

2020

Summary of Benefits

Blue Shield Promise Cal MediConnect Plan
(Medicare-Medicaid Plan)
Los Angeles and San Diego Counties

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association



Promise Health Plan

2020

Summary of Benefits

Blue Shield Promise Cal MediConnect Plan, (Medicare-Medicaid Plan)

Introduction

This document is a brief summary of the benefits and services covered by **Blue Shield Promise Cal MediConnect Plan**. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of **Blue Shield Promise Cal MediConnect Plan**. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.



This is a summary of health services covered by **Blue Shield Promise Cal MediConnect Plan** for **2020**. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- 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.
- Under Blue Shield Promise Cal MediConnect Plan you can get your Medicare and Medi-Cal services in one health plan. A Blue Shield Promise Cal MediConnect Plan care navigator will help manage your health care needs.
- 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*.

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:



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.

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>.

- **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.
- (Spanish): **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-905-3825 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.
- (Chinese) 注意：如果您說中文，您可以免費獲得語言協助服務。請致電 1-855-905-3825 (聽障專線：711)，服務時間為每週七天，早上8點至晚上8點。此為免付費電話。
- (Tiếng Việt) **CHÚ Ý:** Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho quý vị. Gọi 1-855-905-3825 (TTY: 711), 8:00 sáng đến 8:00 tối, bảy ngày mỗi tuần. Cuộc gọi được miễn phí.
- (Tagalog – Filipino): **PANSININ:** Kung nagsasalita ka ng Tagalog-Filipino, magagamit mo nang walang bayad ang mga serbisyo ng tulong sa wika. Tumawag sa 1-855-905-3825 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.
- (Korean) 주의: 한국어를 사용하시면 언어 지원 서비스를 무료로 이용하실 수 있습니다. 필요하신 경우, 1-855-905-3825 (TTY: 711) 번으로 주 7일 8:00 a.m. – 8:00 p.m. 중에 연락해 주십시오. 통화는 무료입니다.



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.

- (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե դուք խոսում եք հայերեն, ապա ձեզ համար մատչելի կլինեն անվճար լեզվական աջակցության ծառայություններ: Չանգահարեք 1-855-905-3825 հեռախոսահամարով (TTY: 711), 8:00 – 20:00, շաբաթը յոթ օր: Չանգն անվճար է:
- (Persian/Farsi): توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمکی زبان، بطور رایگان، در اختیار شما می باشد. می‌توانید هفت روز هفته از ساعت 8:00 صبح تا 8:00 شب، با شماره 1-855-905-3825 (TTY: 711) تماس بگیرید.
- (Russian) ОБРАТИТЕ ВНИМАНИЕ: Если вы говорите по-русски, вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-855-905-3825 (TTY: 711) с 8:00 до 20:00 в любой день недели. Звонок бесплатный.
- (العربية) تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل على 1-855-905-3825 (الهاتف النصي: 711)، من الساعة 8:00 صباحًا إلى الساعة 8:00 مساءً، طوال أيام الأسبوع. المكالمات مجانية.
- (Cambodian/Khmer) យកចិត្តទុកដាក់៖
ប្រសិនបើអ្នកនិយាយភាសាកម្ពុជា/ខ្មែរនោះ៖
សេវាជំនួយភាសាដោយឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅកាន់
1-855-905-3825 (TTY: 711), 8:00 a.m. ដល់ 8:00 p.m.,
ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។ ការទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

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

You can make a standing request to get this document in a language other than English or in an alternate format now and in the future. To make a request, please contact Blue Shield Promise Cal MediConnect Plan Member Services will keep your preferred language and format on file for future communications. To make any updates on your preference, please contact Blue Shield Promise Cal MediConnect Plan.



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
For more information, visit www.blueshieldca.com/promise/calmediconnect.

Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care navigators to help you manage all your providers and services. They all work together to provide the care you need. Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is a Blue Shield Promise Cal MediConnect care navigator?	A Blue Shield Promise Cal MediConnect care navigator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are Long-Term Services and Supports (LTSS)?	LTSS are for members who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).
Will you get the same Medicare and Medi-Cal benefits in Blue Shield Promise Cal MediConnect Plan that you get now?	You will get most of your covered Medicare and Medi-Cal benefits directly from Blue Shield Promise Cal MediConnect Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. When you enroll in Blue Shield Promise Cal MediConnect Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that Blue Shield Promise Cal MediConnect Plan does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Blue Shield Promise Cal MediConnect Plan to cover your drug if medically necessary.



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Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with Blue Shield Promise Cal MediConnect Plan and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers who have an agreement with us are “in-network.” You must use the providers in Blue Shield Promise Cal MediConnect Plan’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Shield Promise Cal MediConnect’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Blue Shield Promise Cal MediConnect Plan’s <i>Provider and Pharmacy Directory</i>.</p> <p>If Blue Shield Promise Cal MediConnect is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for <i>12 months</i>.</p>
<p>What happens if you need a service but no one in Blue Shield Promise Cal MediConnect Plan’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Blue Shield Promise Cal MediConnect Plan will pay for the cost of an out-of-network provider.</p>
<p>Where is Blue Shield Promise Cal MediConnect Plan available?</p>	<p>The service area for this plan includes: San Diego County and Los Angeles County*, California. You must live in these areas to join the plan.</p> <p>*Denotes partial county. Call Member Services for more information about whether the plan is available where you live.</p>
<p>Do you pay a monthly amount (also called a premium) under Blue Shield Promise Cal MediConnect Plan?</p>	<p>You will not pay any monthly premiums to Blue Shield Promise Cal MediConnect Plan for your health coverage.</p>



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Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from Blue Shield Promise Cal MediConnect Plan before you can get a specific service or drug or see an out-of-network provider. Blue Shield Promise Cal MediConnect Plan may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. Blue Shield Promise Cal MediConnect Plan can provide you with a list of services or procedures that require you to obtain prior authorization from Blue Shield Promise Cal MediConnect Plan before the service is provided.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care physician (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Blue Shield Promise Cal MediConnect Plan may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists.</p> <p>See Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copays under Blue Shield Promise Cal MediConnect Plan already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Blue Shield Promise Cal MediConnect Plan Member Services:</p> <p>CALL 1-855-905-3825</p> <p>Calls to this number are free. 8:00 a.m. to 8:00 p.m., seven days a week. A Blue Shield Promise Cal MediConnect Plan representative is available to talk to you Monday through Friday, and a live person is available through an answering service on Saturdays, Sundays, and federal holidays.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p>



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.

Frequently Asked Questions (FAQ) Answers

TTY 711

This number is for people who have hearing or speaking problems. You must have special equipment to call it.

Calls to this number are free. 8:00 a.m. to 8:00 p.m., seven days a week.

If you have questions about your health, please call the Blue Shield of California Promise Health Plan Nurse Advice Line:

CALL (800) 609-4166

Calls to this number are free. 24 hours a day, seven days a week. Free language interpreter services are available for people who do not speak English

TTY 711

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. 24 hours a day, seven days a week.

If you need immediate behavioral health services, please call the Blue Shield Promise Cal MediConnect Plan Managed Behavioral Health Organization Crisis Line:

CALL San Diego County: 1-855-321-2211

Los Angeles County: 1-855-765-9701

Calls to these numbers are free. 24 hours a day, seven days a week. A clinician is available to help with your specific situation. Free language interpreter services are available for people who do not speak English.

TTY 711

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. 24 hours a day, seven days a week.



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Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0 copay	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).
	Wellness visits, such as a physical	\$0 copay	Yearly "Wellness" visit
	Transportation to a doctor's office	\$0 copay	Non-Medical Transportation (NMT) Unlimited NMT for all approved Medi-Cal services. Those services include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal FFS delivery system. Arrangements for Non-Emergency Medical Transportation and Non-Medical Transportation are handled by Member Services. You may call Member Services to get connected to the transportation division, or call them directly at 1-877-433-2178 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. Referral requirements may apply. Non-Emergency Medical Transportation (NEMT) Authorization rules may apply. Referral requirements may apply.
	Specialist care	\$0 copay	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor <i>(continued)</i>	Care to keep you from getting sick, such as flu shots	\$0 copay	\$0 co-pay for all preventive services covered under Original Medicare.
	"Welcome to Medicare" preventive visit (one time only)	\$0 copay	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get the one Annual Wellness Visit every 12 months.
You need medical tests	Lab tests, such as blood work	\$0 copay	Authorization rules may apply. Referral requirements may apply
	X-rays or other pictures, such as CAT scans	\$0 copay	Authorization rules may apply. Referral requirements may apply
	Screening tests, such as tests to check for cancer	\$0 copay	Authorization rules may apply. Referral requirements may apply
You need drugs to treat your illness or condition	Preferred Generic drugs	\$0 copay for a 30-day supply	<p>There may be limitations on the types of drugs covered. Please see Blue Shield Promise Cal MediConnect Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at retail and mail order pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.</p> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition <i>(continued)</i>	Generic Drugs	\$0, \$1.30, or \$3.60 copay for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see Blue Shield Promise Cal MediConnect Plan's <i>List of Covered Drugs</i> (Drug List) for more information. Extended-day supplies are available at retail and mail order pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. You may get your drugs at network retail pharmacies and mail order pharmacies.
	Brand name drugs	\$0, \$3.90, or \$8.95 copay for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please see Blue Shield Promise Cal MediConnect Plan's <i>List of Covered Drugs</i> (Drug List) for more information. Extended-day supplies are available at retail and mail order pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information. You may get your drugs at network retail pharmacies and mail order pharmacies.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please see Blue Shield Promise Cal MediConnect Plan's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0 copay	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0 copay	Authorization rules may apply. Referral requirements may apply.
You need emergency care	Emergency room services	\$0 copay	You may go to any emergency room if you reasonably believe you need emergency care. You may access emergency room services out of Blue Shield Promise Cal MediConnect Plan's network and without prior authorization.
	Ambulance services	\$0 copay	Authorization rules may apply.
	Urgent care	\$0 copay	This is NOT emergency care. Urgent care is when a condition, illness, or injury is not life threatening, but medical care is needed right away. You may access urgent care services out of Blue Shield Promise Cal MediConnect Plan's network and without prior authorization.
You need hospital care	Hospital stay	\$0 copay	Blue Shield Promise Cal MediConnect Plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules may apply. Referral requirements may apply.
	Doctor or surgeon care	\$0 copay	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0 copay	Outpatient Rehabilitation: <ul style="list-style-type: none"> • Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks. • Occupational therapy visit • Non-Medicare Occupational Therapy Service • Physical therapy and speech and language therapy • Speech & Physical Therapy Services for CBAS enrollees <p>Authorization rules may apply. Referral requirements may apply</p>
	Medical equipment for home care	\$0 copay	<p>Authorization rules may apply. Referral requirements may apply</p>
	Skilled nursing care	\$0 copay	<p>Blue Shield Promise Cal MediConnect Plan covers an unlimited number of days in a Skilled Nursing Facility (SNF).</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
You need eye care	Eye exams	\$0 copay	<p>One routine eye exam every year</p> <p>We will pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye. For example, this includes annual eye exams for diabetic retinopathy for people with diabetes and treatment for age-related macular degeneration.</p> <p>For people with a high risk of glaucoma, we will pay for one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African-Americans who are age 50 and older, and Hispanic Americans who are 65 or older</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care <i>(continued)</i>	Glasses or contact lenses	\$0 copay	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> • one routine eye exam every year, and • Up to \$500 for eyeglasses (frames and lenses) or contact lenses every benefit period. <p>You can use your allowance toward frames, lenses, lens enhancements, contact lens exam and contacts. You can save any remaining balance for later use within the same benefit period.</p> <p>We will pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens. (If you have two separate cataract surgeries, you must get one pair of glasses after each surgery. You cannot get 2 pairs of glasses after the second surgery, even if you did not get a pair of glasses after the first surgery). We will also pay for corrective lenses, frames, and replacements, if you need them after a cataract removal without a lens implant.</p>
	Hearing screenings Hearing aids	\$0 copay \$0 copay	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>Authorization rules may apply. Referral requirements may apply.</p> <p>Our plan pays up to \$2,000 every year for hearing aids. Hearing aid coverage is for both ears.</p> <p>Authorization rules may apply. Referral requirements may apply.</p>



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your kidney disease, chronic obstructive pulmonary disease (COPD), diabetes and cardiovascular (heart) disease	\$0 copay	Authorization rules may apply.
	Diabetes supplies and services	\$0 copay	Diabetes monitoring supplies, self-management training, and therapeutic shoes or inserts. Authorization rules may apply. Referral requirements may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0 copay</p>	<p>Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be needed without it.</p> <p>Outpatient mental health care covered services include:</p> <p>Mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or any other Medicare qualified mental health care professional as allowed under applicable state laws.</p> <p>We will pay for the following services, and maybe other services not listed below:</p> <ul style="list-style-type: none"> • Clinic services • Day treatment • Psychosocial rehab services • Partial hospitalization/intensive outpatient programs • Individual and group mental health evaluation and treatment • Psychological testing when clinically indicated to evaluate a mental health outcome • Outpatient services for the purposes of monitoring drug therapy • Outpatient laboratory, drugs, supplies and supplements • Psychiatric consultation <p>Authorization rules may apply. Referral requirements may apply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance abuse problem	Substance abuse services	\$0 copay	<p>Inpatient substance abuse services.</p> <p>Outpatient substance abuse services:</p> <p>We will pay for the following services, and maybe other services not listed below:</p> <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Treatment of drug abuse • Group or individual counseling by a qualified clinician • Subacute detoxification in a residential addiction program • Alcohol and/or drug services in an intensive outpatient treatment center • Extended release Naltrexone (vivitrol) treatment <p>Authorization rules may apply. Referral requirements may apply.</p>
You need long-term mental health services	Inpatient care for people who need mental health care	\$0 copay	<p>Covered services include mental health care services that require a hospital stay.</p> <p>If you need inpatient services in a freestanding psychiatric hospital, we will pay for the first 190 days. After that, the local county mental health agency will pay for inpatient psychiatric services that are medically necessary. Authorization for care beyond the 190 days will be coordinated with the local county mental health agency.</p> <ul style="list-style-type: none"> • The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital. <p>If you are 65 years or older, we will pay for services you got in an Institute for Mental Diseases (IMD).</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Nebulizers	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Crutches	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Walkers	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Oxygen equipment and supplies	\$0 copay	Authorization rules may apply. Referral requirements may apply.
You need help living at home	Meals brought to your home	\$0 copay	This service is only available to beneficiaries on the Multi-Senior Services Programs (MSSP) waiver. There is a limit to how much Blue Shield Promise Cal MediConnect Plan will pay. State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping	\$0 copay	<p>In-Home Supportive Services (IHSS)</p> <p>We will pay for services provided to you so that you can remain safely in your own home.</p> <p>The types of IHSS which can be authorized through the County Department of Social Services are:</p> <ul style="list-style-type: none"> • Housecleaning • Meal preparation • Laundry • Grocery shopping • Personal care services (such as bowel and bladder care, bathing, grooming, and paramedical services) • Accompaniment to medical appointments • Protective supervisions for the mentally impaired <p>If eligible, you may get up to 283 hours of IHSS every month if approved by your county social worker.</p>
	Changes to your home, such as ramps and wheelchair access	\$0 copay	<p>This service is only available to: Beneficiaries on the Multi-Senior Services Programs (MSSP) waiver. There is a limit to how much Blue Shield Promise Cal MediConnect Plan will pay.</p> <p>State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply.</p>
	Home health care services	\$0 copay	<p>Authorization rules may apply. Referral requirements may apply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home <i>(continued)</i>	Services to help you live on your own	\$0 copay	<p>This service is only available to:</p> <ul style="list-style-type: none"> Beneficiaries on the Multi-Senior Services Programs (MSSP) waiver. There is a limit to how much our plan will pay; or Beneficiaries eligible for In-Home Supportive Services (IHSS). IHSS is for up to 283 hours every month. Beneficiaries eligible for Community Based Adult Services (CBAS). <p>State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply.</p>
	Adult day services or other support services	\$0 copay	<p>This service is only available to:</p> <ul style="list-style-type: none"> Beneficiaries on the Multi-Senior Services Programs (MSSP) waiver. There is a limit to how much our plan will pay; or Beneficiaries eligible for In-Home Supportive Services (IHSS). IHSS is for up to 283 hours every month. Beneficiaries eligible for Community Based Adult Services (CBAS). <p>State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply.</p>
You need a place to live with people available to help you	Assisted living or other housing services	\$0 copay	Plan will assist with coordinating services offered through other organizations such as Independent Living Centers or programs such as the Assisted Living Waiver Programs. Contact Blue Shield Promise Cal MediConnect Plan for details.
	Nursing home care	\$0 copay	Authorization rules may apply. Referral requirements apply.
Your caregiver needs some time off	Respite care	\$0 copay	Authorization rules may apply. Referral requirements apply.



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Other services that Blue Shield Promise Cal MediConnect Plan covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Blue Shield Promise Cal MediConnect Plan	Your costs for in-network providers and service information
Health Club Membership and Fitness Classes	<p>\$0 copay.</p> <p>You will get access to the following:</p> <ul style="list-style-type: none"> • A standard fitness membership at participating locations • Exercise equipment • Assistance from a Program Advisor at each location • Health education • Group classes and other events hosted at the fitness facilities • Nationwide access to over 14,000 locations
World Wide Emergency/Urgent Coverage	<p>\$0 copay</p> <p>Coverage up to \$25,000 per year. Blue Shield Promise Cal MediConnect Plan will reimburse you for up to \$25,000 in emergency or urgently needed services received anywhere outside of the United States every calendar year.</p>
Over-the-Counter (OTC)	<p>You have an allowance of \$120 to use toward certain OTC items once every 3 months (quarterly). Unused dollars will not carry over to the next quarter. Your first quarterly allowance becomes available to use on January 1, 2020.</p>
Personal Emergency Response System (PERS)	<p>\$0 copay</p> <p>PERS is a medical alert monitoring system that provides access to help 24/7, at the push of a button.</p>
Incontinence Cream and Diapers	<p>\$0 copay</p> <p>Authorization rules may apply. Referral requirements may apply.</p>



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Other services covered by Blue Shield Promise Cal MediConnect Plan	Your costs for in-network providers and service information
<p>Family Planning Services</p> <p>The law lets you choose any provider for certain family planning services. This means any doctor, clinic, hospital, pharmacy or family planning office:</p> <p>Covered services:</p> <ul style="list-style-type: none"> • Family planning exam and medical treatment • Family planning lab and diagnostic tests • Family planning methods (IUD, implants, injections, birth control pills, patch, or ring) • Family planning supplies with prescription (condom, sponge, foam, film, diaphragm, cap) • Counseling and diagnosis of infertility, and related services • Counseling, testing and treatment for sexually transmitted infections (STIs) • Counseling and testing for HIV and AIDS, and other HIV-related conditions • Permanent Contraception (You must be 21 or older to choose this method of family planning. You must sign a federal sterilization consent form at least 30 days, but not more than 180 days before the date of surgery.) • Genetic counseling 	<p>\$0 copay</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
<p>Counseling to Stop Smoking or Tobacco Use</p> <ul style="list-style-type: none"> • 2 counseling quit attempts within a 12-month period. • If you are pregnant, you may get unlimited tobacco cessation counseling. 	<p>\$0 copay</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
<p>Health and Wellness Education Programs</p> <ul style="list-style-type: none"> • Health Education classes • Nutrition Education classes 	<p>\$0 copay</p> <p>Authorization rules may apply. Referral requirements may apply.</p>



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Other services covered by Blue Shield Promise Cal MediConnect Plan	Your costs for in-network providers and service information
Foot Care (Podiatry Services) <ul style="list-style-type: none"> • Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs). • Routine foot care for members with conditions affecting the legs, such as diabetes. 	\$0 copay Authorization rules may apply. Referral requirements may apply.
Care Plan Option (CPO) services	<p>Los Angeles</p> <ul style="list-style-type: none"> • Care Plan Option (CPO) services may be available under your Individualized Care Plan. These services give you more help at home, like home delivered meals, case management services, shower grab bars and ramps. These services can help you live more independently but do not replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your care coordinator. <p>San Diego</p> <ul style="list-style-type: none"> • Care Plan Option (CPO) services may be available under your Individualized Care Plan. These services give you more help at home, like home delivered meals, case management, personal care services and respite,. These services can help you live more independently but do not replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your care coordinator.



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Services covered outside of Blue Shield Promise Cal MediConnect Plan

This is not a complete list. Call Member Services to find out about other services not covered by Blue Shield Promise Cal MediConnect Plan but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under Denti-Cal, the Medi-Cal dental program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Denti-Cal.



If you have questions, please call Blue Shield Promise Cal MediConnect at 1-855-905-3825 TTY (711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit www.blueshieldca.com/promise/calmediconnect.

Services that Blue Shield Promise Cal Medi-Connect Plan, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Blue Shield Promise Cal MediConnect Plan, Medicare, or Medi-Cal

Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services.

Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved.

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.

Cosmetic surgery or procedures, unless because of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.

Reversal of sterilization procedures and non-prescription contraceptive supplies.

Medical services outside the U.S. and its territories.

Private room in a hospital, except when it's considered medically necessary.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a TV.

Services that you get from non-plan providers, except for care for a medical emergency and urgently needed care, renal (kidney) dialysis services that you get when you are temporarily outside the service area.



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Your rights as a member of the plan

As a member of Blue Shield Promise Cal MediConnect Plan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, and/or audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Blue Shield Promise Cal MediConnect Plan will pay for the cost of your second opinion visit.
 - Create and apply an advance directive, such as a will or health care proxy.



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- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help you communicate with your doctors and your health plan. Call 1-855-905-3825 (TTY: 711) 8:00 a.m. to 8:00 p.m. 7 days a week if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services, 24 hours a day, 7 days a week, without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number **(1-888-HMO-2219)** and a TTY line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website (<http://www.hmohelp.ca.gov>) has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. You also have the right to appeal certain decisions made by us or our providers.
 - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
 - Ask for a state fair hearing from the State of California
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Blue Shield Promise Cal MediConnect Plan *Member Handbook*. If you have questions, you can also call Blue Shield Promise Cal MediConnect Plan Member Services.



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How to file a complaint or appeal a denied service

If you have a complaint or think Blue Shield Promise Cal MediConnect Plan should cover something we denied, call Blue Shield Promise Cal MediConnect Plan at 1-855-905-3825 (TTY: 711) 8:00 a.m. to 8:00 p.m., seven days a week. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Blue Shield Promise Cal MediConnect Plan *Member Handbook*. You can also call Blue Shield Promise Cal MediConnect Plan Member Services.

You may also mail your written appeal and/or grievance to:

Blue Shield Promise Cal MediConnect Plan
Appeals and Grievances Department
601 Potrero Grande Drive
Monterey Park, CA 91755

You may also fax it to 1-323-889-6214 for Appeals and 1-323-889-2228 for Grievances.



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What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at Blue Shield Promise Cal MediConnect Plan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the California Department of Health Care Services Fraud & Abuse Hotline at 1-800-822-6222.
- Or, call the Department of Justice Office at the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at 1-800-722-0432.



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Blue Shield of California Promise Health Plan
601 Potrero Grande Dr., Monterey Park, CA 91755

blueshieldca.com/promise/calmediconnect