

# Important information

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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](https://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](https://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.

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## 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 Coordination Plan.

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 D** 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 F2** (refer to page 25).
- Medi-Cal services in **Section F2** (refer to page 25).



Resources

## 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 (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. تماس بگیرید (800) 452-4413 (TTY: 711)
- **Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 452-4413 (телетайп: 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](https://blueshieldca.com/medicare).



- 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。
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان (Arabic): اتصل برقم (رقم هاتف الصم والبكم: 711) (800) 4413-452 (رقم هاتف الصم والبكم: 711)
- 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត 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): หมายเหตุ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 452-4413 (TTY:711).
- خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں: (Urdu) 4413-452) 800 (کال کریں - (TTY:711)).
- If you would like to receive your plan materials online, log in to your account at [blueshieldca.com/login](https://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](https://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.

**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](https://blueshieldca.com/medicare).



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.
- 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](http://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 D1** 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 D2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost 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 C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?





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

### **If you decide to stay with Blue Shield 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.

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## **C. 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](https://blueshieldca.com/MAPDdocuments2023) and Pharmacy Directories can be found at [blueshieldca.com/medpharmacy2023](https://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*.

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

### **D1. 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.

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	2022 (this year)	2023 (next year)
<b>Annual Out-of-Pocket Maximum</b>	<p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>If you are eligible for Medicare and Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>If you are eligible for Medicare and Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>
<b>Acupuncture for chronic low back pain (Medicare-covered)</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.
<b>Acupuncture services (non-Medicare covered)</b>	You pay a \$0 copay per visit for up to 24 visits per year.	You pay a \$0 copay per visit for up to 12 visits per year.
<b>Ambulance services</b>	You pay 20% of the total cost per trip (each way).	You pay a \$0 copay.
<b>Cardiac rehabilitation services</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay.
<b>Chiropractic services (Medicare-covered)</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.

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	2022 (this year)	2023 (next year)
<p><b>Chiropractic services (non-Medicare covered)</b></p>	<p>You pay a \$0 copay per visit for up to 24 visits per year.</p>	<p>You pay a \$0 copay per visit for up to 12 visits per year.</p>
<p><b>Diabetes self-management training, diabetic services and supplies</b></p> <p>For people with diabetes who have severe diabetic foot disease: One pair per calendar year of therapeutic custom-molded shoes (including inserts provided w/such shoes) and 2 additional pairs of inserts, or one pair of depth shoes and 3 pairs of inserts (not including non-customized removable inserts provided with such shoes). Coverage includes fitting.</p>	<p>You pay 20% of the total cost for Medicare-covered diabetic therapeutic shoes.</p>	<p>You pay a \$0 copay for Medicare-covered diabetic therapeutic shoes.</p>
<p><b>Durable medical equipment and related supplies</b></p>	<p>You pay 20% of the total cost for durable medical equipment and related supplies.</p> <p>Blood glucose monitors: You pay a \$0 copay for FreeStyle® blood glucose monitors and 20% of the total cost for blood glucose monitors from all other manufacturers.</p>	<p>You pay a \$0 copay for durable medical equipment and related supplies, including blood glucose monitors from all manufacturers.</p>

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	2022 (this year)	2023 (next year)
<b>Emergency care</b>	<p>You pay 20% of the total cost per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> <p>Worldwide emergency coverage: You pay 20% of the total cost per visit for worldwide emergency coverage (waived if you are admitted to the hospital within one day for the same condition).</p>	<p>You pay a \$0 copay per visit to an emergency room.</p> <p>Worldwide emergency coverage: You pay a \$0 copay per visit for worldwide emergency coverage.</p>
<p><b>Hearing services</b></p> <p>Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p>	<p>You pay 20% of the total cost for Medicare-covered diagnostic hearing exams.</p>	<p>You pay a \$0 copay for Medicare-covered diagnostic hearing exams.</p>

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	2022 (this year)	2023 (next year)
<b>Inpatient hospital stays</b>	<p>You pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible per benefit period.</li> <li>• \$0 copay per day for days 1 to 60 of each benefit period.</li> <li>• \$389 copay per day for days 61 to 90 of each benefit period.</li> <li>• \$778 copay per “lifetime reserve day” for days 91 to 150 of each benefit period (up to 60 days over your lifetime).</li> <li>• 100% of all costs beyond day 151 of each benefit period.</li> </ul> <p>A benefit period begins the day you go into a hospital or skilled nursing facility (SNF) and ends when you haven’t received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.</p>	<p>You pay a \$0 copay per admission.</p>

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	2022 (this year)	2023 (next year)
<b>Inpatient mental health care</b>	<p>You pay a:</p> <ul style="list-style-type: none"> <li>• \$1,556 deductible per benefit period.</li> <li>• \$0 copay per day for days 1 to 60 of each benefit period.</li> <li>• \$389 copay per day for days 61 to 90 of each benefit period.</li> <li>• \$778 copay “lifetime reserve day” for days 91 to 150 of each benefit period (up to 60 days over your lifetime).</li> <li>• 100% of all costs after day 150.</li> </ul> <p>You are covered for 150 days each benefit period, up to the 190-day lifetime limit.</p> <p>A benefit period begins the day you go into a hospital or skilled nursing facility (SNF) and ends when you haven’t received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.</p>	<p>You pay a \$0 copay per admission.</p> <p>You are covered for 150 days per admission, up to the 190-day lifetime limit.</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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<p><b>Inpatient stay: Covered services received in a SNF during a non-covered skilled nursing facility (SNF) stay</b></p> <p>X-ray, radium, and isotope therapy including technician materials and services</p> <p>Surgical dressings</p> <p>Splints, casts and other devices used to reduce fractures and dislocations</p> <p>Prosthetics and orthotics devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices</p>	<p>You pay 20% of the total cost for items covered by Medicare.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost for items covered by Medicare.</p>	<p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<p><b>Inpatient stay: Covered services received in a SNF during a non-covered skilled nursing facility (SNF) stay (continued)</b></p> <p>Leg, arm, back, and neck braces; trusses, and artificial legs, arms, and eyes including adjustments, repairs, and replacements required because of breakage, wear, loss or a change in the patient's physical condition</p> <p>Physical therapy, speech therapy, and occupational therapy</p>	<p>You pay 20% of the total cost for items covered by Medicare.</p> <p>You pay 20% of the total cost for each visit.</p>	<p>You pay a \$0 copay.</p> <p>You pay a \$0 copay per visit.</p>
<p><b>Medicare Part B prescription drugs</b></p>	<p>You pay 20% of the total cost.</p>	<p>You pay a \$0 copay.</p>
<p><b>Outpatient diagnostic tests &amp; therapeutic services and supplies</b></p>	<p>You pay 20% of the total cost for Medicare-covered diagnostic procedures/tests, diagnostic radiological services, therapeutic radiological services, blood services and medical supplies.</p>	<p>You pay a \$0 copay for Medicare-covered diagnostic procedures/tests, diagnostic radiological services, therapeutic radiological services, blood services and medical supplies.</p>

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	2022 (this year)	2023 (next year)
<p><b>Outpatient hospital services</b></p> <p>Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery</p> <p>Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be required without it</p> <p>X-rays and other radiology services billed by the hospital</p> <p>Medical supplies such as splints and casts</p> <p>Certain drugs and biologicals that you can't give yourself</p>	<p>You pay 20% of the total cost for each visit to an emergency room or an outpatient hospital facility.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p>	<p>You pay a \$0 copay for each visit to an emergency room and each Medicare-covered visit to an outpatient hospital facility.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p> <p>You pay a \$0 copay.</p>
<p><b>Outpatient mental health care</b></p>	<p>You pay 20% of the total cost for each individual or group therapy visit.</p>	<p>You pay a \$0 copay for each individual or group therapy visit.</p>
<p><b>Outpatient rehabilitation services</b></p>	<p>You pay 20% of the total cost per visit.</p>	<p>You pay a \$0 copay per visit.</p>

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	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Outpatient substance abuse services</b>	You pay 20% of the total cost for each individual or group therapy visit.	You pay a \$0 copay for each Medicare-covered individual or group therapy visit.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	You pay 20% of the total cost for each visit to an ambulatory surgical center or outpatient hospital facility.	You pay a \$0 copay for each visit to an ambulatory surgical center or outpatient hospital facility.
<b>Over-the-Counter (OTC) items</b>	You have a \$200 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.
<b>Partial hospitalization services (Mental health)</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.
<b>Podiatry services (Medicare-covered)</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.
<b>Prosthetic devices and related supplies</b>	You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies.	You pay a \$0 copay for Medicare-covered prosthetic devices and related supplies.
<b>Pulmonary rehabilitation services</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.

**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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<b>Services to treat kidney disease</b>		
Outpatient dialysis treatments	You pay 20% of the total cost for each dialysis treatment billed by a qualified, Medicare-approved dialysis provider and for any drugs used during the procedure.	You pay a \$0 copay for each dialysis treatment billed by a qualified, Medicare-approved dialysis provider and for any drugs used during the procedure.
Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments)	You pay 20% of the total cost for self-dialysis training.	You pay a \$0 copay for self-dialysis training.
Home dialysis equipment and supplies	You pay 20% of the total cost.	You pay a \$0 copay.
Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply)	You pay 20% of the total cost.	You pay a \$0 copay.

**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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<b>Skilled nursing facility (SNF) care</b>	<p>For each Medicare-covered stay in a SNF, you pay a:</p> <ul style="list-style-type: none"> <li>• \$0 copay for days 1 to 20 of each benefit period.</li> <li>• \$194.50 copay per day for days 21 to 100 of each benefit period.</li> <li>• 100% of all costs for days 101 and beyond.</li> </ul> <p>There is a limit of 100 days per benefit period if your condition requires additional rehabilitation services, other types of daily skilled nursing, or other skilled care. If you go over the 100-day limit, you will be responsible for all costs.</p> <p>A benefit period begins the day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.</p>	<p>You pay a \$0 copay per admission.</p> <p>There is a limit of 100 days per admission if your condition requires additional rehabilitation services, other types of daily skilled nursing, or other skilled care. If you go over the 100-day limit, you will be responsible for all costs.</p>
<b>Supervised Exercise Therapy (SET)</b>	You pay 20% of the total cost per visit.	You pay a \$0 copay per visit.

**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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<p><b>Urgently needed care</b></p>	<p>You pay 20% of the total cost per visit (waived if admitted to the hospital within one day for the same condition).</p> <p>Worldwide urgent care coverage: You pay 20% of the total cost per visit (waived if admitted to the hospital within one day for the same condition).</p>	<p>You pay a \$0 copay per visit.</p> <p>Worldwide urgent care coverage: You pay a \$0 copay per visit.</p>
<p><b>Vision care (Medicare-covered)</b></p> <p>Outpatient physician services for diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn't cover routine eye exams (eye refractions) for eyeglasses/contacts.</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p>	<p>You pay 20% of the total cost per visit.</p> <p>You pay 20% of the total cost per visit.</p>	<p>You pay a \$0 copay per visit.</p> <p>You pay a \$0 copay per visit.</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](https://blueshieldca.com/medicare).



	2022 (this year)	2023 (next year)
<p><b>Vision care, non-Medicare covered (obtained from a network provider)</b></p> <p>Contact lenses or eyeglasses (frames and lenses)</p>	<p>You pay \$0 for <u>either</u> contact lenses <b>OR</b> for one pair of eyeglasses (frames and lenses) priced up to \$300 every year. If you choose contact lenses or eyeglasses (frames and lenses) priced above \$300, you are responsible for the difference.</p>	<p>You pay \$0 for <u>either</u> contact lenses <b>OR</b> 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>

## D2. 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](https://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.

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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](https://blueshieldca.com/medicare).



- This list can help your provider find a covered drug that might work for you.
- 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.
  - Request 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:

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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](https://blueshieldca.com/medicare).



<b>Stage 1 Initial Coverage Stage</b>	<b>Stage 2 Catastrophic Coverage Stage</b>
<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.

### **D3. 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.

	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<p><b>Drugs in Tier 1</b> <i>(Preferred 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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></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](https://blueshieldca.com/medicare).





	2022 (this year)	2023 (next year)
<p><b>Drugs in Tier 2</b> (<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 <b>25% of the total cost per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$1.45, or \$4.15 per prescription.</b></p>
<p><b>Drugs in Tier 3</b> (<i>Preferred 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 <b>25% of the total cost per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$4.30, or \$10.35 per prescription.</b></p>
<p><b>Drugs in Tier 4</b> (<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 <b>25% of the total cost per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$4.30, or \$10.35 per prescription.</b></p>
<p><b>Drugs in Tier 5</b> (<i>Specialty Tier Drugs</i>)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>25% of the total cost per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0, \$4.30, or \$10.35 per prescription.</b></p>

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.

**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](https://blueshieldca.com/medicare).



## D4. 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.

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## E. Administrative changes

	2022 (this year)	2023 (next year)
Your Customer Care phone number is changing.	(800) 776-4466 [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.

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## F. Choosing a plan

### F1. 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.

### F2. 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.

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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](https://blueshieldca.com/medicare).



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.



<p><b>1. You can change to:</b></p> <p><b>Another Medicare health plan</b></p>	<p><b>Here is what to do:</b></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"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></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><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></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"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></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><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</p>	<p><b>Here is what to do:</b></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"><li>• 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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <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.

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## G. Getting help

### G1. 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*

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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](http://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](https://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](https://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*).

## **G2. 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/](https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

## **G3. 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.

## **G4. 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.

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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](https://blueshieldca.com/medicare) .



## Medicare's Website

You can visit the Medicare website ([www.medicare.gov](http://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](http://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](http://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.

## G5. 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](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.

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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](http://blueshieldca.com/medicare).





