

You've got retirees, we've got solutions

Introducing Blue Shield 65 Plus (HMO)

Lower costs, flexibility, and quality service

Blue Shield 65 PlusSM (HMO) is a Group Medicare Advantage-Prescription Drug (GMA-PD) plan for Medicare-entitled retirees. It offers you cost savings and the flexibility to provide your retirees with quality coverage like that of your active employees. All from a trusted health plan that has been offering Medicare Advantage-Prescription Drug (MA-PD) plans to individual Medicare beneficiaries since 1990.

Value for you

Blue Shield 65 Plus (HMO) meets the needs of employers and unions:

Cost savings

- Typically provides a lower-priced alternative to a Medicare Coordinated Benefits (COB) plan
- Can reduce your Governmental Accounting Standards Board (GASB) and Financial Accounting Standards Board (FASB) liability¹— a more affordable plan means less risk

Flexibility

- You can offer most of the same broad range of benefits as our commercial HMO plans for active employees
- Add-on optional benefits allow you to offer a more comprehensive plan—available benefits include non-Medicare-covered services such as acupuncture, podiatry, and hearing, vision, and chiropractic services

¹ Blue Shield does not provide tax advice. You should consult with your financial adviser for more information about this plan.

Quality coverage and service

- Nearly 78% of California's Medicare-entitled beneficiaries live in the Blue Shield 65 Plus (HMO) GMA-PD plan service area²
- Provides a complete solution for your health benefit needs because we cover your eligible retirees
- Experienced implementation team with GMA-PD expertise helps ensure a smooth plan rollout
- Dedicated Member Services unit is specifically trained to support your retirees
- Semi-annual newsletter to educate GMA-PD members about how to best use their benefits and live healthier

Value for your retirees

Blue Shield 65 Plus (HMO) meets your eligible retirees' need for comprehensive, quality coverage that's easy to access and helps them stay healthy

Comprehensive benefits

- Provides the same coverage as Original Medicare plus more—benefits can be designed to closely match plans for active employees
- Includes member health and wellness programs to help your retirees stay healthy

Simple to use

- One member ID card for accessing medical services and filling prescriptions
- Less paperwork, because members don't need to coordinate claims with Medicare

Easy access to quality providers and service

- Access to our broad GMA-PD network of quality providers
- Local Member Services representatives available every day from 7 a.m. to 8 p.m., seven days a week.

We know Medicare

We've earned "commendable" accreditation for our individual MA-PD plans from the National Committee for Quality Assurance (October 2008).

Health and wellness support

Retirees often need extra support. With Blue Shield 65 Plus (HMO), they can access a wide range of services that help them manage their health at no extra cost to them, including:

NurseHelp 24/7SM

Round-the-clock access to registered nurses

LifeMAP/Guided Imagery

Helps members prepare for and recover from surgery

Healthy Lifestyle Rewards (non-monetary program)

Interactive wellness program

Disease management programs

Help members manage chronic conditions such as diabetes and heart disease

LifeReferrals 24/7SM

Expert assistance on personal, financial, and legal issues

High-Risk Case Management Program

Support for retirees with the greatest medical needs, through a local care manager who is a registered nurse

Medication Therapy Management Program

Manages patient care and costs associated with antibiotic use and potentially dangerous/commonly abused drugs

Direct-to-Physician program

Provides physicians with evidence-based care recommendations and medication noncompliance alerts for patients under their direct care

You can also purchase these additional programs to support your retirees' wellness

Health Coach

Personal assistance to help members reach health goals

Health Advocate

Registered nurses help members access and coordinate care, and navigate the healthcare system.

Direct-to-Member program

Provides personalized screening reminders and alerts for appropriate medication usage directly to the member.

Eligibility

Blue Shield 65 Plus (HMO) is open to all of your Medicare-entitled retirees who live in the plan service area and are entitled to Medicare Parts A and B.

To offer the plan, you must have 50 or more Medicare-entitled retirees who reside in the plan service area.

Service area

The service area for the Blue Shield 65 Plus (HMO) GMA-PD plan includes these counties:

- Los Angeles
- Riverside*
- San Bernardino*
- Orange
- San Diego*
- San Luis Obispo
- Fresno*
- San Joaquin
- Sacramento
- San Francisco
- Contra Costa
- Santa Cruz
- San Mateo
- Nevada*
- Imperial*
- Madera*
- Kern*
- Santa Clara
- Ventura

* These counties only provide coverage in certain areas. Please see the plan's *Summary of Benefits* for a complete list of ZIP codes that are covered in each partial county.

Start saving today

For more information on Blue Shield 65 Plus (HMO) and to get a quote, please contact your broker or Blue Shield sales representative.

The benefit description provided herein is a brief summary, but not a comprehensive description of available benefits. The actual complete terms and conditions of the health plan are set forth in the applicable *Evidence of Coverage* document.

Blue Shield 65 Plus (HMO) is a Medicare-approved HMO with a Medicare Advantage-Prescription Drug (MA-PD) plan contract. Blue Shield 65 Plus (HMO) offers individual and employer group retiree plans to Medicare beneficiaries who are entitled to Part A and Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan's specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan's specific service area. Blue Shield 65 Plus (HMO) individual and employer group retiree plans have different service areas, benefits, and provider networks. Minimal copayments, restrictions, and limitations apply to some services. Members must continue to pay the Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Members must receive all routine care from plan providers. If members receive routine care from out-of-plan providers, neither Medicare nor Blue Shield will be responsible for the costs. Blue Shield of California has a contract with the federal government that is renewed annually, and the availability of coverage beyond the end of the current contract year is not guaranteed.