

<sub_full_name>	Member ID:	<Date>
<sub_addr_line_one>	Rx ID:	<Member #>
<sub_addr_line_two>	Rx GRP:	<RxID>
<sub_addr_city>, <sub_addr_state> <sub_addr_zip>	Rx BIN:	E0001002
	Rx PCN:	012353
		07820000

**Important: You have enrolled in a new plan for your Medicare and Medi-Cal Services.
Keep this letter as proof of your coverage.**

<Name>:

Welcome to Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)!

Starting <effective date>, you will have a Cal MediConnect health plan designed to give you seamless, high quality care at no extra cost to you. Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Your new coverage includes:

- Your Medicare benefits, including prescription drugs.
- Your Medi-Cal benefits, including long-term services and supports (LTSS) that help you with ongoing personal care needs. LTSS includes Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS), which are services that can help you stay in your home as long as possible. It also includes nursing home care if you need it.
- Your choice of doctors and other providers within our network who work together to give you the care you need.
- Extra benefits and services such as vision care, hearing aids, health club membership and fitness classes, over the counter benefit, Worldwide Emergency coverage, Personal Emergency System (PERS), is a medical alert monitoring system that provides access to help 24/7, at the push of a button.
- A care navigator to help you manage your provider and services.
- Durable Medical Equipment, like *crutches, walkers, wheelchairs*.



This letter is proof of your new coverage. Please bring this letter with you to the pharmacy or office visit until you get your Member ID Card from us. If you have questions, call Blue Shield Promise Cal MediConnect Plan Member Services at 1-855-905-3825 (TTY 711), 8:00 a.m. – 8:00 p.m., 7 days a week.

What happens next?

You may begin using Blue Shield Promise Cal MediConnect Plan network primary care providers and pharmacies for all of your health care services and prescription drugs as of **<effective date>**. If you need emergency or urgently needed care, or out-of-area dialysis services, you can use providers outside of Blue Shield Promise Cal MediConnect Plan's network.

To help with the transition to Blue Shield Promise Cal MediConnect Plan, you may be able to keep seeing the doctors you go to now for a period of up to twelve (12) months from the effective date of your enrollment in Blue Shield Promise Cal MediConnect Plan. Contact Blue Shield Promise Cal MediConnect Plan Member Services at 1-855-905-3825 (TTY 711), 8:00 a.m. – 8:00 p.m., 7 days a week for information on how to do this.

You will also have access to a (30)-day supply of prescription drugs you currently take during your first 90 days in the plan if you are taking a drug that is not on our *List of Covered Drugs*, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by Blue Shield Promise Cal MediConnect Plan.

The new member kit includes:

- *List of Covered Drugs* (Formulary) Instructions for getting more information about the drugs on our List of Covered Drugs.
- *Provider and Pharmacy Directory* Instructions for getting more information about the providers and pharmacies in our network.
- *Member Handbook* (Evidence of Coverage)

Before **<enrollment effective date>**, we will send you a Member ID Card.

Before **<enrollment effective date>**, we will send you a *Member Handbook* (Evidence of Coverage).

An up-to-date copy of the *Member Handbook* (Evidence of Coverage) is always available on our website at www.blueshieldca.com/promise/calmediconnect. You may also call Member Services at 1-855-905-3825 to ask us to mail you a Member Handbook.

How much will I have to pay for Blue Shield Promise Cal MediConnect Plan?

You will not have to pay a plan premium, deductible, or copays when getting health services through a Blue Shield Promise Cal MediConnect Plan provider.

How much will I have to pay for prescription drugs?

When you pick up your prescription drugs at our network pharmacy, you'll pay no more than **\$3.60** each time you get a generic drug that's covered by Blue Shield Promise Cal MediConnect Plan and no more than **\$8.95** each time you get a brand name drug that's covered by Blue Shield Promise Cal MediConnect Plan. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact Blue Shield Promise Cal MediConnect Plan more details.

How can I choose a primary care provider?

To choose your Primary Care Provider (PCP), you can view the Blue Shield Promise Cal MediConnect Plan Provider and Pharmacy Directory on our website at www.blueshieldca.com/promise/calmediconnect or call Member Services for help.

You will get your routine or basic care from your PCP. Your PCP can also coordinate the rest of the covered services you need.

Our plan's PCPs are affiliated with particular medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP will be referring you to specialists and services that are also affiliated with his or her medical group. So, if there is a particular Blue Shield Promise Cal MediConnect Plan specialist or hospital that you want to use, it is important to see whether they are affiliated with your PCP's medical group.

When you need specialty care or additional services your PCP cannot provide, he or she will give you a referral. In most cases, you must see your PCP to get a referral before you see any other health care providers or visit a specialist. Once this referral is approved by your PCP's medical group, you can make an appointment with the specialist or other provider to get the treatment you need. The specialist will let your PCP know when you have completed your treatment or service so your PCP can continue to manage your care.

Also, your PCP will need to get approval in advance from the Plan for you to get certain services. This approval in advance is called "prior authorization." For example, prior authorization is required for all non-emergency inpatient hospital stays. In some cases, your PCP's affiliated medical group, instead of our plan, may be able to authorize your service.

You can get certain services without first getting approval from your PCP, such as: emergency services, urgently needed care, kidney dialysis services from a Medicare-certified dialysis facility, flu shots, hepatitis B and pneumonia vaccinations, routine women's health care and family planning services, etc.

What if I have questions about Blue Shield Promise Cal MediConnect Plan's coverage or providers?

- Call Blue Shield Promise Cal MediConnect Plan Member Services at 1-855-905- 3825 8:00 a.m. – 8:00 p.m., 7 days a week.

- Call 711 if you use TTY.
- Visit www.blueshieldca.com/promise/calmediconnect.

What if I have other health or prescription drug coverage?

If you have other health or drug coverage, such as from an employer or union, you or your dependents could lose your other health or drug coverage completely and not get it back if you join Blue Shield of California Promise Health Plan.

- Other types of health and drug coverage include TRICARE, the Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy.
- Contact the benefits administrator of the other health/drug coverage if you have questions about your coverage.
- If you want to cancel your enrollment in Blue Shield Promise Cal MediConnect Plan, you may call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY.

Can I leave Blue Shield Promise Cal MediConnect Plan after effective date?

Yes. You may leave Blue Shield Promise Cal MediConnect Plan or choose a new Cal MediConnect **at any time during the year** by calling Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY.

If you leave Blue Shield Promise Cal MediConnect Plan and don't want to enroll in another Cal MediConnect plan, your coverage will end the last day of the month after you tell us. If you leave Blue Shield Promise Cal MediConnect Plan and don't join a Medicare health or prescription drug plan, you'll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan.

What if I want to join a different Cal MediConnect plan?

If you want to keep getting your Medicare and Medi-Cal benefits together from a single plan, you can join a different Cal MediConnect plan. To enroll in a different Cal MediConnect plan, call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY. Tell them you want to leave your current Cal MediConnect plan and join a different Cal MediConnect plan. If you are not sure what plan you want to join, they can tell you about other plans in your area.

What happens to my Medicare if I leave Blue Shield Promise Cal MediConnect Plan?

If you leave Blue Shield Promise Cal MediConnect Plan and don't join a Medicare health or prescription drug plan, you'll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan. If you want to join a Medicare health or prescription

drug plan, want to know more about Medicare plans in your area, or have questions about Medicare:

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.
- Call 1-877-486-2048 if you use TTY.
- Visit the Medicare home page at <http://www.medicare.gov>.

What happens to my Medi-Cal if I leave Blue Shield Promise Cal MediConnect Plan?

You must have a Medi-Cal health plan to keep getting your Medi-Cal services, including long-term services and supports (LTSS) that help you with ongoing personal care needs. If you leave your Cal MediConnect plan, you will keep getting your Medi-Cal services through Blue Shield of California Promise Health Plan unless you select a different plan for your Medi-Cal services.

You will get information on Medi-Cal health plans in the mail. To join a Medi-Cal health plan, call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY.

What if I need help or more information?

- If you want to talk to a health insurance counselor about these changes and your choices, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00p.m. Call 711 if you use TTY.
- If you need help enrolling in a Cal MediConnect or Medi-Cal plan, please call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY.
- If you are in a Cal MediConnect plan and need further help, call the Cal MediConnect Ombuds Program at 1-855-501-3077, Monday through Friday from 9:00 a.m. to 5:00 p.m. Call 1-855-847-7914 if you use TTY.

Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Blue Shield Promise Cal MediConnect Plan Member Handbook.

You can get this document for free in other format, such as large print, braille, or audio. Call 1-855-905-3825 (TTY:711) toll-free, seven days a week from 8:00 a.m. to 8:00 p.m. The call is free.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Cal-MediConnect 1-855-905-3825 (TTY: 711) de 8:00 a.m. a 8:00 p.m., los 7 días de la semana.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Cal-MediConnect 1-855-905-3825 (TTY: 711) 每週七天辦公，早上8:00 點至晚上8:00 點或。

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>.

Discrimination is Against the Law

Blue Shield of California Promise Health Plan 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 Promise Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California Promise Health Plan provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Promise Health Plan Civil Rights Coordinator.

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California Promise Health Plan
Civil Rights Coordinator
601 Potrero Grande Dr.
Monterey Park, CA 91755
Phone: (844) 883-2233 (TTY: 711)
Fax: (323) 889-2228
Email: BSCPHPCivilRights@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you need this document in another language or alternate format, like large print, braille, or audio, or if you need help understanding this letter, please call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. Call 1-800-430-7077 if you use TTY. You can get this information for free.