

# Blue Shield of California

## Medicare Advantage–Prescription Drug Plans

### PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at **(800) 452-4413 [TTY: 711]**, 8 a.m. to 8 p.m., seven days a week.

#### Understanding the benefits

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The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [blueshieldca.com/medmapd2023](https://blueshieldca.com/medmapd2023) or call Customer Care at **(800) 452-4413 [TTY: 711]**, 8 a.m. to 8 p.m., seven days a week, to view a copy of the EOC.

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

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

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Review the formulary to make sure your drugs are covered.

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#### Understanding important rules

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

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Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.

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

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

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

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

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

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **(800) 452- 4413 [TTY: 711]**.

**ATENCIÓN:** Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al **(800) 452- 4413 [TTY: 711]**.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**(800) 452- 4413 [TTY: 711]**。