

Blue Shield of California

Medicare Advantage Prescription Drug Plans

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at **(800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, year-round

Understanding the benefits

- Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services that you routinely see a doctor. Visit blueshieldca.com/medmapd2022 or call Customer Care at **(800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, year-round, to view a copy of the EOC.

- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

- Review the drug formulary to make sure the medications or acceptable alternatives you need are covered on our drug list. This list explains which drugs are covered, so you can discuss medication options with your doctor. Generally, generic drugs have a lower copayment than brand-name drugs.

Understanding important rules

- If you're enrolling in a plan with a monthly premium:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2022.

- If you're enrolling in an HMO plan:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

- If you're enrolling in a PPO plan:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an **emergency or urgent situations**, non-contracted providers may deny care. In addition, you may pay a higher out-of-pocket cost for services received by non-contracted providers.

- For HMO D-SNP plans:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Out-of-network/non-contracted providers are under no obligation to treat Blue Shield Medicare members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 [TTY: 711].

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al 1-800-776-4466 (TTY: [711]).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-776-4466 (TTY: 711)。

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