

Blue Shield of California Medicare 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 Service Representative at **(888) 239-6469 [TTY: 711]**, 8 a.m. to 8 p.m., seven days a week.

Understanding the benefits		
	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/medmapd2024 or call Customer Service at (888) 239-6469 [TTY: 711], 8 a.m. to 8 p.m., seven days a week, to view a copy of the EOC.	
	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.	
	Review the formulary to make sure your drugs are covered.	
Understanding important rules		
	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.	
	Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2025.	
	We cover prescriptions filled at an out-of-network pharmacy only when you are not able to use a network pharmacy, as described in the EOC.	

The company complies with applicable state laws and federal civil rights laws and does not exclude people, or treat them differently on the basis of race, color, national origin, ethnic gidentification, medical condition, genetic information, ancestry, religion, sex, marital status identity, sexual orientation, age, mental disability, or physical disability. La compañía cump de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de ma las personas por su raza, color, país de origen, identificación con determinado grupo étni médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad do orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民會以種族、庸色、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、性別認同精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人	group , gender, gender ole con las leyes nanera diferente co, condición e género, d權法律,並且不 以性取向、年齡、
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