

2022

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
CMC-SOB-LA-SD-EN-1021



Promise Health Plan

2022

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*.

Table of Contents

Disclaimers.....	2	Your rights as a member of the plan.....	26
Frequently Asked Questions.....	5	How to file a complaint or appeal a denied service	28
Overview of Services	9	What to do if you suspect fraud	30
Services covered outside of Blue Shield Promise Cal MediConnect Plan	24		
Services that Blue Shield Promise Cal MediConnect Plan, Medicare, and Medi-Cal do not cover.....	25		



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.

Disclaimers



This is a summary of health services covered by Blue Shield Promise Cal MediConnect Plan for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

To get a *Member Handbook*, you can call, mail, or request a copy online.

By Telephone, call Customer Care at:

1-855-905-3825

TTY: 711

Hours: 8:00 a.m. - 8:00 p.m., seven days a week.

In Writing, mail a request to:

Blue Shield of California Promise Health Plan

Customer Care Operations

601 Potrero Grande Dr.

Monterey Park, CA 91755

Request Online, visit:

<https://promise.blueshieldca.com/ca/eapp?planType=cmc>

- 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 *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)



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.

- 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, 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.
- **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.



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.

- Հայերեն (Armenian): ՈՒՇԱՐԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրելի են անվճար լեզվական օգնության ծառայություններ: Չանգահարեք 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 المكالمة 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 दिनों। 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: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນເອົາທິດ. 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 หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่มุคนโดยไม่มีค่าใ้จ่าย โทร 1-855-905-3825 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใ้จ่าย
- ਪੰਜਾਬੀ (Punjabi): ਸਾਵਧਾਨ : 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 ਤਕ, 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.

You can get this document for free in other formats, such as large print, braille or audio. Call 1-855-905-3825 (TTY: 711), 8:00 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.



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.

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 Plan 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)?	<p>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.</p> <p>LTSS include the following programs: Community-Based Adult Services (CBAS) and long-term skilled nursing care provided by Nursing Facilities (NF).</p>
Will I get the same Medicare and Medi-Cal benefits in Blue Shield Promise Cal MediConnect Plan that I get now?	<p>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.</p> <p>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.</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.

Frequently Asked Questions (FAQ) Answers

Can I go to the same doctors I use now?

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.

- 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.

To find out if your doctors are in the plan’s network, call Customer Care or read Blue Shield Promise Cal MediConnect Plan’s *Provider and Pharmacy Directory* on the plan’s website at www.blueshieldca.com/promise/calmediconnect.

If Blue Shield Promise Cal MediConnect Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue using the doctors you use now for 12 months.

What happens if I need a service but no one in Blue Shield Promise Cal MediConnect Plan’s network can provide it?

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.

Where is Blue Shield Promise Cal MediConnect Plan available?

The service area for this plan includes: San Diego County and Los Angeles County*, CA. You must live in these areas to join the plan.

* Denotes partial county. Call Customer Care for more information about whether the plan is available where you live.

Do I pay a monthly amount (also called a premium) under Blue Shield Promise Cal MediConnect Plan?

You will not pay any monthly premiums to Blue Shield Promise Cal MediConnect Plan for your health coverage.



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.

Frequently Asked Questions (FAQ) Answers

What is prior authorization?

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 use an out-of-network provider. Blue Shield Promise Cal MediConnect Plan may not cover the service or drug if you do not get approval.

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.

Refer to Chapter 3, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.

What is a referral?

A referral means that your primary care physician (PCP) must give you approval before you can go to 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 use certain specialists, such as women's health specialists.

Refer to Chapter 3, of the *Member Handbook* to learn more about when you will need to get a referral from your PCP.

What is Extra Help?

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."

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.

Who should I contact if I have questions or need help?

(continued on the next page)

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 Customer Care:

CALL 1-855-905-3825

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.

Customer Care also has free language interpreter services available for people who do not speak English.



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.

Frequently Asked Questions (FAQ) Answers

Who should I contact if I have questions or need help?
(continued from previous page)

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. 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 Call 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 this number 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.



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.

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)
<p>You want a doctor (This service is continued on the next page)</p>	Visits to treat an injury or illness	\$0 copay	<p>You must go to network doctors, specialists, and hospitals.</p> <p>Authorization rules may apply.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
	Wellness visits, such as a physical	\$0 copay	<p>Annual wellness visit once every 12 months.</p> <p>You can get an annual checkup. This is to make or update a prevention plan based on your current risk factors. We will pay for this once every 12 months.</p>
	Transportation to a doctor's office	\$0 copay	<p>Non-Medical Transportation (NMT)</p> <p>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 Fee-For-Service delivery system. Arrangements for Non-Emergency Medical Transportation and Non-Medical Transportation are handled by Customer Care. You may call Customer Care 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)</p> <p>Authorization rules may apply.</p> <p>Referral requirements may apply.</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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor <i>(continued)</i>	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).
	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 <i>(This service is continued on the next page)</i>	Preferred Generic drugs (Tier 1)	0 copay for a 30 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 refer to 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.



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Generic drugs (Tier 2)</p>	<p>\$0, \$1.35, or \$3.95 copay for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<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>
	<p>Brand name drugs (Tier 3)</p>	<p>\$0, \$4.00, or \$9.85 copay for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to 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>



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.

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>	Non-Medicare RX / Over-the-counter (OTC) drugs (Tier 4)	\$0 copay for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to 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 their 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	Doctor and surgeon care is provided as part of your hospital stay.



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.

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	<p><u>Outpatient Rehabilitation:</u></p> <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	Authorization rules may apply. Referral requirements may apply.
	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 <i>(This service is continued on the next page)</i>	Eye exams	\$0 copay	<p>One routine eye exam every year 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. 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>



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.

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 24 months. <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).</p> <p>We will also pay for corrective lenses, frames, and replacements, if you need them after a cataract removal without a lens implant.</p>
You need hearing or auditory services	Hearing screenings	\$0 copay	<p>Exam to diagnose and treat hearing and balance issues.</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
	Hearing aids	\$0 copay	<p>Our plan pays up to \$2,000 every year for hearing aids. Hearing aid coverage is for both ears.</p> <p>In addition to the above supplemental benefit, Medi-Cal may cover up to \$1,510 worth of hearing aid benefits every fiscal year (July 1 – June 30).</p> <p>Authorization rules may apply. Referral requirements may apply.</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.

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 chronic condition, such as diabetes or heart disease</p>	<p>Services to help manage your disease</p>	<p>\$0 copay</p>	<p>Authorization rules may apply.</p>
	<p>Diabetes supplies and services</p>	<p>\$0 copay</p>	<p>Diabetes monitoring supplies, self-management training, and therapeutic shoes or inserts.</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0 copay</p>	<p>Coverage includes:</p> <ul style="list-style-type: none"> • Outpatient individual and group therapy visits; • Outpatient individual and group visits with a psychiatrist; • Partial hospitalization program services. <p>Prior authorization rules may apply.</p>
<p>You have a substance abuse problem</p>	<p>Substance abuse services</p>	<p>\$0 copay</p>	<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>



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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 plan 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 plan.</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 received in an Institute for Mental Diseases (IMD).</p>
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 <i>(This service is continued on the next page)</i>	Meals brought to your home	\$0 copay	<p>This service is only available to beneficiaries on the Multipurpose Senior Services Program (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>



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home <i>(continued)</i></p>	<p>Home services, such as cleaning or housekeeping</p>	<p>\$0 copay</p>	<p>For In-Home Supportive Services (IHSS) and Multipurpose Senior Services Program (MSSP) waiver eligible members:</p> <p>We will coordinate 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 and approved by County social worker, you may get up to 283 hours of IHSS every month.</p> <p>The types of MSSP services which can be include:</p> <ul style="list-style-type: none"> • Personal Care Services • Environmental Accessibility Adaptations • Housing Assistance/Minor Home repair. Etc. • Chore Services • Meal Services • Protective Supervision <p>State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply</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.

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>	Changes to your home, such as ramps and wheelchair access	\$0 copay	This service is only available to: Beneficiaries on the Multipurpose Senior Services Program (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.
	Home health care services	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Adult day services or other support services	\$0 copay	This service is only available to: <ul style="list-style-type: none"> • Beneficiaries on the Multipurpose Senior Services Program (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). State eligibility requirements may apply. Authorization rules may apply. Referral requirements may apply.
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. Contact Blue Shield Promise Cal MediConnect Plan for details.



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0 copay	<p>Authorization rules may apply. Referral requirements apply.</p> <p>Contact Blue Shield Promise Cal MediConnect Plan for details.</p>
Additional covered services (This service is continued on the next page)	Annual Physical Exam	\$0 copay	<p>You are covered for one routine physical exam every 12 months in addition to your annual wellness visit. This visit includes a comprehensive review of your medical and family history, a detailed head to toe assessment and other services, referrals and recommendations that may be appropriate.</p> <p>Any lab, diagnostic procedures, or other types of services ordered are not covered under this benefit and you pay your plan cost-sharing amount for each of those services separately.</p>
	Health Club Membership and Fitness Classes	\$0 copay	<p>You will get access to the following:</p> <p>SilverSneakers® Fitness</p> <p>Exercise, education and social activities with access to:</p> <ul style="list-style-type: none"> • Thousands of fitness locations nationwide that you can use anytime. • Exercise equipment and SilverSneakers classes. • Social events and activities. • SilverSneakers FLEXTM classes such as yoga, Latin dance, and tai chi. <p>Feel like you're at class, without leaving home with SilverSneakers Life.</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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services <i>(continued)</i>	Home meal delivery	\$0 copay	For individuals upon discharge from an inpatient hospital or skilled nursing facility, we cover: <ul style="list-style-type: none"> • 22 meals and 10 snacks per discharge • Coverage is limited to a frequency of two times per year • Meals and snacks will be divided into up to three separate deliveries as needed
	World Wide Emergency/Urgent Coverage	\$0 copay	\$0 copay worldwide emergency/urgent coverage. No plan coverage limit for emergency or urgently needed services received anywhere outside of the United States every calendar year.
	Over-the-Counter (OTC) Items	\$0 copay	You have an allowance of \$185 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, 2022.
	Personal Emergency Response System (PERS)	\$0 copay	PERS is a medical alert monitoring system that provides access to help 24/7, at the push of a button.
	Incontinence Cream and Diapers	\$0 copay	Authorization rules may apply. Referral requirements may apply.



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services <i>(continued)</i>	<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 	\$0 copay	<p>Authorization rules may apply.</p> <p>Referral requirements may apply.</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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services <i>(continued)</i>	<ul style="list-style-type: none"> 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 no more than 180 days before the date of surgery.) Genetic counseling 	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Counseling to Stop Smoking or Tobacco Use <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 	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	Health and Wellness Education Programs <ul style="list-style-type: none"> Health Education classes Nutrition Education classes 	\$0 copay	Authorization rules may apply. Referral requirements may apply.
	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.



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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services <i>(continued)</i>	Care Plan Option (CPO) services	\$0 copay	<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 receive under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your care navigator. <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. <p>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 navigator.</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.

Services covered outside of Blue Shield Promise Cal MediConnect Plan

This is not a complete list. Call Customer Care 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 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 the Medi-Cal Dental Program.



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.

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

This is not a complete list. Call Customer Care 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.



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.

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 change your PCP at any time during the year
 - Use 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



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.

- **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) 8:00a.m. to 8:00 p.m., seven days a week if you need help with this service
- **You have the right to 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
 - Use 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website (www.dmhca.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 Customer Care.



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.

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 Care.

Call Blue Shield Promise Cal MediConnect Plan Customer Care:
Phone: (855) 905-3825 (TTY: 711) 8:00 a.m. to 8:00 p.m., seven days a week

Send a fax to Blue Shield of California Promise Health Plan:
Fax: (323) 889-5049

Online: www.blueshieldca.com/promise/calmediconnect

Write to Blue Shield of California Promise Health Plan at this address:
Blue Shield of California Promise Health Plan
Member Appeals and Grievances (Complaints) Department
601 Potrero Grande Dr.
Monterey Park, CA 91755

You can ask for an Independent Medical Review (IMR) within 6 months after we send you a written decision. You may ask for an IMR from the Help Center at the California Department of Managed Health Care (DMHC). An IMR is available for any Medi-Cal covered service or item that is medical in nature. An IMR is a review of your case by doctors who are not part of our plan. If the IMR is decided in your favor, we must give you the service or item you requested. You pay no costs for an IMR.

To request an IMR:

- Fill out the Complaint/Independent Medical Review (IMR) Application Form available at the Department of Managed Health Care (DMHC) website or call the DMHC Help Center at (888) 466-2219 (TDD: (877) 688-9891).
- If you have them, attach copies of letters or other documents about the service or item that we denied. This can speed up the IMR process. Send copies of documents, not originals. The Help Center cannot return any documents.
- Fill out the Authorized Assistant Form if someone is helping you with your IMR appeal.
- You can get the form at the DMHC website or by calling the DMHC Help Center at (888) 466-2219 (TDD: (877) 688-9891).
- Mail or fax your forms and any attachments to:
Fax: (916) 255-5241
Help Center Department of Managed Health Care
980 Ninth Street, Suite 500
Sacramento, CA 95814-2725



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.

You can request a State Fair Hearing for Medi-Cal covered services and items (including IHSS). In most cases you must first file an appeal with the plan before requesting a State Fair Hearing. If your doctor or other provider asks for a service or item that we will not approve, or we will not continue to pay for a service or item you already have, you have the right to ask for a State Fair Hearing.

In most cases you have 120 days to ask for a State Fair Hearing after the "Your Hearing Rights" notice is mailed to you. You have a much shorter time to ask for a hearing if your benefits are being changed or taken away.

You can ask for a State Fair Hearing via a phone call, fax, mail, email or online:

Phone: (800) 743-8525 (TDD: (800) 952-8349)

Fax: (833) 281-0905

Email: SCOPEOFBENEFITS@DSS.CA.GOV

Online: www.cdss.ca.gov

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, California 94244-2430



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.

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 Customer Care. 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.



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.



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

blueshieldca.com/promise/calmediconnect