

Important information

About changes to your
Medicare drug and health plan

Blue Shield TotalDual Plan (HMO D-SNP) offered by California Physicians' Service
(dba Blue Shield of California)

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at blueshieldca.com/MAPDdocuments2023. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

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If you have questions, please call Blue Shield TotalDual Plan at (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.



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A. Disclaimers

- ❖ 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.
- ❖ 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.

B. Reviewing your Medicare and Medi-Cal coverage for next year

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plans.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2** (refer to page 16).
- Medi-Cal services in **Section G2** (refer to page 16).



B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (800) 452-4413 [TTY: 711], 8 a.m. to 8 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 (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 (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 (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 (800) 452-4413 (TTY: 711)
- **한국어 (Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 452-4413 (TTY: 711)번으로 전화해 주십시오, 오후 8시, 7 일 주일 오전 8시
- **Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (800) 452-4413 (TTY (հեռատիպ)՝ 711)**
- **فارسی (Persian/Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید, تسهیلات زبانی بصورت رایگان (800) 452-4413 (TTY: 711) برای شما فراهم می باشد. با تماس بگیرد.
- **Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (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。(800) 452-4413 (TTY:711) まで、お電話にてご連絡ください。
- **العربية (Arabic): ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711) (800) 452-4413 (رقم هاتف الصم والبكم: 711)

If you have questions, please call Blue Shield TotalDual Plan at (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.



- ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (800) 452-4413 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ខ្មែរ (Cambodian/Khmer): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (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 (800) 452-4413 (TTY:711).
- हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 452-4413 (TTY:711) पर कॉल करें।
- ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 452-4413 (TTY:711).
- خیردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب (Urdu) : 800 (452-4413) (TTY:711)۔ کال کریں۔
- If you would like to receive your plan materials online, log in to your account at blueshieldca.com/login, click *My profile* on the top right under your initials, go to Communication preferences and select “Go paperless” as your delivery preference. If you do not have an account, go to blueshieldca.com/login and click *Create account* and you can select your delivery preference as you create your account.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call (800) 452-4413 [TTY: 711], 8 a.m. to 8 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.

B2. Information about our plan

- California Physicians' Service dba Blue Shield of California is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.

If you have questions, please call Blue Shield TotalDual Plan at (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.



- Coverage under Blue Shield TotalDual Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.

B3. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternative drugs that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?



- How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Blue Shield TotalDual Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Blue Shield TotalDual Plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2023, our plan name changes from Blue Shield Promise Cal MediConnect Plan to Blue Shield TotalDual Plan.

In December, we will send you a new ID card in the mail with the new plan name. Start using your new ID card as of January 1, 2023. Any communications you receive from us in 2023 will have our new plan name, Blue Shield TotalDual Plan. If you have any questions, please contact Customer Care.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

We strongly encourage you to **review our current *Provider and Pharmacy Directories*** to find out if your providers or pharmacy are still in our network. Updated *Provider and Pharmacy Directories* are located on our website. Provider Directories can be found at blueshieldca.com/MAPDdocuments2023 and Pharmacy Directories can be found at blueshieldca.com/medpharmacy2023. You may also call Customer Care at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

If you have questions, please call Blue Shield TotalDual Plan at (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.



E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

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

	2022 (this year)	2023 (next year)
Acupuncture (non-Medicare covered)	You pay a \$0 copay per visit for up to 24 visits per year (limited to 2 visits per calendar month).	You pay a \$0 copay per visit for up to 12 visits per year.
Chiropractic services (non-Medicare covered)	Chiropractic services (non-Medicare covered) are <u>not</u> covered.	You pay a \$0 copay per visit for up to 12 visits per year.
Dental services	You pay a \$0 copay per visit (Denti-Cal will cover up to \$1,800 every year).	Routine (non-Medicare covered) dental services are covered. See Chapter 4, Section 2.1 (below the Medical Benefits Chart) of the <i>Evidence of Coverage</i> for more information on covered services and what you pay.

If you have questions, please call Blue Shield TotalDual Plan at (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.



	2022 (this year)	2023 (next year)
<p>Screening for lung cancer with low dose computed tomography (LDCT)</p>	<p>You pay a \$0 copay.</p> <p>The plan will pay for lung cancer screening every 12 months if you:</p> <ul style="list-style-type: none"> • Are aged 55-80, and • Have a counseling and shared decision-making visit with your doctor or other qualified provider, and • Have smoked at least 1 pack a day for 30 years with no signs or symptoms of lung cancer or smoke now or have quit within the last 15 years. <p>After the first screening, the plan will pay for another screening each year with a written order from your doctor or other qualified provider.</p>	<p>You pay a \$0 copay.</p> <p>For qualified individuals, a LDCT is covered every 12 months.</p> <p>Eligible members are: people aged 55 – 77 years who have no signs or symptoms of lung cancer, but who have a history of tobacco smoking of at least 30 pack-years and who currently smoke or have quit smoking within the last 15 years, who receive a written order for LDCT during a lung cancer screening counseling and shared decision making visit that meets the Medicare criteria for such visits and be furnished by a physician or qualified non-physician practitioner.</p>



	2022 (this year)	2023 (next year)
Screening for lung cancer with low dose computed tomography (LDCT) (continued)		For LDCT lung cancer screenings after the initial LDCT screening: the enrollee must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner. If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision-making visit for subsequent lung cancer screenings with LDCT, the visit must meet the Medicare criteria for such visits.
Over-the-Counter (OTC) Items	You have a \$185 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC Items catalog for more information.	You have a \$210 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC Items catalog for more information.
Podiatry services (non-Medicare covered)	You pay a \$0 copay for routine foot care (coverage applies only to members with conditions affecting the legs, such as diabetes).	You pay a \$0 copay per visit for routine (non-Medicare covered) foot care (coverage applies to all members).

If you have questions, please call Blue Shield TotalDual Plan at (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.



	2022 (this year)	2023 (next year)
<p>Vision care (non-Medicare covered)</p> <p>Contact lenses or eyeglasses (frames and lenses)</p>	<p>You pay a \$0 copay for <u>either</u> contact lenses OR for one pair of eyeglasses (frames and lenses) priced up to \$500 every two years. If you choose contact lenses or eyeglasses (frames and lenses) priced above \$500, you are responsible for the difference.</p>	<p>You pay a \$0 copay for <u>either</u> contact lenses OR for one pair of eyeglasses (frames and lenses) priced up to \$350 every year. If you choose contact lenses or eyeglasses (frames and lenses) priced above \$350, you are responsible for the difference.</p>

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at blueshieldca.com/medpharmacy2023. You may also call Customer Care at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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

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

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Care at the numbers at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.

If you have questions, please call Blue Shield TotalDual Plan at (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.



- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Customer Care at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Customer Care or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
 - Requests for formulary exceptions must be submitted each year to the plan.

Changes to prescription drug costs

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



Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2023.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,400**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

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.

E3. Stage 1: “Initial Coverage Stage”

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

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

The following table shows your costs for drugs in each of our 5 drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.



2022 Drug Tiers (this year)	2022 (this year)	2023 Drug Tiers (next year)	2023 (next year)
<p>Drugs in Tier 1 (Preferred <i>Generic Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Drugs in Tier 1 (Preferred <i>Generic Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (<i>Generic Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one month (30-day) supply is \$0, \$1.35, or \$3.95 <i>per prescription.</i></p>	<p>Drugs in Tier 2 (<i>Generic Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0, 1.45, or \$4.15 per prescription.</p>
<p>Drugs in Tier 3 (<i>Brand Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.00, or \$9.85 per prescription.</p>	<p>Drugs in Tier 3 (Preferred <i>Brand Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.30, or \$10.35 per prescription.</p>
<p>Drugs in Tier 4 (<i>Non-Medicare RX/Over-the-counter (OTC) Drugs</i>)</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>	<p>Drugs in Tier 4 (<i>Non-Preferred Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.30, or \$10.35 per prescription.</p>

If you have questions, please call Blue Shield TotalDual Plan at (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.

2022 Drug Tiers (this year)	2022 (this year)	2023 Drug Tiers (next year)	2023 (next year)
		Drugs in Tier 5 <i>(Specialty Tier Drugs)</i> Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0, \$4.30, or \$10.35 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information how much you pay for prescription drugs.

E4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,400** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

F. Administrative changes

	2022 (this year)	2023 (next year)
Your Customer Care phone number is changing.	(855) 905-3825 [TTY: 711] 8 a.m. to 8 p.m., seven days a week.	(800) 452-4413 [TTY: 711] 8 a.m. to 8 p.m., seven days a week.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.

If you have questions, please call Blue Shield TotalDual Plan at (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.



G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Your Medicare services

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

If you have questions, please call Blue Shield TotalDual Plan at (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.



<p>1. You can change to:</p> <p>Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal Plan may change.</p>
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<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Customer Care at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

If you have questions, please call Blue Shield TotalDual Plan at (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.



Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2023 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at blueshieldca.com/MAPDdocuments2023. You may also call Customer Care at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2023.

Our website

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

H3. Health Insurance Counseling and Advocacy Program (HICAP)

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

H4. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Health Consumer Alliance Ombuds Program is 1-888-804-3536.

H5. Medicare

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

If you have questions, please call Blue Shield TotalDual Plan at (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.



Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) 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.

H6. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at (800) 452-4413 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

If you have questions, please call Blue Shield TotalDual Plan at (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.



