

# 2022

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Annual Notice of Changes

Blue Shield Promise Cal MediConnect Plan  
(Medicare-Medicaid Plan)  
Los Angeles County

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association  
ANOC0148-EN-LA-1021



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Promise Health Plan



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)  
offered by Blue Shield of California Promise Health Plan

# Annual Notice of Changes for 2022

## Introduction

You are currently enrolled as a member of Blue Shield Promise Cal MediConnect Plan. Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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# A. Disclaimers

- 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 to read the Blue Shield Promise Cal MediConnect Plan Member Handbook.
- Blue Shield of California Promise Health 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 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, 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 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,



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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>

## B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you choose to leave Blue Shield Promise Cal MediConnect Plan, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 11).
- You will get your Medi-Cal benefits through a Medi-Cal managed care plan of your choice (refer to page 12 for more information).



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

## B1. Additional Resources

- **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 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.
- **中文 (Chinese):** 请注意: 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。
- **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 trong tuần. Cuộc gọi này miễn phí.
- **Tagalog (Tagalog – Filipino):** 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.
- **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.
- **Հայերեն (Armenian):** Ուշադրութեամբ խոսե՛ք խոսակցելու հայերեն, Ձեր տրամադրելի են անվճար լեզվական օգնության ծառայությունները: Ձանգահարե՛ք 1-855-905-3825 (TTY 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսագանգն անվճար է:
- **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.
- **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.
- **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 المكالمات مجانية.
- **ខ្មែរ (Khmer):** ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ ហៅ 1-855-905-3825 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ ហៅគឺឥតគិតថ្លៃទេ។
- **भाषा (Hindi):** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-855-905-3825 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री 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.
- **ພາສາລາວ (Laotian):** ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີຂໍ້ມູນການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ສະຍາໃຫ້ທ່ານ. ໂທຫາ ເບີ 1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈົ້າວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ສະຍາ.
- **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。



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- ภาษาไทย (Thai): เร็ยน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดย ไม่มีค่าใช้จ่าย 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 ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ [711], ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਰਾਤ ਦੇ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |
- 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 lungn ndorm mingh taux 8:00 ziangh hoc lungn 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.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 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 Customer Care. Your preferred language and format will be kept on file for future communications. To make any updates on your preferences, please contact Blue Shield Promise Cal MediConnect Plan.

## B2. Information about Blue Shield Promise Cal MediConnect Plan

- 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.
- Coverage under Blue Shield Promise Cal MediConnect Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/affordable-care-act/individuals-and-families](http://www.irs.gov/affordable-care-act/individuals-and-families) for more information on the individual shared responsibility requirement.
- Blue Shield Promise Cal MediConnect Plan is offered by Blue Shield of California Promise Health Plan. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Blue Shield of California Promise Health Plan. When it says “the plan” or “our plan,” it means Blue Shield Promise Cal MediConnect Plan.

## B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit and cost changes to make sure they will work for you next year.
  - Look in sections D1 for information about benefit and cost changes for our plan.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - » Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - » To get additional information on drug prices, visit [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage). (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
    - » Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with Blue Shield Promise Cal MediConnect Plan:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 10 to learn more about your choices.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.blueshieldca.com/promise/calmediconnect/directory](http://www.blueshieldca.com/promise/calmediconnect/directory). You may also call Customer Care at 1-855-905-3825 for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.


It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

## D. Changes to benefits and costs for next year

### D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

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 **If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

	2020 (this year)	2021 (next year)
<b>Emergency Care</b>	<p>You pay a <b>\$0</b> copay</p> <p>You pay a <b>\$0</b> copay worldwide emergency/urgent coverage</p> <p>\$25,000 plan coverage limit for emergency/urgent services outside the United States every year.</p>	<p>You pay a <b>\$0</b> copay</p> <p>You pay a <b>\$0</b> copay worldwide emergency/urgent coverage</p> <p>No plan coverage limit for emergency/urgent services outside the United States every year.</p>
<b>Multipurpose Senior Services Program (MSSP)</b>	You pay a <b>\$0</b> copay (Maximum plan benefit coverage amount of \$5,356.25 every year)	Not covered through our plan but we will still help coordinate access to these services for you.
<b>Over-the-Counter (OTC)</b>	<p>\$120 limit every 3 months</p> <p>You may place one order per quarter. Some limitations may apply. Refer to the OTC catalog for more information.</p>	<p>\$185 limit every 3 months</p> <p>You may place two orders per quarter. Some limitations may apply. Refer to the OTC catalog for more information.</p>
<b>Urgent care</b>	<p>You pay a <b>\$0</b> copay</p> <p>You pay a <b>\$0</b> copay worldwide emergency/urgent coverage</p> <p>\$25,000 plan coverage limit for emergency/urgent services outside the United States every year.</p>	<p>You pay a <b>\$0</b> copay</p> <p>You pay a <b>\$0</b> copay worldwide emergency/urgent coverage</p> <p>No plan coverage limit for emergency/urgent services outside the United States every year.</p>

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [www.blueshieldca.com/promise/calmediconnect/pharmacy](http://www.blueshieldca.com/promise/calmediconnect/pharmacy). You may also call Customer Care at 1-855-905-3825 TTY: 711, 8:00 a.m. to 8:00 p.m., seven days a week for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the "Drug List."

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Care at 1-855-905-3825 TTY: 711, 8:00 a.m. to 8:00 p.m., seven days a week or contact your care navigator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2022 Member Handbook* or call Customer Care at 1-855-905-3825 TTY: 711, 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
  - If you need help asking for an exception, you can contact Customer Care or your care navigator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care navigator.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first [90] days of the calendar year.
  - This temporary supply will be for up to one month supply. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
  - Requests for formulary exceptions must be submitted each year to the plan.

### Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under Blue Shield Promise Cal MediConnect Plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2022.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

### D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our 4 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2020 (this year)	2021 (next year)
<p><b>Drugs in Tier 1</b> (Preferred Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$1.30, or \$3.70 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$1.35, or \$3.95 per prescription.</b></p>



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

	2020 (this year)	2021 (next year)
<b>Drugs in Tier 3</b> <i>(Brand Drugs)</i> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0, \$4.00, or \$9.20 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0, \$4.00, or \$9.85 per prescription.</b>
<b>Drugs in Tier 4</b> <i>(Non-Medicare RX/Over-the-counter (OTC) drugs)</i> Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,050**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information how much you will pay for prescription drugs.

## D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,050** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

# E. How to choose a plan

## E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2022.

## E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

## How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan:

### 1. You can change to:

**A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)**

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For PACE inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/).

You will automatically be disenrolled from Blue Shield Promise Cal MediConnect Plan when your new plan's coverage begins.

### 2. You can change to:

**Original Medicare with a separate Medicare prescription drug plan**

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/).

You will automatically be disenrolled from Blue Shield Promise Cal MediConnect Plan when your Original Medicare coverage begins.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

**3. You can change to:****Original Medicare without a separate Medicare prescription drug plan**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/).

**Here is what to do:**

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/).

You will automatically be disenrolled from Blue Shield Promise Cal MediConnect Plan when your Original Medicare coverage begins.

**How you will get Medi-Cal services**

If you leave our Cal MediConnect plan, you will be enrolled in a Medi-Cal managed care plan of your choice. Your Medi-Cal services include most long-term services and supports and behavioral health care.

When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

# F. How to get help

## F1. Getting help from Blue Shield Promise Cal MediConnect Plan

Questions? We're here to help. Please call Customer Care at 1-855-905-3825 (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week. Calls to these numbers are free.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



### **Read your 2022 Member Handbook**

The *2022 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is available on our website at [www.blueshieldca.com/promise/calmediconnect/handbook](http://www.blueshieldca.com/promise/calmediconnect/handbook). You may also call Customer Care at 1-855-905-3825 to ask us to mail you a *2022 Member Handbook*.

### **Our website**

You can also visit our website at [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

## **F2. Getting help from the state enrollment broker**

The state enrollment broker, Health Care Options, can help you sign up for a Cal MediConnect health plan. They can also help you disenroll from a Cal MediConnect health plan. You can call Health Care Options at 1844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

## **F3. Getting help from the Cal MediConnect Ombuds Program**

The Cal MediConnect Ombuds Program can help you if you are having a problem with Blue Shield Promise Cal MediConnect Plan. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077.

## **F4. Getting help from the Health Insurance Counseling and Advocacy Program**

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/).



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

## F5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Medicare's Website

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

### Medicare & You 2022

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1800MEDICARE (18006334227), 24 hours a day, 7 days a week. TTY users should call 18774862048.

## F6. Getting help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-855-905-3825** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1877-688-9891**) for the hearing and speech impaired. The department's internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.



**If you have questions**, please 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. The call is free. **For more information**, visit [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



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