



Important information

About changes to your
Medicare drug and health plan

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP), a Medi-Medi Plan offered by California Physicians' Service (dba Blue Shield of California)

Annual Notice of Change for 2027

Introduction

You're 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 Change* 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/DSNPdocuments2027. Call Customer Service at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Arabic, Armenian, Cambodian, Chinese-Traditional, Chinese-Simplified, Farsi, Korean, Russian, Spanish or Spanish Creole, Tagalog, and Vietnamese.
- You can get this Annual Notice of Change 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. PT, seven days a week. The call is free.
 - If you would like to receive your plan materials digitally, log in to your account at blueshieldca.com/login, click the *My profile* button in the header, scroll to the *Communication preferences* section, and select "Electronic delivery" as your delivery preference. You can also log into the Blue Shield of California mobile app and navigate to *Communication preferences* via the *More* tab. If you do not have an account, go to blueshieldca.com/login and click *Get started* to register. You can set up your delivery preference as you register.
 - You can make a standing request to get this document and future required communications in a language other than English or in an alternate format (large print, braille, audio, etc.). You can contact Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week. Customer Service will keep your preferred language and format on file until such time you wish to make updates.

OMB Approval 0938-1444 (Expires: 5/31/2029)

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



- To make a change to a standing request to receive required communications in a preferred language or in an alternate format, please contact Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you need help in your language, call 1-800-452-4413 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-452-4413 (TTY: 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-452-4413 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-452-4413 (TTY: 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-452-4413 (TTY:711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-452-4413 (TTY:711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用



的。请致电1-800-452-4413 (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-452-4413 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-452-4413 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-452-4413 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-452-4413 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-452-4413 (TTY: 711)へお電話ください。点字の資料や文字の拡大表



示など、障がいをお持ちの方のためのサービスも用意しています。1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면
1-800-452-4413 (TTY: 711) 번으로 문의하십시오.
점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을
위한 도움과 서비스도 이용 가능합니다.
1-800-452-4413 (TTY: 711) 번으로 문의하십시오.
이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃນ
ຫໍໂທຫາເບີ 1-800-452-4413 (TTY: 711).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່
ໃຫ້ໂທຫາເບີ 1-800-452-4413 (TTY: 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih
qiemx longc mienh tengx faan benx meih nyei waac nor
douc waac daaih lorx taux 1-800-452-4413 (TTY: 711).
Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux
ninh mbuo wuaaic fangx mienh, beiv taux longc benx
nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv
benx domh sou se mbenc nzoih bun longc. Douc waac



daaih lorx 1-800-452-4413 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-452-4413 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (Persian (Farsi))

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-452-4413 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-452-4413 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-452-4413 (линия TTY: 711). Такие услуги предоставляются бесплатно.



Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-452-4413 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyonang ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-452-4413 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи,



надруковані шрифтом Брайля та великим шрифтом.
Телефонуйте на номер 1-800-452-4413 (TTY: 711).
Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-452-4413 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-452-4413 (TTY: 711). Các dịch vụ này đều miễn phí.



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A. Disclaimers

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.

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 Medicare + Medi-Cal Plan.

The Food and Produce benefit mentioned in **Section E1** is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all plan members will qualify. Eligibility depends on meeting the definition of a “chronically ill enrollee”. Qualifying chronic conditions include but are not limited to: Cardiovascular disorders; Chronic heart failure; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; and Chronic lung disorders. Please refer to the Plan’s *Member Handbook* for a complete list of qualifying chronic conditions and eligibility requirements.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It’s 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 E** for more information on changes to your benefits for next year.

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’ll still be in the Medicare and Medi-Cal programs as long as you’re eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal options and services in **Section G2**.

B1. Information about Blue Shield Medicare + Medi-Cal Plan

- Blue Shield Medicare + Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.



B2. 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'll work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our 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? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives 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 D** 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 drugs you use regularly?
 - How do the total costs compare to other coverage options?



- **Think about whether you're happy with our plan.**

If you decide to stay with Blue Shield Medicare + Medi-Cal 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 Medicare + Medi-Cal 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.

C. Changes to our plan name

On January 1, 2027, our plan name changes from Blue Shield TotalDual Plan to Blue Shield Medicare + Medi-Cal Plan.

You will not need a new Blue Shield Member ID card because of the plan name change. Keep your current Blue Shield Member ID card and show that card when you get any services or prescriptions.

D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

Please review the 2027 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at blueshieldca.com/DSNPdocuments2027. You may also call Customer Service at the number 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* or call Customer Service at the number at the bottom of the page for help.

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



E. Changes to benefits and costs for next year

E1. 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.

	2026 (this year)	2027 (next year)
Annual Out-of-Pocket Maximum	\$9,250 Once you have paid \$9,250 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. 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.	\$9,850 Once you have paid \$9,850 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. 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.
Chronic pain management and treatment services	You pay a \$0 copay for Chronic pain management and treatment services. Cost sharing for this service will vary depending on individual services provided under the course of treatment.	Chronic pain management and treatment services are not covered.

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



	2026 (this year)	2027 (next year)
Dental services, routine (non-Medicare covered) <i>(This section is continued on the next page)</i>	ADA code D0364 cone beam CT capture and interpretation with limited field of view – less than one whole jaw isn't covered. ADA code D0365 cone beam CT capture and interpretation with field of view of one full dental arch – mandible isn't covered. ADA code D0366 cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium isn't covered. ADA code D0367 cone beam CT capture and interpretation with field of view of both jaws, with or without cranium isn't covered. ADA code D0368 cone beam CT capture and interpretation for TMJ series including two or more exposures isn't covered. ADA code D0380 cone beam CT image capture with limited field of view – less than one whole jaw isn't covered.	You pay a \$0 copay for ADA code D0364 cone beam CT capture and interpretation with limited field of view – less than one whole jaw. You pay a \$0 copay for ADA code D0365 cone beam CT capture and interpretation with field of view of one full dental arch – mandible. You pay a \$0 copay for ADA code D0366 cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium. You pay a \$0 copay for ADA code D0367 cone beam CT capture and interpretation with field of view of both jaws, with or without cranium. You pay a \$0 copay for ADA code D0368 cone beam CT capture and interpretation for TMJ series including two or more exposures. You pay a \$0 copay for ADA code D0380 cone beam CT image capture with limited field of view – less than one whole jaw.

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



	2026 (this year)	2027 (next year)
Dental services, routine (non-Medicare covered) <i>(This section is continued on the next page)</i>	ADA code D0381 cone beam CT image capture with field of view of one full dental arch – mandible isn't covered. ADA code D0382 cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium isn't covered. ADA code D0383 cone beam CT image capture with field of view of both jaws, with or without cranium isn't covered. ADA code D4263 bone replacement graft – retained natural tooth – first site in quadrant isn't covered. ADA code D4264 bone replacement graft – retained natural tooth – each additional site in quadrant isn't covered. ADA code D7953 bone replacement graft for ridge preservation - per site isn't covered.	You pay a \$0 copay for ADA code D0381 cone beam CT image capture with field of view of one full dental arch – mandible. You pay a \$0 copay for ADA code D0382 cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium. You pay a \$0 copay for ADA code D0383 cone beam CT image capture with field of view of both jaws, with or without cranium. You pay a \$0 copay for ADA code D4263 bone replacement graft – retained natural tooth – first site in quadrant. You pay a \$0 copay for ADA code D4264 bone replacement graft – retained natural tooth – each additional site in quadrant. You pay a \$0 copay for ADA code D7953 bone replacement graft for ridge preservation - per site.



	2026 (this year)	2027 (next year)
Dental services, routine (non-Medicare covered) (continued)	ADA code D9211 regional block anesthesia isn't covered. ADA code D9212 trigeminal division block anesthesia isn't covered. ADA code D9215 local anesthesia in conjunction with operative or surgical procedures isn't covered.	You pay a \$0 copay for ADA code D9211 regional block anesthesia. You pay a \$0 copay for ADA code D9212 trigeminal division block anesthesia. You pay a \$0 copay for ADA code D9215 local anesthesia in conjunction with operative or surgical procedures.
Help with certain chronic conditions (This section is continued on the next page)	Food and Produce: You have a \$60 allowance per month for the purchase of healthy and nutritious foods and produce. This allowance cannot be rolled over from month to month. This is a Special Supplemental Benefit for the Chronically Ill (SSBCI), which requires eligibility determination. Not all plan members will qualify. You must have one or more qualifying chronic conditions to receive this benefit.	Food and Produce: You have a combined allowance of \$240 per quarter for the purchase of healthy and nutritious foods and produce (if qualifying conditions are met) and Over-the-Counter (OTC) items. This allowance cannot be rolled over from quarter to quarter. The Food and Produce benefit is a Special Supplemental Benefit for the Chronically Ill (SSBCI), which requires eligibility determination. Not all plan members will qualify. You must have one or more qualifying chronic conditions to receive this benefit.

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



	2026 (this year)	2027 (next year)
Help with certain chronic conditions (<i>continued</i>)	The plan will find out if you are eligible for the Food and Produce benefit by using information from your doctor or by contacting your doctor for a signed statement about your qualifying chronic condition. Please refer to the Plan's <i>Member Handbook</i> for additional details.	The plan will find out if you are eligible for the Food and Produce benefit by using information from your doctor or by contacting your doctor for a signed statement about your qualifying chronic condition. Please refer to the Plan's <i>Member Handbook</i> for additional details. Refer to Section F: Administrative changes for more information.
Over-the-Counter (OTC) Items	You have a \$120 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter.	You will receive a combined allowance of \$240 per quarter for the purchase of eligible OTC items and Food and Produce (if qualifying conditions are met). You can continue to place orders for covered OTC items through the OTC Items Catalog either online or by phone. You can also use your Flex Card in-store at participating retail locations. You cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to Section F: Administrative changes for more information.

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



	2026 (this year)	2027 (next year)
Transportation: Non-emergency medical transportation	You pay a \$0 copay, up to a combined limit of 48 one-way trips to plan-approved health-related locations per year for non-emergency medical transportation and non-medical transportation. Each trip may not exceed 70 miles. Medi-Cal covers unlimited trips to approved locations after your 48 one-way trips have been used.	You pay a \$0 copay, up to a combined limit of 24 one-way trips to plan-approved health-related locations per year for non-emergency medical transportation and non-medical transportation. Each trip may not exceed 70 miles. Medi-Cal covers unlimited trips to approved locations after your 24 one-way trips have been used.
Transportation: Non-medical transportation	You pay a \$0 copay, up to a combined limit of 48 one-way trips to plan-approved health-related locations per year for non-emergency medical transportation and non-medical transportation. Each trip may not exceed 70 miles. Medi-Cal covers unlimited trips to approved locations after your 48 one-way trips have been used.	You pay a \$0 copay, up to a combined limit of 24 one-way trips to plan-approved health-related locations per year for non-emergency medical transportation and non-medical transportation. Each trip may not exceed 70 miles. Medi-Cal covers unlimited trips to approved locations after your 24 one-way trips have been used.
Vision care, non-Medicare covered (obtained from a network provider)* <i>(This section is continued on the next page)</i>	You pay a \$0 copay for eyeglass frames (priced up to a regular retail value of \$365) every year when you use a network provider. If you choose eyeglass frames priced above \$365, you are responsible for the difference.	You pay a \$0 copay for eyeglass frames (priced up to a regular retail value of \$500) every year when you use a network provider. If you choose eyeglass frames priced above \$500, you are responsible for the difference.

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



	2026 (this year)	2027 (next year)
Vision care, non-Medicare covered (obtained from a network provider)* (continued)	You pay a \$0 copay for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$365 for contact lens services and materials) every year when you use a network provider. If the services and materials price above \$365 , you are responsible for the difference.	You pay a \$0 copay for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$500 for contact lens services and materials) every year when you use a network provider. If the services and materials price above \$500 , you are responsible for the difference.
Vision care, non-Medicare covered (obtained from a non-network provider)*	You are reimbursed up to \$30 for one exam every year. You are reimbursed up to \$35 for one pair of eyeglass frames every year. You are reimbursed up to \$35 for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses every year.	Vision care services obtained from non-network providers are not covered.

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



E2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at blueshieldca.com/medformulary2027.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're 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 Service at the number at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - 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 Service at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Customer Service 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.

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



- 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.
- Formulary exceptions are approved through the end of the plan year. Please check your formulary exception approval notice for your specific expiration date. If your approval is ending and you want to continue to get the medication, a new formulary exception request would need to be submitted.

Changes to drug costs

Because you're eligible for Medi-Cal, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Customer Service and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.	During this stage, the plan pays all of the costs of your drugs through December 31, 2027.
You begin this stage when you fill your first prescription of the year.	You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,400**. 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'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

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



E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered 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 a one-month supply filled at a network pharmacy with standard copays in each of our 5 drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs for a long-term supply; or for home delivery prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2026 (this year)	2027 (next year)
Drugs in Tier 1 <i>(Preferred Generic Drugs)</i> Cost for a one-month supply of a drug in Tier 1 that’s filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$0 .
Drugs in Tier 2 <i>(Generic Drugs)</i> Cost for a one-month supply of a drug in Tier 2 that’s filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$0 .

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



	2026 (this year)	2027 (next year)
Drugs in Tier 3 <i>(Preferred Brand Drugs)</i> Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0, \$5.10 or \$12.65	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • \$0.00 or • \$1.65 or • \$5.80 For all other covered drugs, either: • \$0.00 or • \$5.00 or • \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

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



	2026 (this year)	2027 (next year)
Drugs in Tier 4 <i>(Non-Preferred Drugs)</i> Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0, \$5.10 or \$12.65	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • \$0.00 or • \$1.65 or • \$5.80 For all other covered drugs, either: • \$0.00 or • \$5.00 or • \$14.40 If you receive Extra Help, you pay \$0.00 - \$14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than \$35.00 per month supply, \$70 per 2-month supply, or \$105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

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



	2026 (this year)	2027 (next year)
Drugs in Tier 5 (<i>Specialty Tier Drugs</i>) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0, \$5.10 or \$12.65	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • \$0.00 or • \$1.65 or • \$5.80 For all other covered drugs, either: • \$0.00 or • \$5.00 or • \$14.40 If you do not qualify for Extra Help, you won't pay more than 25% coinsurance for each covered product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. The plan covers all of your Part D drugs until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.



E4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

F. Administrative changes

	2026 (this year)	2027 (next year)
How you use your Flex Card to obtain the benefits below will change: • Over-the-Counter (OTC) Items, • non-Medicare covered hearing services, and • Food and Produce SSBCI (if qualifying conditions are met)	Your OTC Items benefit is administered by CVS. You can place orders for covered OTC Items through the OTC Items catalog. Your non-Medicare covered hearing services and Food and Produce SSBCI benefit (if qualifying conditions are met) are administered by Optum Financial, Inc.	Your Flex Card and non-Medicare covered Hearing Services, OTC Items and Food and Produce SSBCI (if qualifying conditions are met) benefits will be administered by PayForward. You will receive a Member Guide along with catalog which will include instructions on how to obtain OTC Items. The Member Guide will also provide instructions on how to obtain non-Medicare covered hearing services and Food and Produce SSBCI benefit (if qualifying conditions are met).

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

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



In addition, you may end your membership in our plan during the following periods:

- The **Open 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 (MA) 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.
- Because you have Medi-Cal, you have some choices to end your membership in our plan including any month of the year.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.



1. You can change to:

A Medi-Medi Plan is a type of Medicare Advantage plan. It's for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.

Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

OR

Enroll in a new Medi-Medi Plan.

You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.



2. You can change to: Original Medicare with a separate Medicare drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. OR Enroll in a new Medicare prescription drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan won't change unless you request a change.
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3. You can change to:

Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason

NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop 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 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan won't change unless you request a change.



4. You can change to: Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section G2.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223). If you need help or more information: • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. OR Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8 a.m. to 6 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.

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



H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Customer Service 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*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at blueshieldca.com/DSNPdocuments2027. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

Our website

You can visit our website at blueshieldca.com/DSNP2027. 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)*.

H2. 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 isn't 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/.

H3. Ombudsman Program

The Medicare Medi-Cal Ombudsman Program can help you if you have a problem with our plan. The Ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombudsman Program:

- 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.

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



- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

H4. 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.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (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 and click on "Find plans.")

Medicare & You 2027

You can read the *Medicare & You 2027* 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. This 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) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

H5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-452-4413 (TTY: 711)** 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

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



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.dmhca.gov has complaint forms, IMR application forms and instructions online.

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program, please contact us at the phone number at the bottom of this page or visit www.medicare.gov.

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