

# 2023 Summary of Benefits

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## Blue Shield TotalDual Plan (HMO D-SNP)

**Medicare Advantage Prescription Drug Plan**

Los Angeles and San Diego Counties

# Blue Shield TotalDual Plan (HMO D-SNP) | 2023 Summary of Benefits

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8 a.m. to 8 p.m., seven days a week. The call is free.  
**For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).

Introduction

This document is a brief summary of the benefits and services covered by Blue Shield TotalDual 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 TotalDual Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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## A. Disclaimers



This is a summary of health services covered by Blue Shield TotalDual Plan for 2023. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the *Evidence of Coverage* (EOC) at [blueshieldca.com/MAPDdocuments2022](https://blueshieldca.com/MAPDdocuments2022) or by calling Customer Care at 1-800-452-4413 (TTY:711), 8 a.m. to 8 p.m., seven days a week. Note: The EOC will be available on our website by October 15, 2022.

- ❖ Blue Shield of California is an HMO and an HMO D-SNP plan with a Medicare contract. The plan also has a written agreement with the California Medi-Cal (Medicaid) program to coordinate your Medi-Cal (Medicaid) benefits.
- ❖ **Blue Shield TotalDual Plan** includes Part D coverage, which provides prescription drug coverage, offering you the convenience of having both your medical and prescription drugs covered through one plan.
- ❖ To join **Blue Shield TotalDual Plan**, you must have both Medicare Part A and Medicare Part B, be eligible for Medi-Cal (Medicaid), and live in our service area. **Our service area includes Los Angeles and San Diego Counties.**
- ❖ Our plan Provider Directory is located on our website at [blueshieldca.com/find-a-doctor](https://blueshieldca.com/find-a-doctor).
- ❖ Our plan Pharmacy Directory is located on our website at [blueshieldca.com/medpharmacy2023](https://blueshieldca.com/medpharmacy2023).
- ❖ To get the most complete and current information about which drugs are covered, you can visit our website at [blueshieldca.com/medformulary2023](https://blueshieldca.com/medformulary2023).
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](https://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov](https://www.dhcs.ca.gov)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.



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- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- ❖ The company 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. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- ❖ When this document says “we,” “us,” or “our,” it means California Physicians’ Service (dba Blue Shield of California). When it says “plan” or “our plan,” it means Blue Shield TotalDual Plan.
  - Attention: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
  - Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) de 8:00 a.m. a 8:00 p.m., los 7 días de la semana.
  - 繁體中文 (Chinese): 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 Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) 每週七天辦公，早上 8:00 點至晚上 8:00 點或。
  - Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) 8 giờ sáng–8 giờ tối, 7 ngày trong tuần. HOẶC Ban.
  - Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711)
  - 한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711)번으로 전화해 주십시오, 오후 8 시, 7 일 주일 오전 8 시.



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

- Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք Blue Shield TotalDual Plan 1-800-452-4413 (TTY (հեռատիպ)` 711)
- فارسی (Persian/Farsi for Blue Shield TotalDual Plan Members):  
 بگیرید تماس 1-800-452-4413 (TTY: 711) با. باشد می فراهم شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه توجه
- Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Blue Shield TotalDual Plan 1-800-452-4413 (телетайп: 711).
- 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。Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711) まで、お電話にてご連絡ください。
- العربية (Arabic):  
 1-800-452-4413 Blue Shield TotalDual Plan (711) واليكم الصم هاتف رقم) برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا :ملحوظة (711: واليكم الصم هاتف رقم)
- ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ខ្មែរ (Cambodian/Khmer): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយឥតគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711)។
- Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711).
- हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711) पर कॉल करें।
- ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711).



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

- Blue Shield TotalDual Plan 1-800-452-4413 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر :خبردار (Urdu) اُردو (TTY:711).
- You can get this document for free in other formats, such as large print, braille or audio. Call 1-800-452-4413 (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 TotalDual 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 TotalDual Plan Customer Care.



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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Medicare-Medi-Cal Plan?</b>	A Medicare Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. A Medicare Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
<b>Will I get the same Medicare and Medi-Cal benefits in Blue Shield TotalDual Plan that I get now? (continued on the next page)</b>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Blue Shield TotalDual 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 based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Blue Shield TotalDual 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.</p> <p>If you are taking any Medicare Part D prescription drugs that Blue Shield TotalDual 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 TotalDual Plan to cover your drug if medically necessary.</p>



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Frequently Asked Questions	Answers
<p><b>Will I get the same Medicare and Medi-Cal benefits in Blue Shield TotalDual Plan that I get now? (continued)</b></p>	<p>Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.</p> <p>For more information, call Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week.</p>
<p><b>Can I go to the same doctors I use now? (continued on the next page)</b></p>	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Blue Shield TotalDual Plan and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Blue Shield TotalDual Plan’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> </ul>



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Frequently Asked Questions	Answers
Can I go to the same doctors I use now? (continued)	<ul style="list-style-type: none"> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Shield TotalDual Plan's plan.</li> <li>• If you are currently under treatment with a provider that is out of Blue Shield TotalDual Plan's network, or have an established relationship with a provider that is out of Blue Shield TotalDual Plan's network, call Customer Care to check about staying connected. If you have had a non-emergency visit to a primary or specialty care provider once during the last 12 months prior to your enrollment into our plan, you and your provider can request Continuity of Care. If your provider is willing to accept our plan's payment rates and does not have any documented quality issues that prevent us from paying them, then you can continue to receive care from this primary or specialty care provider for an additional 12 months after enrolling into our plan. You, your provider, or your authorized representative can request continuity of care to continue treatment, call Customer Care to find out more and initiate your request.</li> </ul> <p>To find out if your doctors are in the plan's network, call Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week or read Blue Shield TotalDual Plan's <i>Provider Directory</i> on the plan's website at <a href="http://blueshieldca.com/medicare">blueshieldca.com/medicare</a>.</p> <p>If Blue Shield TotalDual Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>
What is a Blue Shield TotalDual Plan care coordinator?	A Blue Shield TotalDual Plan care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.



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Frequently Asked Questions	Answers
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, 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. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
<b>What is a Multipurpose Senior Services Program (MSSP)?</b>	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides, and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
<b>What happens if I need a service but no one in Blue Shield TotalDual Plan's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Blue Shield TotalDual Plan will pay for the cost of an out-of-network provider.
<b>Where is Blue Shield TotalDual Plan available?</b>	The service area for this plan includes: Los Angeles and San Diego Counties, California. You must live in one of these areas to join the plan.
<b>What is prior authorization? (continued on the next page)</b>	<p>Prior authorization means an approval from Blue Shield TotalDual Plan to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Blue Shield TotalDual Plan may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> Blue Shield TotalDual Plan can provide you or your provider with a list of services or procedures that require you to get prior authorization from Blue Shield TotalDual Plan before the service is provided. If you have questions about whether prior authorization is required for</p>



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Frequently Asked Questions	Answers
<b>What is prior authorization? (continued)</b>	specific services, procedures, items, or drugs, call Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week for help.
<b>What is a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Blue Shield TotalDual Plan may not cover the services. Blue Shield TotalDual Plan can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Evidence of Coverage</i> to learn more about when you will need to get a referral from your PCP.</p>
<b>Do I pay a monthly amount (also called a premium) under Blue Shield TotalDual Plan?</b>	No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of Blue Shield TotalDual Plan?</b>	No. You do not pay deductibles in Blue Shield TotalDual Plan.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Blue Shield TotalDual Plan?</b>	There is no cost sharing for medical services in Blue Shield TotalDual Plan, so your annual out-of-pocket costs will be \$0.



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Frequently Asked Questions	Answers
<b>What member identification cards should I show to my providers or pharmacists?</b>	You should always carry the Blue Shield TotalDual Plan identification card you receive from us and your Medi-Cal Beneficiary Identification (BIC) that you receive from the Department of Health Care Services. Your Blue Shield TotalDual Plan identification card will work for all benefits and services covered by your Blue Shield TotalDual Plan and your Blue Shield Promise Medi-Cal plan. There are certain Medi-Cal services that are provided by other resources like Medi-Cal RX, the Multipurpose Senior Services Program, In-Home Supportive Services, and Medi-Cal dental coverage. We will work with these other resources to help coordinated access to their services, but you should always carry both identification cards with you just in case.
<b>What should I do if a provider tries to bill me for a covered service?</b>	Do NOT pay the bill. Call Blue Shield TotalDual Plan Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week, and we will work with your provider, so you do not have to pay anything.



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### C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Blue Shield TotalDual 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	Doctor and surgeon care is provided as part of your hospital stay.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b> (continued on the next page)	Visits to treat an injury or illness	\$0	<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>
	Specialist care	\$0	<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	<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>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	<p>Applies to all preventive services covered under Original Medicare or Medi-Cal.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor (continued)</b>	“Welcome to Medicare” (preventative visit one time only)	\$0	<p>We cover the one-time “Welcome to Medicare” preventive visit. The visit includes:</p> <ul style="list-style-type: none"> <li>• A review of your health,</li> <li>• Education and counseling about the preventive services you need (including screenings and shots), and</li> <li>• Referrals for other care if you need it.</li> </ul> <p>Note: We cover the “Welcome to Medicare” preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor’s office you want to schedule your “Welcome to Medicare” preventive visit.</p>
<b>You need emergency care (continued on the next page)</b>	Emergency room services	\$0	<p>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 TotalDual Plan’s network and without prior authorization.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued)</b>	Urgent care	\$0	This is <b>NOT</b> 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 TotalDual Plan's network and without prior authorization.
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Authorization rules may apply. Referral requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	\$0	Authorization rules may apply. Referral requirements may apply.
<b>You need hearing/auditory services (continued on the next page)</b>	Hearing screenings	\$0	Exam to diagnose and treat hearing and balance issues. Authorization rules may apply. Referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing/auditory services (continued)</b>	Hearing aids	\$0	Our plan will reimburse you up to \$2,000 every year for hearing aids. Hearing aid coverage is for both ears. You may go to a provider of your choice to obtain hearing aids and pay the provider directly
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	Blue Shield offers dental services that are not covered by the Medi-Cal dental program. For more information on what Blue Shield covers and how it coordinates with Medi-Cal dental, refer to Chapter 4 of the Member Handbook.  For more information on Medi-Cal dental benefits please visit <a href="https://smilecalifornia.org">https://smilecalifornia.org</a>
	Restorative and emergency dental care	\$0	Blue Shield offers dental services that are not covered by the Medi-Cal dental program. For more information on what Blue Shield covers and how it coordinates with Medi-Cal dental, refer to Chapter 4 of the Member Handbook.  For more information on Medi-Cal dental benefits please visit <a href="https://smilecalifornia.org">https://smilecalifornia.org</a>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b> (continued on the next page)	Eye exams	\$0	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 (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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>	Glasses or contact lenses	\$0	<p>We will pay up to \$300 for eyeglasses (frames and lenses) or contact lenses every year.</p> <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. If you choose contact lenses or eyeglasses (frames or lenses) priced above \$300, you are responsible for the difference.</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>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>	Glasses or contact lenses	\$0	<p>We will pay up to \$300 for eyeglasses (frames and lenses) or contact lenses every year.</p> <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. If you choose contact lenses or eyeglasses (frames or lenses) priced above \$300, you are responsible for the difference.</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>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need mental health services</b>	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	<p>Covered services include mental health care services that require a hospital stay.</p> <p>Medicare covers up to 90 days of medically necessary hospitalization for each benefit period and Medi-Cal covers unlimited, medically necessary days.</p> <p>Medicare also covers up to 60 additional lifetime reserve days that can be used only once per lifetime for care provided in either in an acute care hospital or psychiatric hospital.</p> <p>Medicare covers up to 40 additional days in a Psychiatric hospital once during your lifetime, and Medi-Cal covers unlimited, medically necessary days.</p> <p>Prior authorization rules may apply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	<p>We will pay for the following services, and maybe other services not listed below:</p> <ul style="list-style-type: none"> <li>• Alcohol misuse screening and counseling</li> <li>• Treatment of drug abuse</li> <li>• Group or individual counseling by a qualified clinician</li> <li>• Subacute detoxification in a residential addiction program</li> <li>• Alcohol and/or drug services in an intensive outpatient treatment center</li> <li>• Extended-release Naltrexone (vivitrol) treatment</li> </ul> <p>Prior authorization rules may apply. Referral requirements may apply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Blue Shield TotalDual Plan covers an unlimited number of days in a Skilled Nursing Facility (SNF).  Authorization rules may apply. Referral requirements may apply.
	Nursing home care	\$0	Authorization rules may apply. Referral requirements may apply.  Contact Blue Shield TotalDual Plan for details.
	Adult Foster Care and Group Adult Foster Care	\$0	Authorization rules may apply. Referral requirements may apply.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Authorization rules may apply. Referral requirements may apply.
<b>You need help getting to health services (continued on the next page)</b>	Ambulance services	\$0	Authorization rules may apply.
	Emergency transportation	\$0	Authorization rules may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services (continued)</b>	Transportation to medical appointments and services	\$0	Authorization rules may apply.
<b>You need drugs to treat your illness or condition (continued on the next page)</b>	Medicare Part B prescription drugs	\$0	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>Evidence of Coverage</i> for more information on these drugs. Show your provider or pharmacist both your Blue Shield TotalDual Plan and Medi-Cal Beneficiary ID cards.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Tier 1: Preferred Generic drugs (includes preferred generic drugs)	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.</p> <p>You may get your drugs at network retail and mail service pharmacies.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Tier 2: Generic Drugs (includes generic drugs)	\$0, \$1.45, or \$4.15	<p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service 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 for an extended day supply. Please contact the plan for more information.</p> <p>You may get your drugs at network retail and mail service pharmacies.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Tier 3: Preferred Brand Drugs (includes preferred brand name and some generic drugs)	\$0, \$4.30, or \$10.35	<p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service 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 for an extended day supply. Please contact the plan for more information.</p> <p>You may get your drugs at network retail and mail service pharmacies.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Tier 4: Non-Preferred Drugs (includes non-preferred brand name and some generics drugs)	\$0, \$4.30, or \$10.35	<p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service 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 and mail service pharmacies.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Tier 5: Specialty Tier Drugs (Includes very high-cost brand name and generic drugs which may require special handling and/or close monitoring)	\$0, \$4.30, or \$10.35	<p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>All drugs on this tier are NOT available for an extended day supply. Please contact the plan for more information.</p> <p>You may get your drugs at network retail and mail service pharmacies.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Over-the-counter (OTC) drugs	\$0	<p>You are entitled to a quarterly allowance of \$200 for OTC drugs and supplies.</p> <p>Items such as aspirin, vitamins, cold and cough preparations, and bandages are covered under this benefit. Items such as cosmetics and food supplements are not covered under this benefit.</p> <p>The OTC items catalog and ordering instructions are available online at <a href="https://www.blueshieldca.com/medicareOTC">blueshieldca.com/medicareOTC</a> web link. You can order items by phone at (888) 628-2770 (TTY:711) Monday through Friday between 9 a.m. and 5 p.m., or online at <a href="https://www.blueshieldca.com/medicareOTC">blueshieldca.com/medicareOTC</a> web link. Orders will be shipped to you at no extra charge. Please allow approximately 14 business days for delivery.</p> <p>This benefit becomes effective the first day of each quarter: (January 1, April 1, July 1, and October 1). You can place two orders per quarter and cannot roll over your</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>			<p>unused allowance into the next quarter.</p> <p>Some limitations may apply. Refer to the OTC Items Catalog for more information.</p> <p>Some over-the-counter items and supplies may also be available through Medi-Cal RX. To find out if an item is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 1-800-977-2273 (TTY 800-977-2273 and press 5 or 711) or visit the Medi-Cal Rx website at <a href="https://medi-calrx.dhcs.ca.gov/home">https://medi-calrx.dhcs.ca.gov/home</a>.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	<p>Covered services include: physical therapy, occupational therapy, and speech language therapy.</p> <p>Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs).</p> <p>Authorization rules may apply. Referral requirements may apply.</p>
	Medical equipment for home care	\$0	<p>Authorization rules may apply. Referral requirements may apply.</p>
	Dialysis services	\$0	<p>Authorization rules may apply. Referral requirements may apply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need foot care</b>	Podiatry services	\$0	Authorization rules may apply. Referral requirements may apply.
	Orthotic services	\$0	Authorization rules may apply. Referral requirements may apply.
<b>You need durable medical equipment (DME)</b>  <b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Customer Care or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply. Referral requirements may apply.
	Nebulizers	\$0	Authorization rules may apply. Referral requirements may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply. Referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued on the next page)</b>	Home health services	\$0	Authorization rules may apply. Referral requirements may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	If you need additional assistance at home, contact our Blue Shield TotalDual Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you to In-Home Supportive Services and Community Supports that provide you with more services to keep you safe and healthy at home.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	If you need adult day health or CBAS services, contact our Blue Shield TotalDual Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you to what you need.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	If you need In-Home Supportive Services, contact our Blue Shield TotalDual Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you and help you apply for In-Home Supportive Services..



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued on the next page)</b>	Chiropractic services	\$0 (per visit for up to 12 visits per year)	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Initial and subsequent examinations</li> <li>• Office visits and chiropractic adjustments</li> <li>• Adjunctive therapies</li> <li>• X-rays and laboratory tests (chiropractic only)</li> </ul> <p>Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans). For more information, or to locate an ASH Plans participating provider you may call ASH Plans at (800) 678-9133, TTY: (877) 710-2746, Monday through Friday, 5 a.m. to 6 pm. You can also call Blue Shield Customer Care or go to Find a Doctor on <a href="https://www.blueshieldca.com/find-a-doctor">blueshieldca.com/find-a-doctor</a> to locate an ASH Plans participating provider.</p>
	Diabetes supplies and services	\$0	Show your provider or pharmacist both your Blue Shield TotalDual Plan and Medi-Cal Beneficiary ID cards.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Home meal delivery	\$0	<p>Upon discharge from an inpatient hospital or skilled nursing facility stay, we cover:</p> <ul style="list-style-type: none"> <li>• 22 meals and 10 snacks per discharge</li> <li>• Meals and snacks will be divided into up to three separate deliveries as needed</li> <li>• Coverage is limited to two discharges per year</li> </ul> <p>For more information, call Blue Shield TotalDual Plan Customer Care at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.</p>
	NurseHelp 24/7	\$0	<p>Have a confidential one-on-one online dialogue with a registered nurse, 24 hours a day. When you have a medical concern, one call to our toll-free hotline puts you in touch with a registered nurse who will listen to your concerns and help you toward a solution.</p> <p>Call 1-877-304-0504 (TTY: 711)</p> <p>24 hours a day, 7 days a week.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Personal Emergency Response System (PERS) – a medical alert monitoring system that provides access to help 24/7, at the push of a button. Your PERS benefits are provided by LifeStation®.	\$0	<ul style="list-style-type: none"> <li>• One personal emergency response system</li> <li>• Choice of an in-home system or mobile device with GPS/Wi-Fi</li> <li>• Monthly monitoring</li> <li>• Necessary chargers and cords</li> </ul>
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	SilverSneakers Fitness	\$0	
	Worldwide Emergency/Urgent coverage	\$0	There is no combined annual limit for covered emergency care or urgently needed care services outside the United States and its territories.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Blue Shield TotalDual Plan *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Blue Shield TotalDual Plan Customer Care at 1-800-452-4413 (TTY: 711) to get one. If you have questions, you can also call Customer Care or visit [blueshieldca.com/medicare](https://www.blueshieldca.com/medicare).



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D. Benefits covered outside of Blue Shield TotalDual Plan

There are some services that you can get that are not covered by Blue Shield TotalDual Plan but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Customer Care at 1-800-452-4413 (TTY: 711) to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Medi-Cal Dental</p> <p>Medi-Cal (through the Medi-Cal Dental Program) covers some dental services, if you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at <a href="https://www.dental.dhcs.ca.gov">https://www.dental.dhcs.ca.gov</a> or <a href="https://smilecalifornia.org">https://smilecalifornia.org</a>.</p>	<p>\$0</p>



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).



Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p data-bbox="107 264 579 297">In-Home Supportive Services (IHSS)</p> <p data-bbox="107 329 1188 492">The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be 65 year of age and over, or disabled, or blind. Disabled children are also potentially eligible for IHSS. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.</p> <p data-bbox="107 532 1230 727">The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Contact Blue Shield TotalDual Plan Customer Care or Care Coordinators to see if you're eligible for these services and to get connected.</p>	<p data-bbox="1346 264 1377 297">\$0</p>
<p data-bbox="107 828 716 860">Multipurpose Senior Services Program (MSSP)</p> <p data-bbox="107 889 1230 1084">The Multipurpose Senior Services Program (MSSP) Waiver provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes. Contact Blue Shield TotalDual Plan Customer Care or Care Coordinators to see if you're eligible for these services and to get connected.</p>	<p data-bbox="1346 828 1377 860">\$0</p>



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Specialty mental health (SMH)</p> <p>Some mental health services are provided by county mental health plans instead of Blue Shield. These include specialty mental health services (SMHS) for MediCal members who meet medical necessity rules. To learn more about specialty mental health services, the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, visit <a href="https://dhcs.ca.gov/individuals/Pages/MHPContactList.aspx">dhcs.ca.gov/individuals/Pages/MHPContactList.aspx</a>.</p>	\$0
<p>Substance User Disorder Services (SUD)</p> <p>The county provides substance use disorder services to Medi-Cal members who meet medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit <a href="https://dhcs.ca.gov/individuals/Pages/SUDCountyAccessLines.aspx">https://dhcs.ca.gov/individuals/Pages/SUDCountyAccessLines.aspx</a>.</p>	\$0
<p>Regional Centers</p> <p>Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide local resources to help find and access the many services available to individuals and their families. California has 21 regional centers with more than 40 offices located throughout the state that serve individuals with developmental disabilities and their families. To access the Directory of Regional Centers, go to this website: <a href="http://www.dds.ca.gov">www.dds.ca.gov</a>.</p>	\$0



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Prescriptions covered by Medi-Cal RX</p> <p>Some prescription drugs given by a pharmacy or provider are covered by Medi-Cal Rx, a Medi-Cal FFS program. Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours. To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711), visit the Medi-Cal Rx website at <a href="https://medi-calrx.dhcs.ca.gov/home">https://medi-calrx.dhcs.ca.gov/home</a>.</p>	\$0
Certain hospice care services covered outside of Blue Shield TotalDual Plan	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

E. Services that Blue Shield TotalDual Plan, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Customer Care at 1-800-452-4413 (TTY: 711) to find out about other excluded services.

Services Blue Shield TotalDual Plan, Medicare, and Medi-Cal do not cover	
Services considered not “reasonable and medically necessary,” according to Medicare and Medi-Cal standards, unless we list these as covered services.	Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your Member Handbook for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.
Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.	A private room in a hospital, except when medically necessary.
Private duty nurses	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.

F. Your rights as a member of the plan

As a member of Blue Shield TotalDual 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 *Evidence of Coverage*. 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 medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion
- **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 language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **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 health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Blue Shield TotalDual Plan will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **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



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization 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
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website ([www.dmhc.ca.gov](http://www.dmhc.ca.gov)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Appeal certain decisions made by DMHC or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Evidence of Coverage. If you have questions, you can call Blue Shield TotalDual Plan Customer Care at 1-800-452-4413 (TTY: 711).

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

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## G. How to file a complaint or appeal a denied service

If you have a complaint or think Blue Shield TotalDual Plan should cover something we denied, call Customer Care at 1-800-452-4413 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Blue Shield TotalDual Plan Customer Care at 1-800-452-4413 (TTY: 711).

Contact the California Department of Managed Health Care for free help. The DMHC is responsible for regulating health plans. The DMHC helps people with appeals about Medi-Cal services or billing problems. The phone number is 1-888-466-2219. Individuals who are deaf, hard of hearing, or speech-impaired can use the toll-free TDD number, 1-877-688-9891.

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## H. 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 TotalDual Plan Customer Care at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare)
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Blue Shield TotalDual Plan Customer Care:**

1-800-452-4413

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

Customer Care also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

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:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call the Blue Shield of California Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The numbers for the Blue Shield of California Nurse Advice Line are:

(877) 304-0504

Calls to this number are free. 24 hours a day, 7 days a week.

Blue Shield TotalDual Plan also has free language interpreter services available for non-English speakers.

TTY: 711

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

This number is for people who have hearing or speaking problems.

**If you need immediate behavioral health care, please call the Los Angeles County Access and Crisis Line:**

1-800-854-7771

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

We also have free language interpreter services available for non-English speakers.

**If you need immediate behavioral health care, please call the San Diego County Access and Crisis Line:**

1-888-724-7240

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

TTY: 711

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

We also have free language interpreter services available for non-English speakers.



**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (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/medicare](http://www.blueshieldca.com/medicare).





## NONDISCRIMINATION NOTICE

Discrimination is against the law. 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 does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California 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 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 Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
Phone: (844) 831-4133 (TTY: 711)  
Fax: (844) 696-6070  
Email: [BlueShieldCivilRightsCoordinator@blueshieldca.com](mailto:BlueShieldCivilRightsCoordinator@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>.

## MULTI-LANGUAGE INSERT

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-452-4413. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-452-4413. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-452-4413。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-452-4413。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-452-4413. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-452-4413. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-452-4413. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-452-4413. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول

ليس عليك سوى الاتصال بنا على 1-800-452-4413. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

**Hindi** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-452-4413 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian** E' disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-452-4413. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-452-4413. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-452-4413. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-452-4413. Ta usługa jest bezpłatna.

**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-452-4413 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm pab li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau pab ntawm 1-800-452-4413. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਆਰੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մենք մոտ հասնելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



## LANGUAGE ASSISTANCE NOTICE

**English ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

**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 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

**한국어 Korean** 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

**Русский Russian** ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

**भाषा Hindi** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (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 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

**Español Spanish** ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

**Tiếng Việt Vietnamese** LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

**Tagalog** PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

## العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمة مجانية.

**ພາສາລາວ Laotian** ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

**日本語 Japanese** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-452-4413 (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 เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

**ਪੰਜਾਬੀ Punjabi** ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

**ខ្មែរ Khmer** ចាប់អារម្មណ៍៖ បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

**Հայերեն Armenian** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Չանգահարեք 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

**Українська Ukrainian** ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (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 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00 ziangh hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.