services, labs, and imaging</b></p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	<p>\$0 copay for each diagnostic radiology service</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>	<p><b>A referral from your doctor may be required for diagnostic services, labs and imaging services.</b></p> <p>Covered according to Medicare guidelines; prior authorization is required.</p>
<p><b>Hearing services</b></p> <ul style="list-style-type: none"> <li>• Hearing exam (Medicare-covered)</li> <li>• Routine (non-Medicare covered) hearing exam</li> </ul>	<p>\$20 copay per visit</p> <p>\$20 copay</p>	<p><b>A referral from your doctor may be required for hearing services.</b></p>
<p><b>Vision services</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Yearly glaucoma screening</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<p>\$20 copay for each Medicare-covered visit</p> <p>\$0 copay</p> <p>\$0 copay</p>	<p><b>A referral from your doctor may be required for an exam and treat diseases and conditions of the eye.</b></p> <p><b>A referral from your doctor may be required for yearly glaucoma screenings.</b></p>

Premiums and Benefits	You Pay	What you should know
<p><b>Mental health services</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health care</li>   <li>• Outpatient group therapy visit</li>   <li>• Outpatient individual therapy visit</li> </ul>	<p>For each Medicare-covered stay you pay:            \$0 copay per day for days 1 through 150</p> <p>\$20 copay per visit</p> <p>\$20 copay per visit</p>	<p><b>A referral from your doctor may be required for mental health services.</b></p> <p>You are covered for 150 days per benefit period, up to the 190-day lifetime limit.</p> <p>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.&gt;</p>
<p><b>Skilled nursing facility (SNF) care</b></p>	<p>\$0 copay per day for days 1 through 100</p>	<p><b>A referral from your doctor may be required for skilled nursing facility care.</b></p> <p>100 days per benefit period; no prior hospitalization required with network provider.</p> <p>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.</p>

<b>Premiums and Benefits</b>	<b>You Pay</b>	<b>What you should know</b>
<b>Rehabilitation services</b> <ul style="list-style-type: none"> <li>• Cardiac (heart) rehabilitation services</li> <li>• Occupational therapy services</li> <li>• Physical therapy and speech and language therapy services</li> </ul>	\$20 copay per visit  \$20 copay per visit  \$20 copay per visit	<b>A referral from your doctor may be required for rehabilitation services.</b>
<b>Ambulance</b>	\$0 copay per trip (each way)	
<b>Transportation</b>	Not covered	
<b>Medicare Part B drugs</b>	\$20 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.	
<b>Opioid treatment program services</b>	\$0 copay	
<b>Annual Physical Exam</b>	\$0 copay	
<b>Additional Telehealth Services (Teledoc)</b>	\$0 copay	Teladoc Physicians can diagnose and treat basic medical conditions and can also prescribe certain medication. See the plan EOC for more information.
<b>Foot care (podiatry services)</b> <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	\$20 copay for each Medicare-covered visit	<b>A referral from your doctor may be required for foot care services.</b>



Premiums and Benefits	You Pay	What you should know
<p><b>Diabetic Supplies &amp; Services</b></p> <ul style="list-style-type: none"> <li>Blood glucose monitors</li> <li>Diabetes self-management training, diabetic services and supplies</li> </ul>	<p>\$0 copay for ACCU-CHEK blood glucose monitors</p> <p>\$0 copay for all training, services and supplies except blood glucose monitors (see "Blood glucose monitors" above)</p>	<p><b>A referral from your doctor may be required for diabetic supplies &amp; services.</b></p> <p>Prior authorization from the plan may be required for durable medical equipment, blood glucose monitors and test strips.</p> <p>See the plan EOC for more information.</p>
<p><b>Durable Medical Equipment (DME) and Related Supplies</b></p> <ul style="list-style-type: none"> <li>Durable medical equipment (e.g., wheelchairs, oxygen)</li> </ul>	<p>\$0 copay</p>	<p><b>A referral from your doctor may be required for DME and related supplies.</b></p> <p>Prior authorization from the plan may be required for DME.</p> <p>See the plan EOC for more information.</p>
<p><b>Prosthetics/Medical Supplies</b></p> <ul style="list-style-type: none"> <li>Prosthetics (e.g., braces, artificial limbs)</li> <li>Medical supplies (e.g., splints, casts)</li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p>	<p><b>A referral from your doctor may be required for prosthetics/medical supplies.</b></p>
<p><b>Health and Wellness program</b></p> <ul style="list-style-type: none"> <li>NurseHelp 24/7<sup>SM</sup> (Telephone and online support)</li> <li>LifeReferrals 24/7 – Access to counselors, consultations, information and referrals for a wide range of family and personal issue</li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p>	

## Prescription Drug Coverage Summary of Benefits

You pay the following:

<b>Annual Deductible Stage</b>	This stage does not apply because there is no deductible.
<b>Initial Coverage Stage</b>	You pay the following until your total out-of-pocket drug costs reach \$6,550.

What you pay:	Preferred retail cost-sharing (in-network)		Standard retail cost-sharing (in-network) <sup>^</sup>	
	30-day supply	90-day supply <sup>*NDS</sup>	30-day supply <sup>*</sup>	90-day supply <sup>NDS</sup>
<b>Tier 1: Generic Drugs</b>	\$10 copay	\$20 copay	\$10 copay	\$30 copay
<b>Tier 2: Preferred Brand Drugs</b>	\$30 copay	\$60 copay	\$30 copay	\$90 copay
<b>Tier 3: Non-Preferred Drugs</b>	\$50 copay	\$100 copay	\$50 copay	\$150 copay
<b>Tier 4: Injectable Drugs</b>	20% coinsurance (up to a \$100 copay maximum) per prescription	20% coinsurance (up to a \$300 copay maximum) per prescription	20% coinsurance (up to a \$100 copay maximum) per prescription	20% coinsurance (up to a \$300 copay maximum) per prescription
<b>Tier 5: Specialty Tier Drugs</b>	20% coinsurance (up to a \$100 copay maximum) per prescription	Not offered	20% coinsurance (up to a \$100 copay maximum) per prescription	Not offered

<sup>^</sup>If you reside in a long-term care facility, you pay the same as at an in-network standard retail cost-sharing pharmacy. There are limited situations where you may be able to get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

\* 90-day supply cost-sharing also applies to Blue Shield's mail service pharmacy.

**NDS** A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount of select drugs that can be filled at one time **for your protection**. The drugs that are not available for a long-term supply are marked with the symbol <sup>NDS</sup> in our Drug List.

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

### **Coverage Gap Stage**

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

### **Catastrophic Coverage Stage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail service) reach \$6,550, your share of the cost for a covered drug will be \$0.





This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.

### **Mail Service Pharmacy**

CVS Caremark is our network mail service pharmacy where you may obtain a 90-day supply of maintenance drugs at a lower cost. They will be delivered to your home or office with no charge for shipping or delivery. After enrolling in Blue Shield 65 Plus (HMO), sign up at [caremark.com](http://caremark.com) or call (866) 346-7200 [TTY: 711].

## Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing. Here's just a few:

<b>CVS/pharmacy</b> ‡ (including CVS pharmacy at Target)	(888) 607-4287 [TTY: 711]	
<b>Safeway and Vons pharmacies</b>	(877) 723-3929 [TTY: 711]	
<b>Albertsons/Sav-on/Osco pharmacies</b>	(877) 932-7948 [TTY: 711]	
<b>Costco</b> (You do not have to be a member to use the pharmacy.)	(800) 955-2292 [TTY: 711]	

**Ralphs, Walmart and other pharmacies are also available in our network.**

‡Accepts e-prescribing

## PARTIAL COUNTY SERVICE AREA ZIP CODE LISTING

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

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

95602	95712	95924	95945	95946	95949	95959
95960	95975	95977	95986			

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield 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.

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Blue Shield of California complies with applicable state laws 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 Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

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MG00007-Self-Insured Schools of California (10/21)