

<Date>

<sub\_full\_name>  
<sub\_addr\_line\_one>  
<sub\_addr\_line\_two>  
<sub\_addr\_city>, <sub\_addr\_state> <sub\_addr\_zip>

Member ID: <Member #>  
Rx ID: <RxID>  
Rx GRP: E0001002  
Rx BIN: 004336  
Rx PCN: 77993322

**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 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, transportation services and a care navigator and other covered services such as hearing aids, health club membership and fitness classes, over-the-counter allowance, worldwide emergency coverage and more.
- Durable Medical Equipment, like crutches, walkers, and wheelchairs.

H0148\_22\_150\_C\_Approved08092021

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

601 Potrero Grande Drive | Monterey Park, CA 91755

**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 Customer Care at (855) 905-3825 (TTY: 711), 8 a.m. to 8 p.m., seven 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 using the doctors you use 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 Customer Care at (855) 905-3825 (TTY: 711), 8 a.m. to 8 p.m., seven 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:**

- Instructions for getting more information about the drugs on our *List of Covered Drugs*
- 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.

An up-to-date copy of the Member Handbook (Evidence of Coverage) is always available on our website at [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect). You may also call Customer Care at (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 **\$3.95** each time you get a generic drug that's covered by Blue Shield Promise Cal MediConnect Plan and no more than **\$9.85** 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 for 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](http://www.blueshieldca.com/promise/calmediconnect) or call Customer Care 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 Customer Care at (855) 905-3825, 8 a.m. to 8 p.m., seven days a week.
- Call 711 if you use TTY.
- Visit [www.blueshieldca.com/promise/calmediconnect](http://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 Promise Cal MediConnect 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 a.m. to 6 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 [www.medicare.gov](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 in order 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 need to let Health Care Options know which Medi-Cal managed care plan you want to join.

To do so, 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 do not want to be enrolled in Blue Shield Promise Cal MediConnect Plan and you want to join a Medi-Cal managed care plan. If you are not sure about which plan you want to join, they can tell you about other plans in your area.

### **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 a.m. to 5 p.m. Call 711 if you use TTY.
- If you need help enrolling in a Cal MediConnect or Medi-Cal 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.
- 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, 9 a.m. to 5 p.m. Call (855) 847-7914 if you use TTY.

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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 formats, such as large print, braille, or audio. Call (855) 905-3825 (TTY:711) toll-free, seven days a week from 8 a.m. to 8 p.m. The call is free.

#### **English:**

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 pm., seven days a week. The call is free.

#### **中文 (Chinese):**

请留意：如果您说中文，可以免费获得语言协助服务。请拨打 1-855-905-3825（听障和语障 专线：711），每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

#### **한국어 (Korean):**

주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-855-905-3825 (TTY: 711)번으로 주 7일, 오전 8시부터 오후 8시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

#### **Русский (Russian):**

ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-855-905-3825 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی (Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-855-905-3825 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

### भाषा (Hindi):

ध्यान: यदि आप भाषा बोलते हैं, तो आपके ललए भाषा सहायता सेवाएं ननि:शुल्क उपलब्ध हैं। फोन करना

1-855-905-3825 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फोन करना फ्री है।

### Lus Hmoob (Hmong):

LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau

1-855-905-3825 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

### Español (Spanish):

ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. 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.

### Tiếng Việt (Vietnamese):

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-855-905-3825 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày y trong tuần. Cuộc gọi na y miễn phí.

### Tagalog (Tagalog):

PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. 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.

### العربية (Arabic):

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-855-905-3825 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمة مجانية.

### ພາສາລາວ (Laotian):

ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ

1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

### 日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825 (TTY: 711) まで、お電話にてご連絡ください。毎日午前8時から午後8時まで受け付けています。通話は無料です。

### ภาษาไทย (Thai):

เรียน หากคุณพูดภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร

1-855-905-3825 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

**ਪੰਜਾਬੀ (Punjabi):**

ਸਾਵਯਾਨ : ਜੇ ਤੁਸੀਂ [ਪੰਜਾਬੀ] ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ  
1-855-905-3825 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ |711), ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਰਾਤ ਦੇ  
8 ਵਜੇ ਤਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫਰੀ ਹੈ |

**ខ្មែរ (Khmer):**

ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ  
1-855-905-3825 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ ហៅគឺឥតគិតថ្លៃទេ។

**Հայերեն (Armenian):**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվել են անվճար լեզվակազմակերպչական  
ծառայություններ: Զանգահարեք 1-855-905-3825 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր:  
Հեռախոսակազմակերպչական անվճար է:

**Українська (Ukrainian):**

ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні  
послуги мовної підтримки. Телефонуйте 1-855-905-3825 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок  
безкоштовний.

**Mienh (Mien):**

TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc  
nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh.  
Douc waac lorx taux 1-855-905-3825 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00  
ziangh hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se  
wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh..

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.

## Discrimination is Against the Law

Blue Shield Promise Cal MediConnect Plan complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people or treat them differently, on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability or physical disability.

Blue Shield Promise Cal MediConnect 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 Promise Cal MediConnect Plan Civil Rights Coordinator.

If you believe that Blue Shield Promise Cal MediConnect Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability or physical disability, you can file a grievance with:

Blue Shield Promise Cal MediConnect 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](mailto: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, (TTY 800-537-7697 )  
Complaint Portal: [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf)

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

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