

# Blue Shield TotalDual Plan, (HMO D-SNP) | 2024 Summary of Benefits

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).

## Introduction

This document is a brief summary of the benefits and services covered by Blue Shield TotalDual Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Blue Shield TotalDual Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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## A. Disclaimers



This is a summary of health services covered by Blue Shield TotalDual Plan for 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the Evidence of Coverage (EOC) at [blueshieldca.com/MAPDdocuments2024](https://blueshieldca.com/MAPDdocuments2024) or by calling Customer Service at 1-800-452-4413 (TTY:711), 8:00 a.m. to 8:00 p.m., seven days a week. Note: The EOC will be available on our website by October 15, 2023.

- ❖ Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.
- ❖ Blue Shield TotalDual Plan includes Part D coverage, which provides prescription drug coverage, offering you the convenience of having both your medical and prescription drugs covered through one plan.
- ❖ To join Blue Shield TotalDual Plan, you must have both Medicare Part A and Medicare Part B, be eligible for Medi-Cal (Medicaid), and live in our service area. Our service area includes Los Angeles and San Diego Counties.
- ❖ Our plan Provider Directory is located on our website at [blueshieldca.com/medicare](https://blueshieldca.com/medicare)
- ❖ Our plan Pharmacy Directory is located on our website at [blueshieldca.com/medpharmacy2024](https://blueshieldca.com/medpharmacy2024).
- ❖ To get the most complete and current information about which drugs are covered, you can visit our website at [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024).
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](https://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov/](https://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.

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- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- ❖ The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- ❖ When this document says “we,” “us,” or “our,” it means California Physicians’ Service (dba Blue Shield of California). When it says “plan” or “our plan,” it means Blue Shield TotalDual Plan.
  - Attention: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
  - Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) de 8:00 a.m. a 8:00 p.m., los 7 días de la semana.
  - 繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) 每週七天辦公，早上 8:00 點至晚上 8:00 點或。
  - Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711) 8 giờ sáng–8 giờ tối, 7 ngày trong tuần. HOẶC Ban.
  - Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711)
  - 한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Blue Shield TotalDual Plan 1-800-452-4413 (TTY: 711)번으로 전화해 주십시오, 오후 8 시, 7 일 주일 오전 8 시.

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- Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք Blue Shield TotalDual Plan 1-800-452-4413 (TTY (հեռատիպ)՝ 711)
- با. باشد می فراهم شما برای رایگان (1-800-452-4413 TTY: بگیریید تماس) 711: Persian/Farsi for Blue Shield TotalDual Plan Members): بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه توجه
- Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Blue Shield TotalDual Plan 1-800-452-4413 (телетайп: 711).
- العربية (Arabic):
- كملوا الصم ففاه مرق ( مقرب صلات . نمجالبا لك رافتوت ةيوغالل ةدا علمسا تادمخ إنف، ةغلا ركذا تدتحت تكن ذال : ة 7 : 711 Blue Shield TotalDual Plan 1-800-452-4413 ) كمبول الصم ففاه مرق
- ខ្មែរ (Cambodian/Khmer): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ Blue Shield TotalDual Plan 1-800-452-4413 (TTY:711)។
- 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 Service. 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 Service.

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



| Frequently Asked Questions  | Answers   |
|---|---|
| <b>What is a Medicare-Medi-Cal Coordination Plan?</b>   | A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.   |
| <b>Will I get the same Medicare and Medi-Cal benefits in Blue Shield TotalDual Plan that I get now?</b> | <p>You will get most of your covered Medicare and Medi-Cal benefits directly from Blue Shield TotalDual Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Blue Shield TotalDual Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Blue Shield TotalDual Plan does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Blue Shield TotalDual Plan to cover your drug if medically necessary. For more information, call Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week.</p> |
| <b>Can I go to the same doctors I use now? (continued on the next page)</b>                             | Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Blue Shield TotalDual Plan and have a contract with us, you can keep going to them.   |

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| Frequently Asked Questions   | Answers   |
|--|---|
| <p><b>Can I go to the same doctors I use now?<br/>(continued from previous page)</b></p> | <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Blue Shield TotalDual Plan’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Shield TotalDual Plan’s plan.</li> <li>• If you are currently under treatment with a provider that is out of Blue Shield TotalDual Plan’s network, or have an established relationship with a provider that is out of Blue Shield TotalDual Plan’s network, call Customer Service to check about staying connected and ask for continuity of care. If you have had a non-emergency visit to a primary or specialty care provider once during the last 12 months prior to your enrollment into our plan, you and your provider can request Continuity of Care. If your provider is willing to accept our plan’s payment rates and does not have any documented quality issues that prevent us from paying them, then you can continue to receive care from this primary or specialty care provider for an additional 12 months after enrolling into our plan. You, your provider, or your authorized representative can request continuity of care to continue treatment, call Customer Service to find out more and initiate your request.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week or read Blue Shield Total Dual Plan’s <i>Provider Directory</i> on the plan’s website at <a href="http://blueshieldca.com/medicare">blueshieldca.com/medicare</a>.</p> <p>If Blue Shield TotalDual Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p> |

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

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

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| Frequently Asked Questions   | Answers   |
|--|---|
| <p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Blue Shield TotalDual Plan?</b></p> | <p>There is no cost sharing for medical services in Blue Shield TotalDual Plan, so your annual out-of-pocket costs will be \$0.</p>   |
| <p><b>Do I have a coverage gap for drugs?</b></p>  | <p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>   |
| <p><b>What should I do if a provider tries to bill me for a covered service?</b></p>   | <p>Do NOT pay the bill, providers are not allowed to bill members with Medicare and Medi-Cal for covered services. Call Blue Shield TotalDual Plan Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week, and we will work with your provider.</p>   |
| <p><b>How do I submit hearing aid claims for reimbursement?<br/>(continued on the next page)</b></p>                                   | <p>Blue Shield TotalDual Plan will reimburse you up to \$2,000 every year for hearing aids. Hearing aid coverage is for both ears. You may go to a provider of your choice to obtain hearing aids and pay the provider directly. You can submit hearing aid claims for reimbursement via mail or fax. Include your receipt with your reimbursement request and send to:</p> <p>Mail:<br/>Blue Shield of California<br/>Medicare Customer Service<br/>P.O. Box 927<br/>Woodland Hills, CA 91367</p> <p>Or</p> <p>Fax: 877-251-6671</p> |

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| Frequently Asked Questions  | Answers   |
|---|---|
| <b>How do I submit hearing aid claims for reimbursement?</b><br><b>(continued from previous page)</b> | Once the reimbursement is received, it can take up to 30 days to process the claim. Contact Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week, if you have additional questions. |

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## C. List of covered services

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

| Health need or concern        | Services you may need                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)   |
|-------------------------------|---|-------------------------------------|---|
| <b>You need hospital care</b> | Hospital stay                                       | \$0                                 | Blue Shield TotalDual Plan covers an unlimited number of days for an inpatient hospital stay.<br><br>Authorization rules may apply.<br><br>Referral requirements may apply. |
|                               | Doctor or surgeon care                              | \$0                                 | Doctor and surgeon care is provided as part of your hospital stay.  |
|                               | Outpatient hospital services, including observation | \$0                                 |   |
|                               | Ambulatory surgical center (ASC) services           | \$0                                 |   |

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

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

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| Health need or concern                     | Services you may need  | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)   |
|--|--|-------------------------------------|---|
| <b>You need emergency care (continued)</b> | Urgent care  | \$0                                 | This is <b>NOT</b> emergency care. Urgent care is when a condition, illness, or injury is not life threatening, but medical care is needed right away. You may access urgent care services out of Blue Shield TotalDual Plan's network and without prior authorization. |
| <b>You need medical tests</b>              | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0                                 | Authorization rules may apply. Referral requirements may apply.   |
|  | Lab tests and diagnostic procedures, such as blood work  | \$0                                 | Authorization rules may apply. Referral requirements may apply.   |
| <b>You need hearing/auditory services</b>  | Hearing screenings   | \$0                                 | Exam to diagnose and treat hearing and balance issues.  |
|  | Hearing aids   | \$0                                 | Our plan will reimburse you up to \$2,000 every year for hearing aids. Hearing aid coverage is for both ears. You may go to a provider of your choice to obtain hearing aids and pay the provider   |

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| Health need or concern                                       | Services you may need                        | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)   |
|--|--|-------------------------------------|---|
| <p><b>You need dental care</b></p>                           | <p>Dental check-ups and preventive care</p>  | <p>\$0</p>                          | <p>Blue Shield offers dental services that are not covered by the Medi-Cal dental program. For more information on what Blue Shield covers and how it coordinates with Medi-Cal dental, refer to Chapter 4 of the Member Handbook.</p>  |
|  | <p>Restorative and emergency dental care</p> | <p>\$0</p>                          | <p>Blue Shield offers dental services that are not covered by the Medi-Cal dental program. For more information on what Blue Shield covers and how it coordinates with Medi-Cal dental, refer to Chapter 4 of the Member Handbook. For more information on Medi-Cal dental benefits please visit <a href="https://smilecalifornia.org">https://smilecalifornia.org</a></p>  |
| <p><b>You need eye care (continued on the next page)</b></p> | <p>Eye exams</p>                             | <p>\$0</p>                          | <p>One routine eye exam every year. We will pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye (this includes annual eye exams for diabetic retinopathy for people with diabetes and treatment for age-related macular degeneration). For people with a high risk of glaucoma, we will pay for one glaucoma screening each year. People at high risk of glaucoma include: people with a family history of glaucoma, people with diabetes, African Americans who are age 50 and older, and Hispanic Americans who are 65 or older.</p> |

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| Health need or concern                        | Services you may need     | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|---|---------------------------|-------------------------------------|--|
| <p><b>You needed eye care (continued)</b></p> | Glasses or contact lenses | \$0                                 | <p>We will pay up to \$375 for eyeglasses and lenses or contact lenses every year.</p> <p>You can use your allowance toward frames, lenses, lens enhancements, contact lens exam and contacts. You can save any remaining balance for later use within the same benefit period. If you choose contact lenses or eyeglasses (frames or lenses) priced above \$375, you are responsible for the difference.</p> <p>We will pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens. (If you have two separate cataract surgeries, you must get one pair of glasses after each surgery. You cannot get 2 pairs of glasses after the second surgery, even if you did not get a pair of glasses after the first surgery). We will also pay for corrective lenses, frames, and replacements, if you need them after a cataract removal without a lens implant.</p> |
|   | Other vision care         | \$0                                 |  |

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| Health need or concern   | Services you may need  | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|--|-------------------------------------|--|
| <p><b>You need mental health services (continued on the next page)</b></p> | <p>Mental health services</p>  | <p>\$0</p>                          | <p>Blue Shield TotalDual Plan covers most Medicare and Medi-Cal mental health services, but some specialty mental health and substance use disorder services are provided outside of the plan through the state or county agencies. For more information on these services refer to Section D in this document.</p> <p>Prior Authorization rules may apply.</p> <p>Referral requirements may apply.</p>  |
|  | <p>Inpatient and outpatient care and community-based services for people who need mental health services</p> | <p>\$0</p>                          | <p>Covered services include mental health care services that require a hospital stay.</p> <p>Medicare covers up to 90 days of medically necessary hospitalization for each benefit period and Medi-Cal covers unlimited, medically necessary days.</p> <p>Medicare also covers up to 60 additional lifetime reserve days that can be used only once per lifetime for care provided in either in an acute care hospital or psychiatric hospital</p> |

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| Health need or concern                             | Services you may need   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|---|-------------------------------------|--|
| <b>You need mental health services (continued)</b> | Inpatient and outpatient care and community-based services for people who need mental health services |                                     | <p>Medicare covers up to 40 additional days in a Psychiatric hospital once during your lifetime, and Medi-Cal covers unlimited, medically necessary days.</p> <p>Prior authorization rules may apply</p>   |
| <b>You need a substance use disorder services</b>  | Substance use disorder services   | \$0                                 | <p>We will pay for the following services, and maybe other services not listed below:</p> <ul style="list-style-type: none"> <li>• Alcohol misuse screening and counseling</li> <li>• Treatment of drug abuse</li> <li>• Group or individual counseling by a qualified clinician</li> <li>• Subacute detoxification in a residential addiction program</li> <li>• Alcohol and/or drug services in an intensive outpatient treatment center</li> <li>• Extended-release Naltrexone (vivitrol) treatment</li> </ul> <p>Prior authorization rules may apply.<br/>Referral requirements may apply.</p> |

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

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| Health need or concern  | Services you may need                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|---|---|-------------------------------------|--|
| <b>You need help getting to health services (continued)</b>                           | Transportation to medical appointments and services | \$0                                 | Limited to 48 one way trips per year.<br><br>Authorization rules may apply.  |
| <b>You need drugs to treat your illness or condition (continued on the next page)</b> | Medicare Part B prescription drugs                  | \$0                                 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs. |

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| Health need or concern   | Services you may need   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|---|-------------------------------------|--|
| <p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p> | <p>Tier 1: Preferred Generic drugs (includes preferred generic drugs)</p> | <p>\$0 for a 30-day supply.</p>     | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Once you or others on your behalf pay \$8,000 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the Evidence of Coverage for more information on this stage.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Drug List). Our plan covers most Part D vaccines at no cost to you.</p> <p>Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.</p> <p>You may get your drugs at network retail and mail service pharmacies.</p> |

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| Health need or concern   | Services you may need                                 | Your costs for in-network providers  | Limitations, exceptions, & benefit information (rules about benefits)   |
|--|---|--|---|
| <p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p> | <p>Tier 2: Generic Drugs (includes generic drugs)</p> | <p>\$0, \$1.55, or \$4.50 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information. Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and mail service pharmacies.</p> |

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| Health need or concern   | Services you may need  | Your costs for in-network providers   | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|--|---|--|
| <p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p> | <p>Tier 3: Preferred Brand name drugs (includes preferred brand name and some generic drugs)</p> | <p>\$0, \$4.60, or \$11.20 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and mail service pharmacies.</p> |

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| Health need or concern   | Services you may need   | Your costs for in-network providers   | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|---|---|--|
| <p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p> | <p>Tier 4: Non-Preferred Drugs (includes non-preferred brand name and some generic drugs)</p> | <p>\$0, \$4.60, or \$11.20 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and mail service pharmacies.</p> |

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| Health need or concern   | Services you may need   | Your costs for in-network providers   | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|---|---|--|
| <p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p> | <p>Tier 5: Specialty Tier Drugs (Includes very high-cost brand name and generic drugs which may require special handling and/or close monitoring)</p> | <p>\$0, \$4.60, or \$11.20 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available at network retail and mail service pharmacy locations. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. Not all drugs on this tier are available for an extended day supply. Please contact the plan for more information. You may get your drugs at network retail and mail service pharmacies.</p> |

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| Health need or concern  | Services you may need               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)   |
|---|-------------------------------------|-------------------------------------|---|
| <p><b>You need drugs to treat your illness or condition (continued)</b></p> | <p>Over-the-counter (OTC) drugs</p> | <p>\$0</p>                          | <p>There may be limitations on the types of drugs covered. Please refer to Blue Shield TotalDual Plan's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>You are entitled to a quarterly allowance of \$210 for OTC drugs and supplies.</p> <p>Items such as aspirin, vitamins, cold and cough preparations, and bandages are covered under this benefit. Items such as cosmetics and food supplements are not covered under this benefit.</p> <p>The OTC items catalog and ordering instructions are available online at <a href="https://blueshieldca.com/medicareOTC">blueshieldca.com/medicareOTC</a> web link. You can order items by phone at (888) 628-2770 (TTY:711) Monday through Friday between 9 a.m. and 5 p.m., or online at <a href="https://blueshieldca.com/medicareOTC">blueshieldca.com/medicareOTC</a> web link. Orders will be shipped to you at no extra charge. Please allow approximately 14 business days for delivery.</p> |

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

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| Health need or concern   | Services you may need  | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|--|-------------------------------------|--|
| <p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <i>Evidence of Coverage</i>.</p> | Wheelchairs, crutches, and walkers   | \$0                                 | Authorization rules may apply. Referral requirements may apply.  |
|  | Nebulizers   | \$0                                 | Authorization rules may apply. Referral requirements may apply.  |
|  | Oxygen equipment and supplies  | \$0                                 | Authorization rules may apply. Referral requirements may apply.  |
| <p><b>You need help living at home (continued on the next page)</b></p>  | Home health services   | \$0                                 | Authorization rules may apply.   |
|  | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0                                 | If you need additional assistance at home, contact our Blue Shield TotalDual Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you to In-Home Supportive Services and Community Supports that provide you with more services to keep you safe and healthy at home. |

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

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

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| Health need or concern                                  | Services you may need          | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)  |
|---|--------------------------------|-------------------------------------|--|
| <b>Additional services (continued on the next page)</b> | Diabetes supplies and services | \$0                                 | Show your provider or pharmacist both your Blue Shield TotalDual Plan and Medi-Cal Beneficiary ID cards.<br><br>Some supplies may require prior approval.  |
|   | Home meal delivery             | \$0                                 | Upon discharge from an inpatient hospital or skilled nursing facility stay, we cover: <ul style="list-style-type: none"> <li>• 22 meals and 10 snacks per discharge</li> <li>• Meals and snacks will be divided into up to three separate deliveries as needed</li> </ul>  |
|   | NurseHelp 24/7                 | \$0                                 | Have a confidential one-on-one online dialogue with a registered nurse, 24 hours a day. When you have a medical concern, one call to our toll-free hotline puts you in touch with a registered nurse who will listen to your concerns and help you toward a solution.<br><br>Call 1-877-304-0504 (TTY: 711) 24 hours a day, 7 days a week. |

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| Health need or concern                 | Services you may need  | Your costs for in-network providers   | Limitations, exceptions, & benefit information (rules about benefits)  |
|--|--|---|--|
| <b>Additional services (continued)</b> | Personal Emergency Response System (PERS) - a medical alert monitoring system that provides access to help 24/7, at the push of a button. Your PERS benefits are provided by LifeStation®. | \$0   | <ul style="list-style-type: none"> <li>• One personal emergency response system</li> <li>• Choice of an in-home system or mobile device with GPS/Wi-Fi and fall detection</li> <li>• Monthly monitoring</li> <li>• Necessary chargers and cords</li> </ul> |
|  | Prosthetic services  | \$0   |  |
|  | Radiation therapy  | \$0   |  |
|  | Services to help manage your disease   | \$0   |  |
|  | SilverSneakers Fitness   | \$0   |  |
|  | Worldwide Emergency/Urgent coverage  | 20% coinsurance for worldwide emergency coverage (waived if admitted to the hospital within one day for the same condition) | There is no combined annual limit for covered emergency care or urgently needed care services outside the United States and its territories.   |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Blue Shield TotalDual Plan *Evidence of Coverage*. If you don't have an *Evidence of Coverage*,

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call Blue Shield TotalDual Plan Customer Service at 1-800-452-4413 (TTY: 711) to get one. If you have questions, you can also call Customer Service or visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).

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## **D. Benefits covered outside of Blue Shield TotalDual Plan**

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

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| Other services covered by Medicare, Medi-Cal, or a State Agency  | Your costs  |
|--|---|
| <p>Medi-Cal Dental<br/> Medi-Cal (through the Medi-Cal Dental Program) covers some dental services, if you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at <a href="https://www.dental.dhcs.ca.gov">https://www.dental.dhcs.ca.gov</a> or <a href="https://smilecalifornia.org">https://smilecalifornia.org</a>.</p> <p>Medi-Cal Dental Fee-for-Service is available to Medi-Cal members in <i>all counties except Sacramento and San Mateo, and some members in Los Angeles county</i>. For more information contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <a href="https://smilecalifornia.org/">smilecalifornia.org/</a>.</p> <p>Medi-Cal members may also select and voluntarily enroll in a Medi-Cal Dental Managed Care Plan in Los Angeles County only. For more information, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <a href="https://smilecalifornia.org/">smilecalifornia.org/</a>.</p> <p><b>Access Dental Plan</b><br/> Phone: (888) 414-4110<br/> TTY/TDD: (877) 688-9891<br/> Email: <a href="mailto:LAPHPMember@premierlife.com">LAPHPMember@premierlife.com</a><br/> Web: <a href="#">Access Dental Plan Website</a></p> <p><b>Health Net Dental</b><br/> Phone: (800) 977-7307<br/> TTY/TDD: (800) 735-2922<br/> Web: <a href="#">Health Net Dental Website</a></p> <p><b>Liberty Dental Plan</b><br/> Phone: (888) 703-6999<br/> TTY/TDD: (800) 430-7077</p> | <p>\$0</p> <p>Costs of Medi-Cal Dental services are dependent on if a member has a Share of Cost or no Share of Cost.</p> |

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



| Other services covered by Medicare, Medi-Cal, or a State Agency  | Your costs  |
|--|---|
| <p>Assisted Living Waiver (ALW)</p> <p>The Assisted Living Waiver (ALW) is a Home and Community-Based Service (HCBS) waiver created for beneficiaries eligible for full scope Medi-Cal, with no share of cost, who require nursing facility level of care and wish to live in a residential care setting or in a publicly funded senior and/or disabled housing.</p> <p>To be eligible to receive services, ALW participants must meet the following eligibility criteria:</p> <ul style="list-style-type: none"> <li>• Age 21 or older;</li> <li>• Have full-scope Medi-Cal eligibility with zero share of cost;</li> <li>• Have care needs equal to those of Medi-Cal-funded residents living and receiving care in nursing facilities;</li> <li>• Willing to live in an assisted living setting as an alternative to a nursing facility;</li> <li>• Able to reside safely in an assisted living facility or public subsidized housing;</li> <li>• Willing to live in an assisted living setting located in one of the following counties providing ALW services: <b>Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.</b></li> </ul> | <p>ALW participants must have sufficient funds to pay for their room and board, with some funds remaining to meet personal and incidental needs. In determining eligibility, institutional and spousal impoverishment prevention rules are applied.</p> |

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



| Other services covered by Medicare, Medi-Cal, or a State Agency   | Your costs                               |
|---|--|
| <p data-bbox="107 256 579 285">In-Home Supportive Services (IHSS)</p> <p data-bbox="107 326 1188 513">The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be 65 year of age and over, or disabled, or blind. Disabled children are also potentially eligible for IHSS. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.</p> <p data-bbox="107 553 1230 773">The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Contact Blue Shield TotalDual Plan Customer Service or Care Coordinators to see if you're eligible for these services and to get connected.</p> | <p data-bbox="1344 256 1381 285">\$0</p> |
| <p data-bbox="107 808 716 837">Multipurpose Senior Services Program (MSSP)</p> <p data-bbox="107 878 1220 1097">The Multipurpose Senior Services Program (MSSP) Waiver provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes. Contact Blue Shield TotalDual Plan Customer Service or Care Coordinators to see if you're eligible for these services and to get connected.</p>   | <p data-bbox="1344 808 1381 837">\$0</p> |

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



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

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](http://blueshieldca.com/medicare).



| Other services covered by Medicare, Medi-Cal, or a State Agency  | Your costs |
|--|------------|
| Prescriptions covered by Medi-Cal RX<br><br>Some prescription drugs given by a pharmacy or provider are covered by Medi-Cal Rx, a Medi-Cal FFS program. Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours. To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call | \$0        |
| Certain hospice care services covered outside of Blue Shield TotalDual Plan  | \$0        |
| Psychosocial rehabilitation  | \$0        |
| Targeted case management   | \$0        |
| Rest home room and board   | \$0        |

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

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

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



## Services Blue Shield TotalDual Plan, Medicare, and Medi-Cal do not cover

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

## F. Your rights as a member of the plan

As a member of Blue Shield TotalDual Plan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Blue Shield TotalDual Plan will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



- Get emergency services without prior authorization in an emergency
- Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website ([www.dmhc.ca.gov/](http://www.dmhc.ca.gov/)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

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

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

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## **G. How to file a complaint or appeal a denied, delayed, or modified service**

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](http://blueshieldca.com/medicare).



If you have a complaint or think Blue Shield TotalDual Plan improperly denied, delayed, or modified a service, call Customer Service at 1-800-452-4413 (TTY: 711). You may be able to appeal our decision.

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

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

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## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Blue Shield TotalDual Plan Customer Service. Phone numbers are 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. For more information, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).



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

1-800-452-4413

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

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

TTY: 711

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

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

**If you have questions about your health:**

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

(877) 304-0504

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

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

TTY: 711

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

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

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

1-800-854-7771

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

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

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

1-888-724-7240

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

TTY: 711

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

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

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**If you have questions**, please call Blue Shield TotalDual Plan at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medicare](https://blueshieldca.com/medicare).

