



2022 Annual Certification

Sales Product Training

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Start

Welcome to the 2022 Annual Certification



What we will cover today

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Certification Training Disclosure

This training presentation is intended for use by licensed agents to understand the basics of Medicare Advantage Prescription Drug (MAPD) plans, Prescription Drug Plans (PDP), and Medicare Supplement plans offered by Blue Shield of California.

When making presentations, agents must rely upon the plan's Summary of Benefits, formulary, pharmacy and provider directories and other plan documentation to address the specific needs of each prospective member.

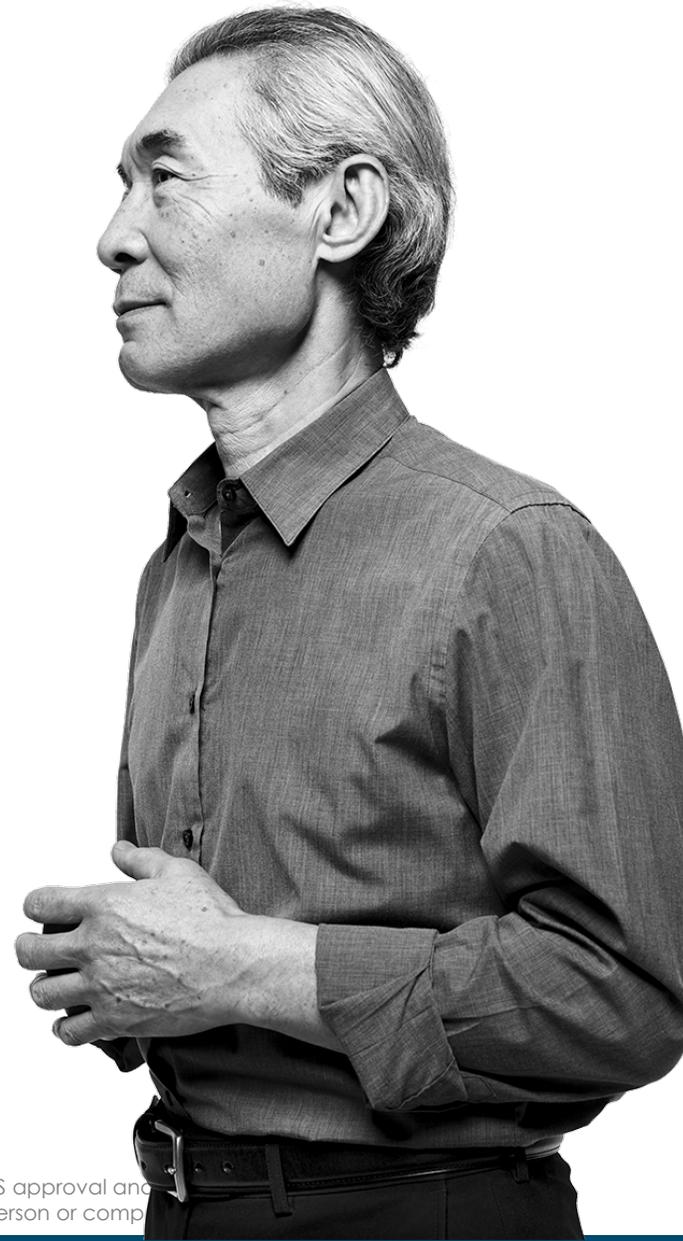
Information contained in this document regarding 2022 plan service areas, benefits, costs, etc. is confidential until general release to the public on October 1, 2021. Distribution to consumers, other insurers, or any other person or company is strictly prohibited. Failure to comply with this requirement will result in the loss of appointment with Blue Shield of California on all lines of business and may result in a civil monetary judgment.

Power of Blue

The Blue Shield of California Value Proposition

Our Mission

To ensure all Californians have access to high-quality health care at an affordable price.



What sets us apart from the others

At Blue Shield of California, we are constantly innovating to transform our healthcare system so all Californians can access the personalized affordable, and high-quality care they deserve.

- Blue Shield played a central role in passing California's Drug Transparency Act (SB 17) to hold pharmaceutical companies accountable on pricing.
- Funded entirely by contributions from Blue Shield, the Blue Shield of California Foundation awarded more than \$45 million in grants in 2019. Since 2002, Blue Shield has contributed more than \$545 million to the Foundation, which operates as an independent organization.
- Blue Shield of California Foundation is working to build lasting and equitable solutions to end domestic violence and make California the healthiest state and has contributed \$5.3 million through 138 grants to help ensure this becomes a reality.

Blue Shield of California (2018) Mission Report
Retrieved from: [A50577-WEB 5-19 Mission Report \(blueshieldca.com\)](#)



Value Proposition

The Blue Shield of California brand has over 80 years of experience serving the California market. We are California-made and California-strong, with 6,800 employees in the state serving over 4 million members

And as a nonprofit organization, we are proud to give back to the communities we serve.

We have a comprehensive product offering including Medicare Advantage, Medicare Supplement, and Medicare Prescription Drug Plans to fit the diverse needs and budgets of all customers.

Transforming Health Care

At Blue Shield of California, we continually ask ourselves how we can innovate and challenge the status quo to create a healthcare system worthy of our family and friends. This goal guides our decisions and drives our every action.

2% Pledge (Giving Back)

Blue Shield of California's 2% Pledge demonstrates our commitment to affordability by pledging to limit our annual net income to 2% of revenue and return the difference to our customers and communities.

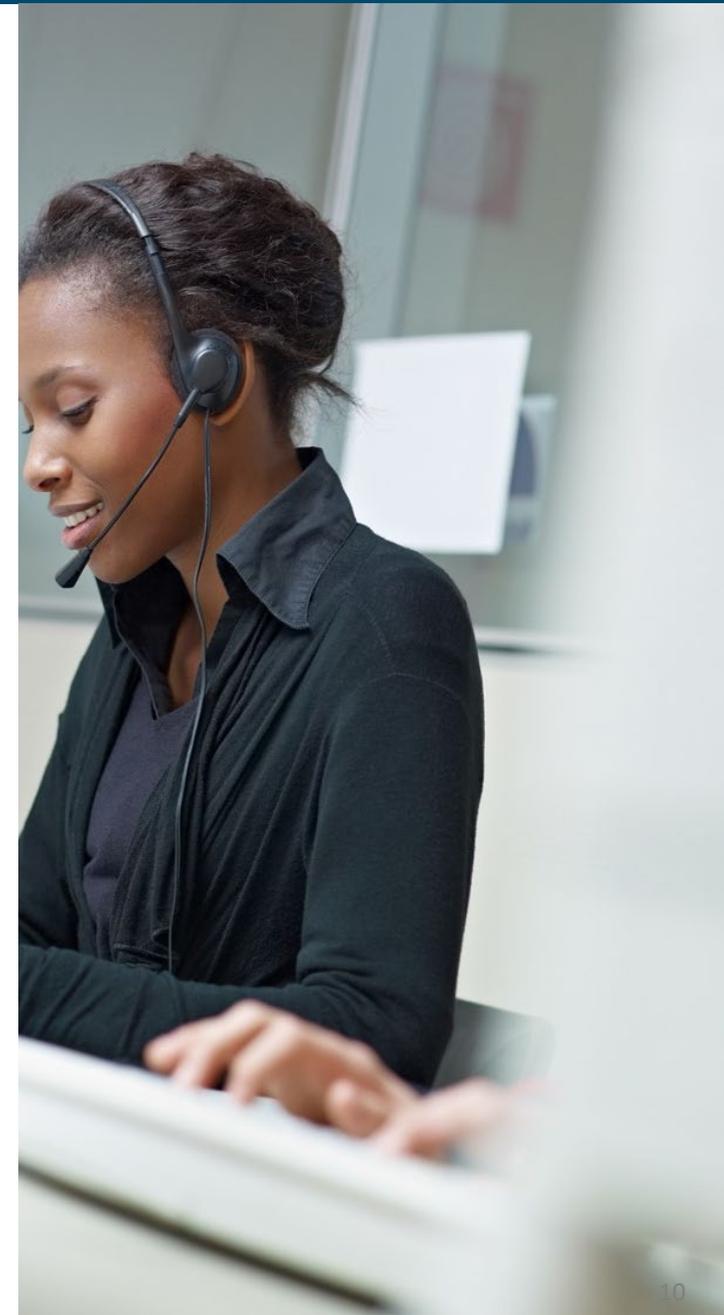
Sales & Marketing Standards

Commitment to Compliance

In this Section

You'll be introduced to the rules for selling and marketing Medicare Advantage-Prescription Drug plans, including:

- ✓ Who can sell Blue Shield of California Medicare products
- ✓ How sales and marketing issues are handled and how they affect brokers and sales staff



Selling for Blue Shield of California

1. The broker/agent must be trained and tested annually on Medicare rules, regulations, and on details specific to the plan products they sell.
 - You must pass the carrier specific product certification, as well as American Health Insurance Plans (AHIP) certification, each year.
2. You must be currently appointed with Blue Shield of California or endorsed by an Agency that is appointed with Blue Shield of California.
 - Blue Shield of California will terminate its relationship with any agent for contract violations or fraud.
3. The broker/agent must be compliant in all Medicare related sales activities.
 - You must follow all CMS rules on marketing and sales of Medicare plans. You may be “secret shopped” by CMS or Blue Shield to ensure compliance.
 - You must respond to any allegations made against you by any Medicare beneficiary you sign up.
4. The broker/agent must maintain current state licensure.
 - You must show a copy of current license if asked by a beneficiary.
5. The broker/agent must remain free and clear from any sanctions which would prevent them from participating in a federal program.

Medicare Marketing Material Highlights

Materials

Sales staff, including brokers, must use only Blue Shield of California and CMS-approved materials, including:

- Flyers
- Call scripts
- Enrollment Forms
- Summary of Benefits
- Other materials that are beneficiary facing

Websites

Third-party websites operated by agencies/agents that market and/or contain information about Blue Shield of California MA-PD and PDP products must meet applicable requirements.

Websites must be submitted to Blue Shield for review and approval prior to use.

Approvals

Materials must be:

- Pre-approved by Blue Shield of California and/or CMS
- Printed with relevant approval/tracking codes
- Printed in (minimum) Times New Roman 12-point or equivalent font
- Include appropriate disclaimers

Medicare Marketing Material Highlights (con't)

Phone Numbers:

If an agent/broker's phone number is listed on materials, then the plan sponsor's customer service phone and TTY numbers should also be included, as well as the plan hours of operation.



Marketing Materials

Materials that include an agent/broker's phone number should clearly indicate, "calling agent/broker number will direct an individual to a licensed agent/broker."

Medicare Sales & Educational Event Highlights

Sales Events

- ✓ Agents **may not** require beneficiaries to provide any contact information as a prerequisite for attending the event.
- ✓ Agents **may not** use personal contact information obtained to notify individuals of raffle or drawing winnings or for any other purpose.
- ✓ Contact information collected for the purposes of a raffle or drawing may not be used for any other purpose.
- ✓ Any sign-in sheets **must** clearly indicate that completion of any contact information is optional.

Educational Events

- ✓ Educational events for prospective enrollees **must not** include any marketing or sales activities including the distribution of marketing materials or enrollment forms.
- ✓ Must be advertised **explicitly** as "educational"
- ✓ **May** set up a future marketing appointment and distribute business cards and contact information for beneficiaries to initiate contact with agent
- ✓ **May** include communication activities and distribution of communication materials
- ✓ **May** include completion of Scope of Appointment forms

(Refer to CY 2019 CMS Medicare Communications and Marketing Guidelines section 50.1 and 50.2 for more details.)

Phone Contact & Personal Appointment Highlights

Phone Contacts

Prohibited telephonic activities include, but are not limited to, the following:

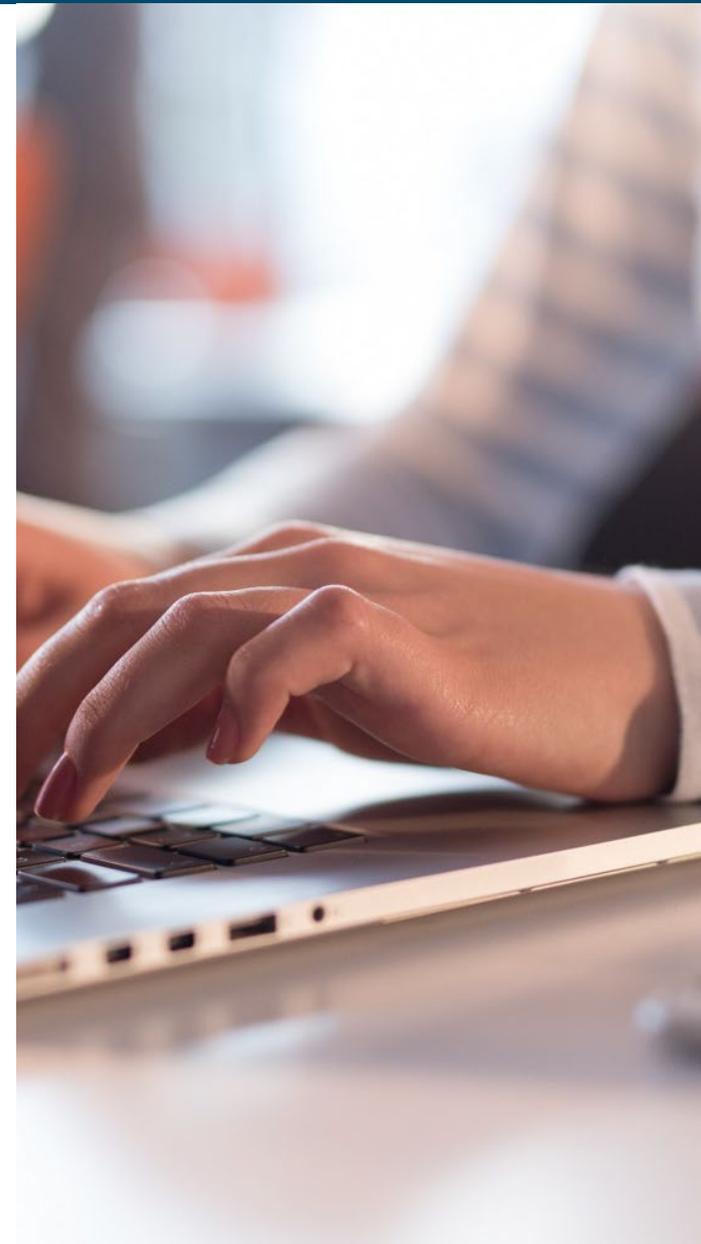
- Calls to beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call (the Plan/Part D Sponsor must have documentation of permission to be contacted).
- Calls based on referrals - if an individual would like to refer a friend or relative to an agent or Plan/Part D Sponsor, the agent or Plan/Part D Sponsor may provide contact information such as a business card that the individual may give to a friend or relative.

Personal / Individual Appointments

- The Plan/Part D Sponsor must document the scope of the agreement 48 hours prior to the appointment, when practicable.
- “Walk-ins” require a signed scope of appointment before discussing Medicare Advantage or Prescription Drug Plan information AND must indicate “walk-in” on form.
- The scope of appointment form should specify which products the beneficiary agrees to discuss with the agent during their appointment.
- If the beneficiary changes their mind at the appointment about which products to discuss, a new scope of appointment form should be collected prior to discussing additional products.

How Do Violations Affect Agents?

- Violations of Medicare sales and marketing standards will be investigated and may result in disciplinary action.
- Allegations from beneficiaries against agents will be investigated and may result in disciplinary action.
- Direct violations of CMS prohibited practices may result in termination of Blue Shield sales associates or brokers and agents, along with reporting to CMS and the state licensing board for possible further disciplinary action, up to and including loss of license.



Common Sales Allegations

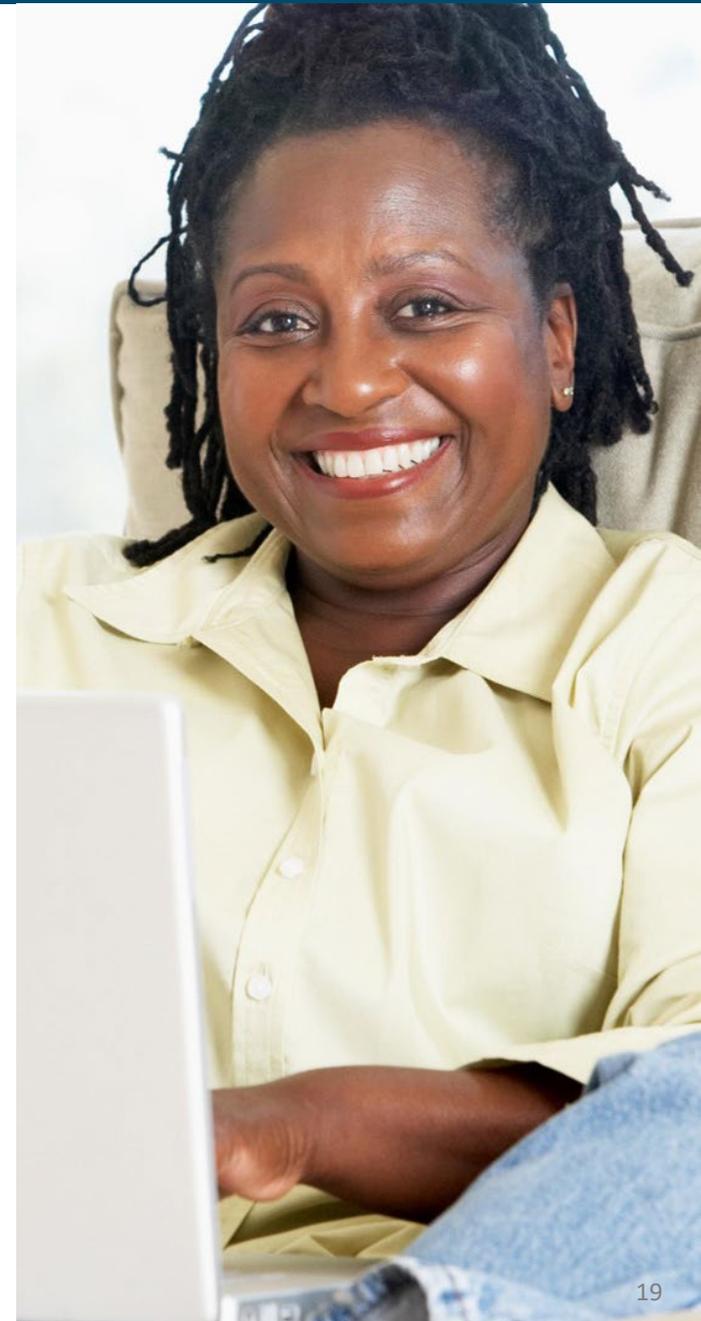
- Providing incorrect co-payment amounts for prescription drugs.
- Providing incorrect provider affiliation information.
- Providing inaccurate or incomplete information on services that require a pre-service referral/authorization.
- Beneficiary indicates they did not want to enroll in the plan.
- General knowledge of how an HMO works was not clearly and thoroughly explained.



Secret Shopper Assessments

Common Deficiencies Cited by CMS:

- Agent requires attendees to provide contact information
- Sign-in sheet did not indicate that completion of the sheet was optional
- Information on the Plan Ratings was not provided or fully discussed
- Agent did not explain where to find information on covered prescriptions drugs and/or provide an explanation of the prior authorization process (e.g., Step Therapy)
- Sales event did not occur and was not reported as cancelled
- Agents must notify Blue Shield at least 7 calendar days in advance when scheduling future events
- Notice of an event change must be provided at least 48 hours prior to the event
- A full meal was offered or served; Only snacks are allowed (e.g., cookies, crackers, fruit, raw vegetables, cheese, chips, or muffins)



Reporting Compliance Violations, Fraud Waste & Abuse

Non-Compliance and suspected fraud must be reported to Blue Shield's Special Investigation Unit

- StopFraud@blueshieldca.com
- (800) 221-2367
- You may report anonymously and confidentially using these reporting methods

Suspected privacy incidents must be reported to the Blue Shield Privacy Office

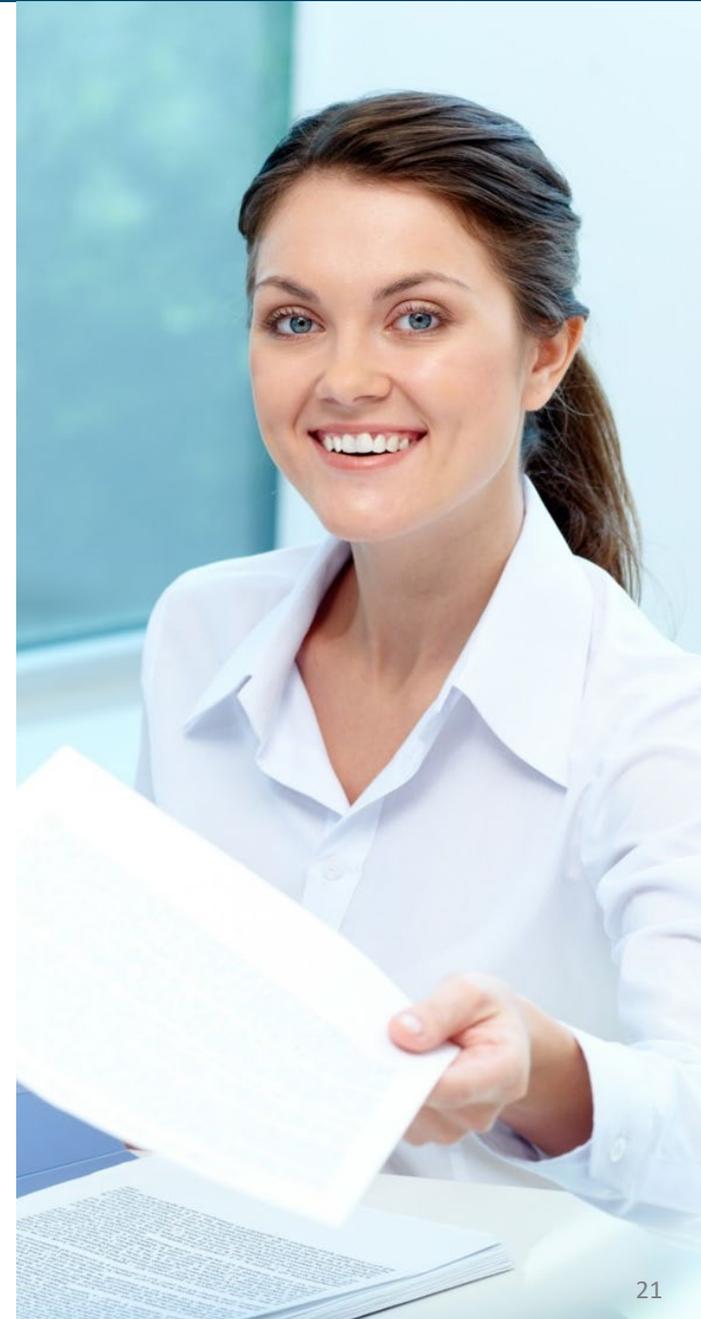
- Privacy@blueshieldca.com
- (888) 266-8080



Safeguarding Beneficiaries Protected Health Information (PHI) Best Practices

You are responsible for protecting your client's PHI. When mailing, emailing or faxing prospect and member information, make sure it is being sent to the correct place and use password protection and/or HIPAA compliant encryption on emails.

- ✓ **CALL** - Discuss beneficiary information by phone with their permission, if a prospect
- ✓ **FAX** - Verify the fax number before sending prospect or member information via a fax machine
- ✓ **MAIL** - Use registered mail to ensure delivery of beneficiary documents
- ✓ **EMAIL** – Must be encrypted and/or attachments must be password protected
- ✓ **PERSONAL DELIVERY** by the agent of beneficiary documents (ask for a signature confirming delivery)



Blue Shield of California Plan Rules

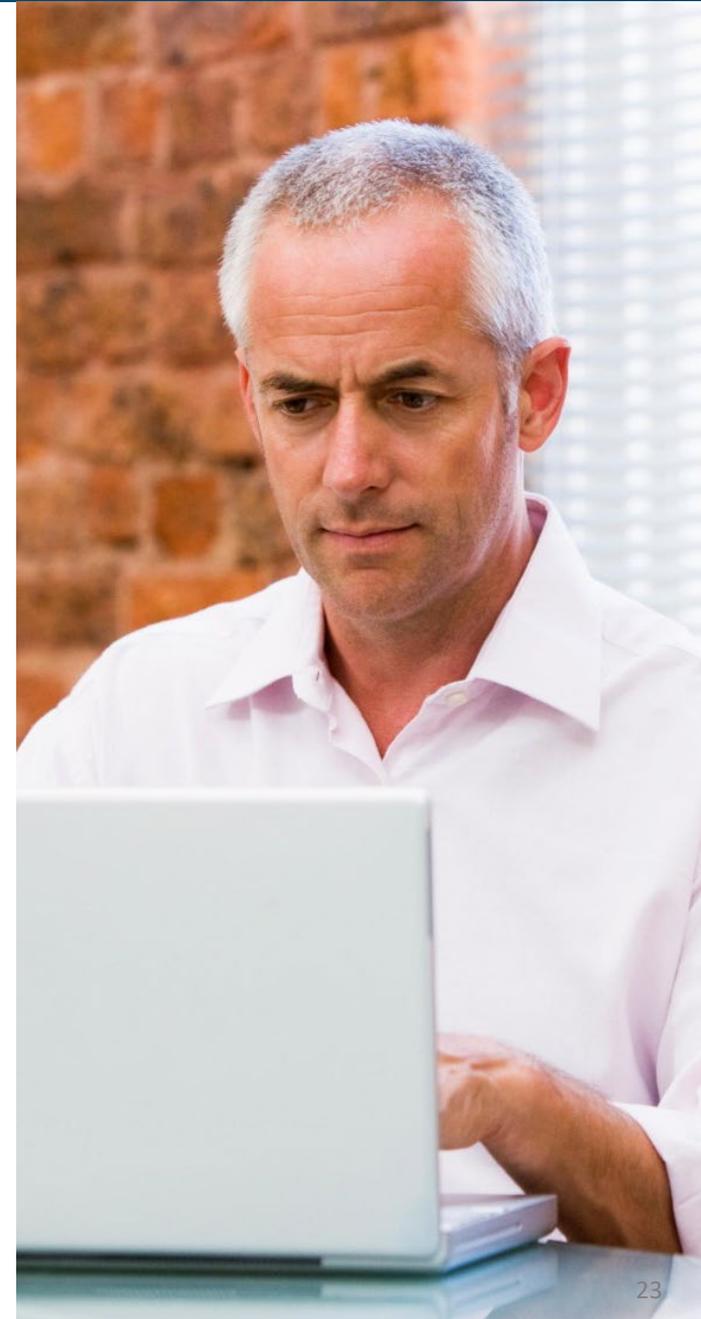
Medicare Advantage Prescription Drug Plan
and Medicare Prescription Drug Plan Rules

Plan Rules

In this section you will be introduced to the rules of Blue Shield Medicare Advantage Plans and standalone Medicare Prescription Drug Plans.

Specifically, this lesson discusses:

- ✓ Provider selection
- ✓ Self-referrals
- ✓ Filling prescriptions
- ✓ The drug formulary
- ✓ How to file complaints, grievances and appeals



Primary Care Physician

Blue Shield's Medicare Advantage HMO and HMO Dual Special Needs Plans (HMO D-SNP) require that members select a contracted network Primary Care Physician (PCP) from one of the contracted network physician groups listed in our Provider Directory.

- This selection occurs during the enrollment process; however, the member can change their Primary Care Physician throughout the year.
- The Primary Care Physician is responsible for providing routine medical care and coordinating the rest of the covered services received by members through a referral process.

In an emergency, members should get care immediately.

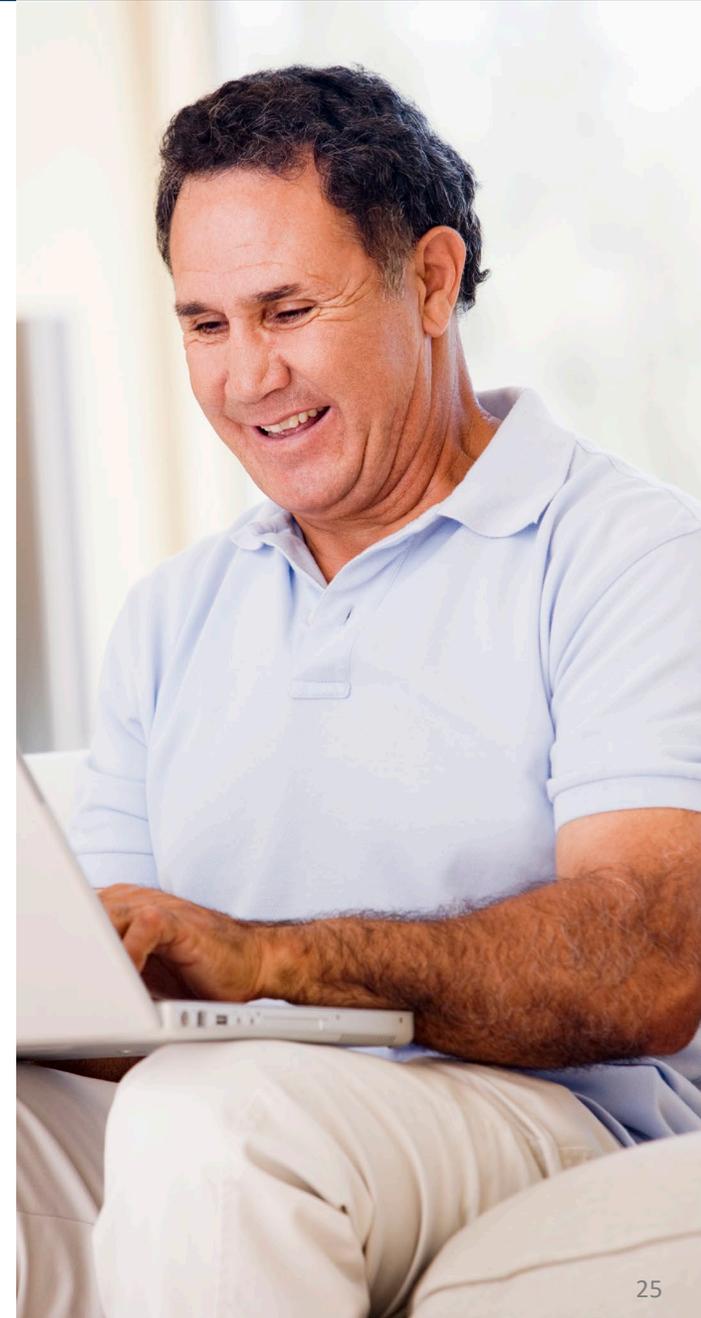
- Members do not have to contact their Primary Care Physician to get permission in an emergency.
- Members should call 911 for immediate help or go directly to the nearest emergency room, hospital, or urgent care center.



Self-Referrals

Members who enroll in Blue Shield's Medicare Advantage HMO and HMO D-SNP plans may self-refer to a network provider, without a referral or approval in advance, for the following services:

- Routine women's healthcare, which includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams.
- Flu shots, Hepatitis B vaccinations, and pneumonia vaccinations.
- Emergency services from network providers or from out-of-network providers.
- Urgently needed services from network providers or from out-of-network providers when network providers are temporarily unavailable or inaccessible (e.g., when you are temporarily outside of the plan's service area).
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are temporarily outside the plan's service area.



Customer Care

Members can contact Customer Care:

- To change their Primary Care Physician for any reason. Changes need to be made by the 15th of the month, for the change to become effective the 1st of the following month.
- To address concerns or issues obtaining services they believe should be covered.
- To file complaints if they have issues related to obtaining services or payment for services that they believe are covered.
- To address concerns or issues obtaining coverage for Part D prescription drugs.
- To ask questions regarding their plan benefits.



Medicare Advantage Prescription Drug (MA-PD) Plan Customer Care: (800) 776-4466 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, year-round - Effective 10/01/2021

Blue Shield Balance: (888) 802-4423 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, year round

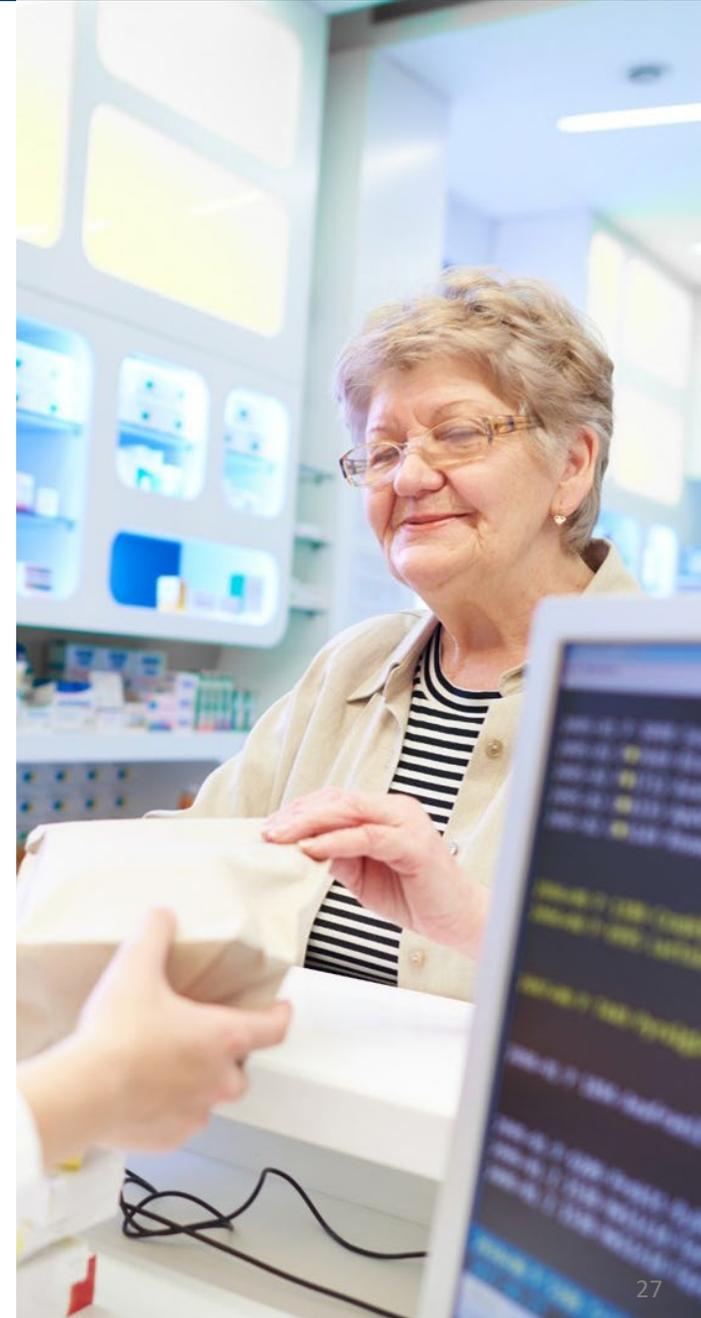
Individual Medicare Prescription Drug Plan (PDP): 888) 239-6469 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, year round



Prescription Drug Rules

To fill covered prescriptions, members must show their Plan membership card at a network pharmacy.

- If members do not have their membership card when the prescription is filled, they may have to pay the full cost of the prescription (rather than paying the applicable copayment or coinsurance). Members will then have to submit a paper claim to Blue Shield for reimbursement.
- Prescriptions filled at out-of-network pharmacies are covered if the prescriptions are related to care for a medical emergency or urgently needed services.
- In this situation, members pay the full cost (rather than just the copayment or coinsurance) and submit a paper claim to Blue Shield for reimbursement.



Prescription Drug Rules (con't)

- Blue Shield Medicare Advantage Plans have a mail service pharmacy.
- Blue Shield Medicare Advantage Plans will generally cover the drugs listed in the formulary as long as:
 - The drug is prescribed by an individual that is NOT on the CMS preclusion list.
 - The prescription is filled at a network pharmacy.
 - The drug is used for a medically accepted indication (either approved by the Food and Drug Administration or supported by certain reference books).



Prescription Drug Rules (con't)

The amount a member pays for a prescription depends on:

- What coverage stage the member is in (i.e., initial coverage stage, coverage gap stage, or catastrophic stage)
- The type of drug and its applicable cost-sharing tier
- Where the prescription is obtained (i.e., network pharmacy with preferred cost-sharing or with standard cost-sharing)
- The days' supply of the drug (i.e., 30-day vs 90/100-day supply)



Formulary Requirements

A formulary is a list of drugs covered by the plan.

- Plans are required to have at least two drugs in each therapeutic class.
- CMS requires that formularies be developed and regularly reviewed by a Pharmacy & Therapeutics Committee.
- Plans may immediately remove a brand name drug from the formulary if the brand name drug is replaced with a new generic drug in the same or lower cost-sharing tier and with the same or fewer restrictions.
- Plans are not required to tell members in advance of that change – even for members currently taking the brand name drug.
- Plans are required to have a transition process for new beneficiaries to allow time for them to change to different medications on the plan’s formulary, if medically necessary.



Formulary Exceptions

There are several types of exceptions to the Plan's formulary that the member or the member's physician can request:

- Members can ask the Plan to cover a prescription drug even if it is not on the formulary.
- Members can ask the Plan to waive coverage restrictions or limits on a prescription drug.
- For example, for certain drugs, the Plan limits the amount of the drug that is covered. If a member's prescription has a quantity limit, he or she can ask for the limit to be waived.
- Members can ask the Plan for a tier exception to provide a lower-cost-share for a drug on the formulary.*
 - For example, if your drug is in the Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs on the Preferred Brand Drug tier instead. This would only apply as long as there is a formulary drug that treats your condition on the Preferred Brand Drug tier. This would lower the amount you pay for your medications.



Formulary exceptions are not guaranteed and should not be presented to prospects as such.

*Drugs on Tiers 1 and 5 are exempt from tier exception requests. The member cannot ask to change the cost-sharing for those tiers.



Formulary Exceptions (con't)

Physician support is required for exceptions:

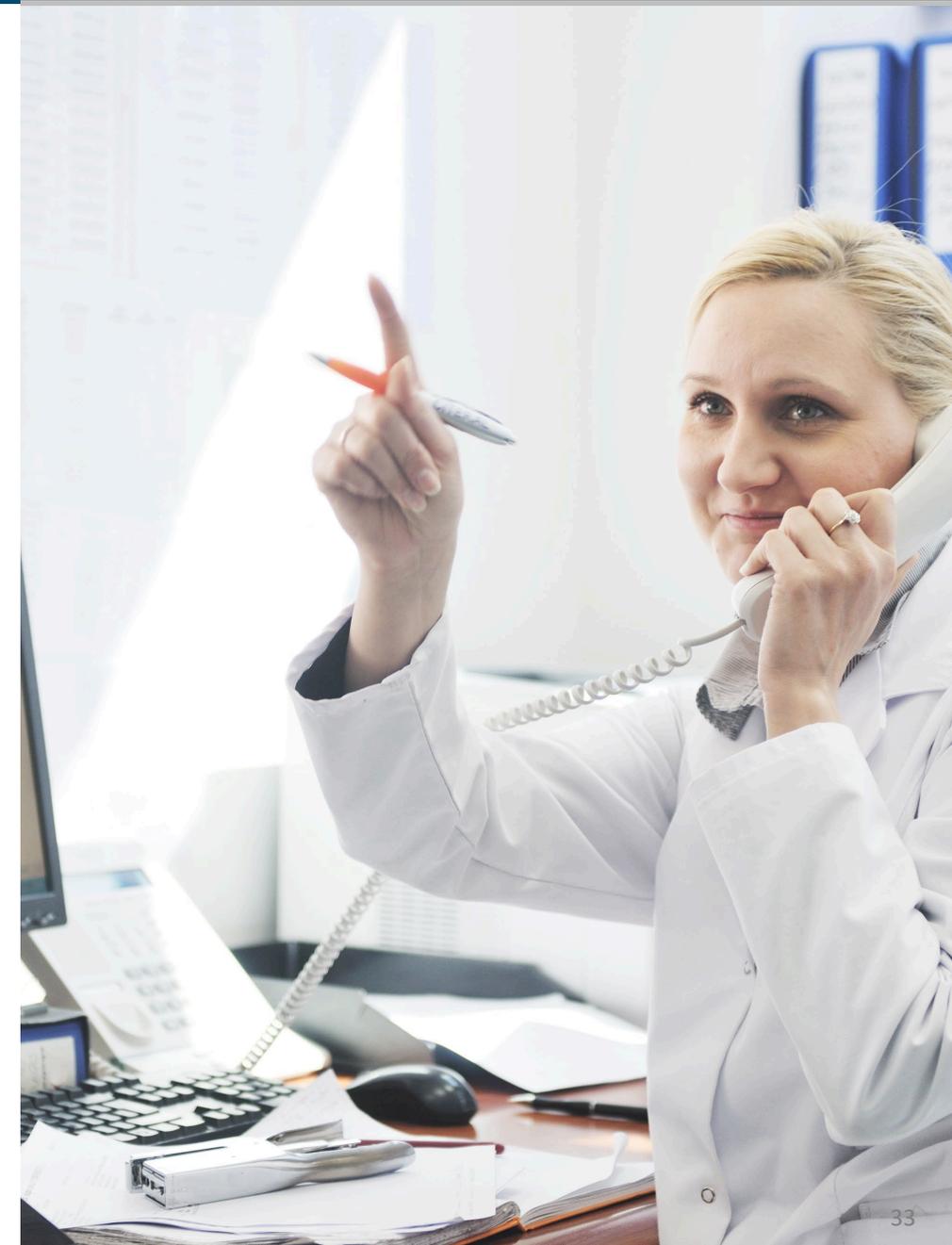
- Generally, Blue Shield will only approve a member's request for an exception if the alternative drugs included on the Plan's formulary or the lower tier drug would not be as effective in treating the member's condition and/or would cause the member to have adverse medical effects.
- When the Plan approves an exception request, the approval is valid for the remainder of the Plan year, as long as the doctor continues to prescribe the drug and it continues to be safe and effective for treating the member's condition.
- If Blue Shield denies an exception request, the member has the right to appeal the decision.



Requesting Coverage Determinations & Exceptions

Blue Shield must grant an expedited review of a coverage determination or exception if the doctor or other prescriber tells us that the member's life or health may be at risk by waiting for a standard request.

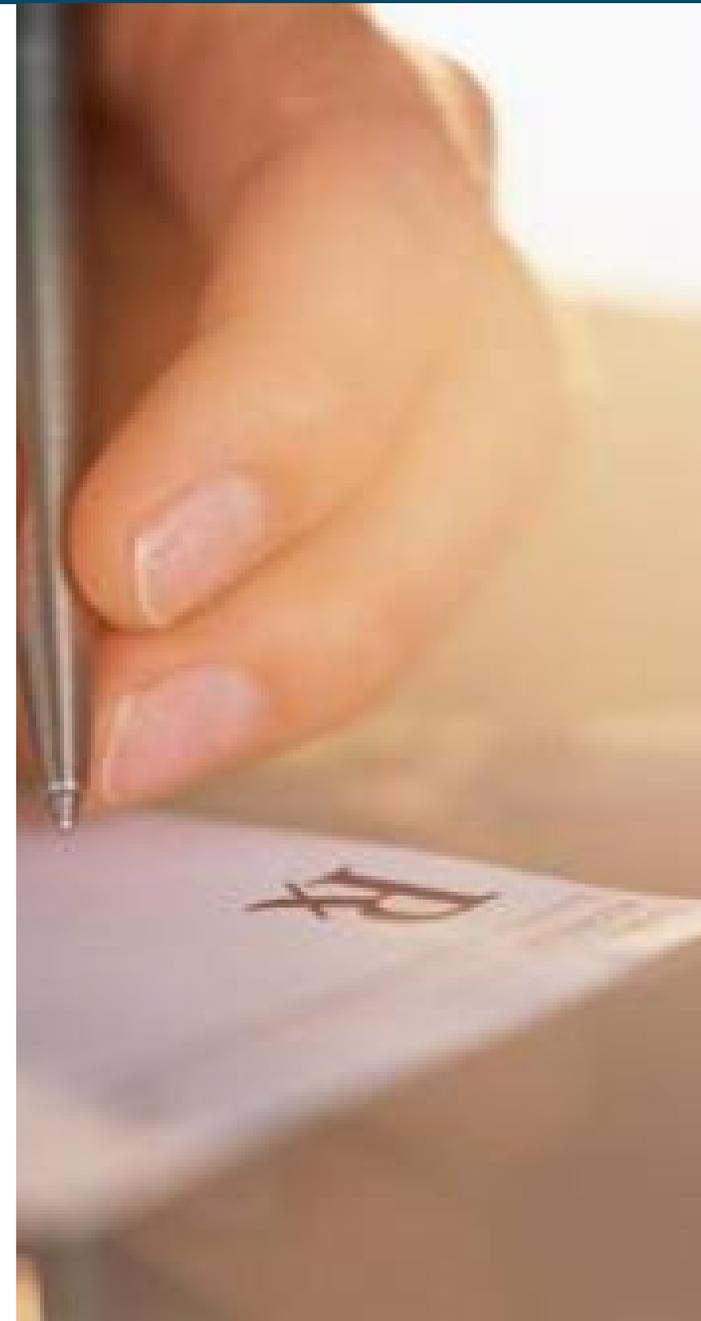
- The request for a coverage determination or exception can be requested by the member, their doctor or other prescriber, or their designated appointed representative.
- It can be filed as a standard or an expedited request.
- The standard request requires a plan decision within 72 hours of receipt of request.
- The expedited request requires a plan decision within 24 hours of receipt of request.
- Coverage determinations and exception requests can be filed in writing, through electronic prior authorization, or by calling Blue Shield.
- If a member disagrees with a coverage determination or payment decision made by Blue Shield, they then have the right to file an appeal.



Drug Utilization Management

The Plan's formulary includes coverage limits on certain drugs. Coverage limits are also called "drug utilization management tools".

- A team of doctors and pharmacists develop these utilization management tools.
- These tools protect members, control over-utilization, and guard against unnecessary spending.
- Often, these tools are used for high-cost or high-risk drugs.



Drug Utilization Management (con't)

Examples of utilization management tools:

- **Prior Authorization**
 - Members are required to get prior authorization for certain drugs as indicated in the formulary. This means that members or their authorized representative must get approval from the Plan before filling a prescription. If they don't get approval, the Plan may not cover the drug.
- **Quantity Limits**
 - For certain drugs, the Plan limits the amount of the drug that is covered per prescription or for a defined period of time. These drugs are identified on the formulary.
- **Step Therapy**
 - In some cases, the Plan requires members to first try certain drug to treat a medical condition before the Plan will cover another drug for that condition.
 - For example, if Drug A and Drug B both treat a certain medical condition, the Plan may require the member's doctor to prescribe Drug A first. If Drug A does not work, then the Plan will cover Drug B.
- **Generic Substitution**
 - When there is a generic version of a brand-name drug available, the Plan's network pharmacies will automatically give the member the generic version, unless the member's doctor specifically states that the member must take the brand-name drug. This request should be indicated on the written prescription or phoned into the pharmacy.

Excluded Drugs

The following categories of drugs are not covered (“excluded”) by the Plan:

- Non-prescription drugs
- Drugs used for treatment of anorexia, weight loss, or weight gain
- Drugs used to promote fertility
- Drugs used for cosmetic purposes or to promote hair growth
- Drugs used for the symptomatic relief of cough and colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra, or Caverject, unless offered as supplemental coverage by select plans.
- The plan's Part D drug coverage cannot cover a drug that would be covered under Medicare Part A or Part B.
 - The plan cannot cover a drug purchased outside the U.S. and its territories.
 - The plan usually cannot cover off-label use (use of the drug other than those indicated on a drug's label as approved by the Food & Drug Administration), except when the use is supported by certain reference books.



Complaints

- Complaints are any expression of dissatisfaction to a Plan, Provider, Facility or Quality Improvement Organization (QIO) by a member, either verbally or in writing.
- Members have the right to make a complaint if they have concerns or problems related to their coverage or care.
- Sales Agents/Brokers should encourage members to let the Plan know right away if they have questions, concerns, or problems related to their covered services or the care received.
- Appeals and grievances are the two different types of complaints a member can make.

Teach members to call Blue Shield's Customer Care department (number on ID card) to reach representatives trained to guide them through the grievance and appeals process.



Appeals

An appeal is a complaint made by the member if they disagree with the plan sponsor's decision to deny a request for coverage of health care services or prescription drugs or payment for services or drugs they already received. The member can also make an appeal if they disagree with the plan sponsor's decision to stop services they are receiving.

Examples of when a member might file an appeal:

- The Plan refuses to cover or pay for services the member believes should be covered.
- The Plan or Plan Provider refuses to provide a service the member believes should be covered.
- The Plan or Plan Provider reduces or cuts back on services or benefits the member has been receiving.
- The Plan is stopping coverage of a service or benefit, and the member believes it is too soon to do so.
- The Plan refuses to reimburse the member for drugs paid for out-of-pocket.
- The Plan has miscalculated the member's True Out of Pocket amount.



Appeals Process

A member, or his/her authorized representative or provider, must submit the request for an appeal within 60 calendar days of the date of the denial notice. The request can be made by phone or in writing (for an expedited request) or in writing only (for a standard request).

A member, or his/her authorized representative or provider, can ask the Plan verbally versus in writing to give an expedited “fast” decision, rather than a “standard” decision for services that have not been received.

Plan response times, from receipt of appeal:

- For a decision about payment for medical care or services the member has already received, we have 60 calendar days.
- For a standard decision for medical care or services the member has not yet received, we have 30 calendar days.
- For an expedited decision about services the member has not received, we have 72 hours.
- For a standard decision about a Part D drug that includes a request to reimburse the member for a Part D drug they have already paid for and received, we have 14 calendar days.
- For an expedited decision about a Part D drug that the member has not yet received, we have 72 hours.

Appeals Process (con't)

Initial decision or organization determination

- This is the starting point. If the initial decision is to deny the request (in whole or in part), then an appeal can be made.

There are FIVE levels of appeals:

- Appeal or request for reconsideration
- Independent Review Entity (IRE) contracted by CMS
- Administrative Law Judge Hearing (the amount in controversy must meet a minimum standard as defined by CMS)
- Medicare Appeals Council (MAC) Review
- Judicial Review (the amount in controversy must meet a minimum standard as defined by CMS)

NOTE: The appeals must be made in this order.



Grievances

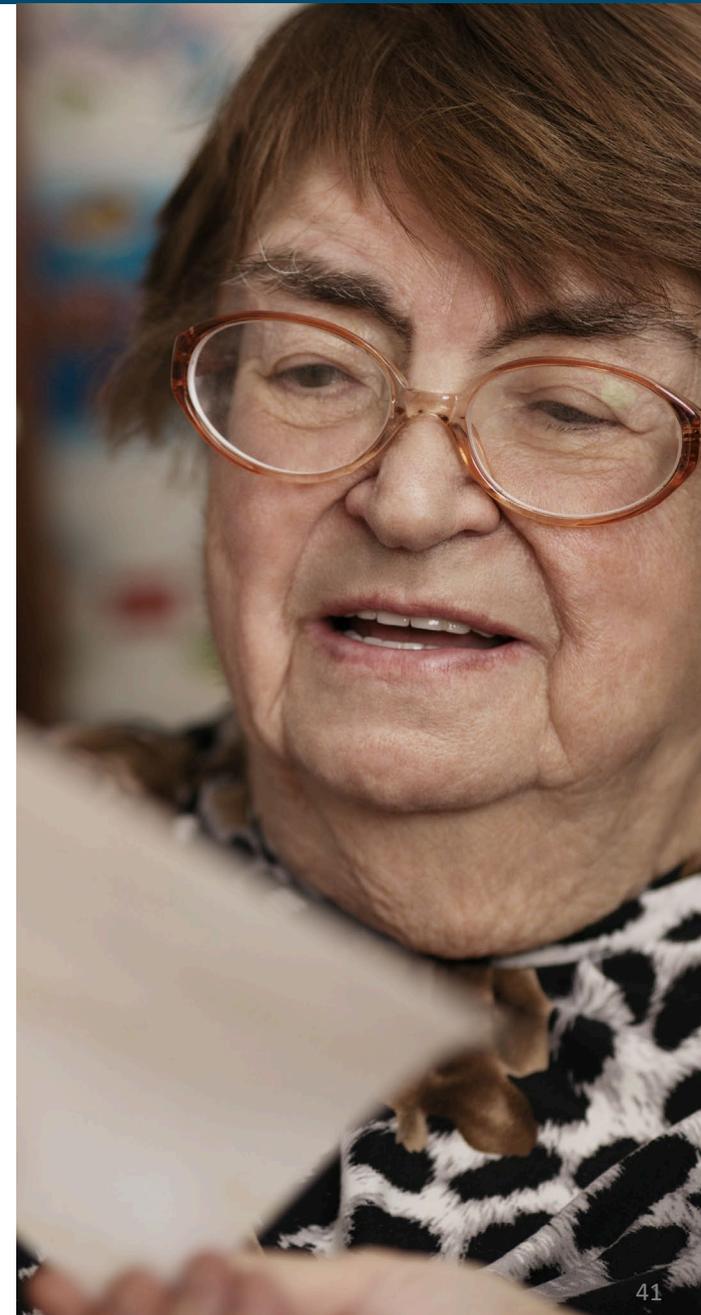
A grievance is any communication, verbal or written, from a member expressing dissatisfaction with any aspect of the Medicare Advantage Plan or any contracted provider's activities or behavior regardless of whether any remedial action is requested.

Reasons a member might file a grievance may include:

- Quality of care
- Wait times for scheduling appointments or time spent in the waiting room during appointments
- The way the doctor(s) or other staff behaved
- Not being able to reach someone by phone or get information needed
- The cleanliness or condition of the doctor's office or pharmacy

Sales Allegations will be reported to the Health Plan and the Sales Agent/Broker will be contacted by the Health Plan for a written testament.

A member, or his/her authorized representative, can file a grievance in writing or verbally, within 60 calendar days of the event or incident, by calling Customer Care.



Enrollment Process

Joining the Blue Shield Family

In this Section

In this lesson you'll be introduced to the Blue Shield of California enrollment process.

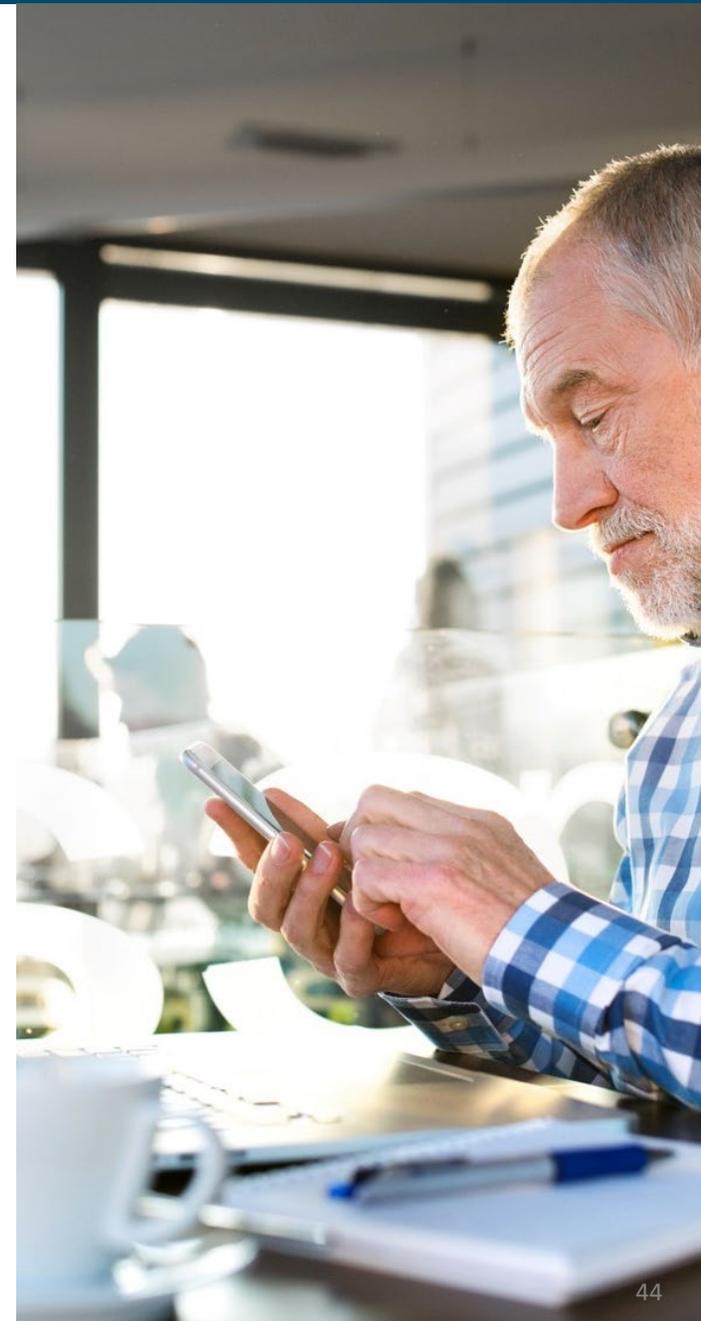
Specifically, this lesson discusses:

- ✓ Understanding the enrollment form requirements and process
- ✓ Identifying which plan documents are included in the pre-enrollment package
- ✓ Identifying which plan documents are included in the Welcome Kit



Enrollment Form Requirements

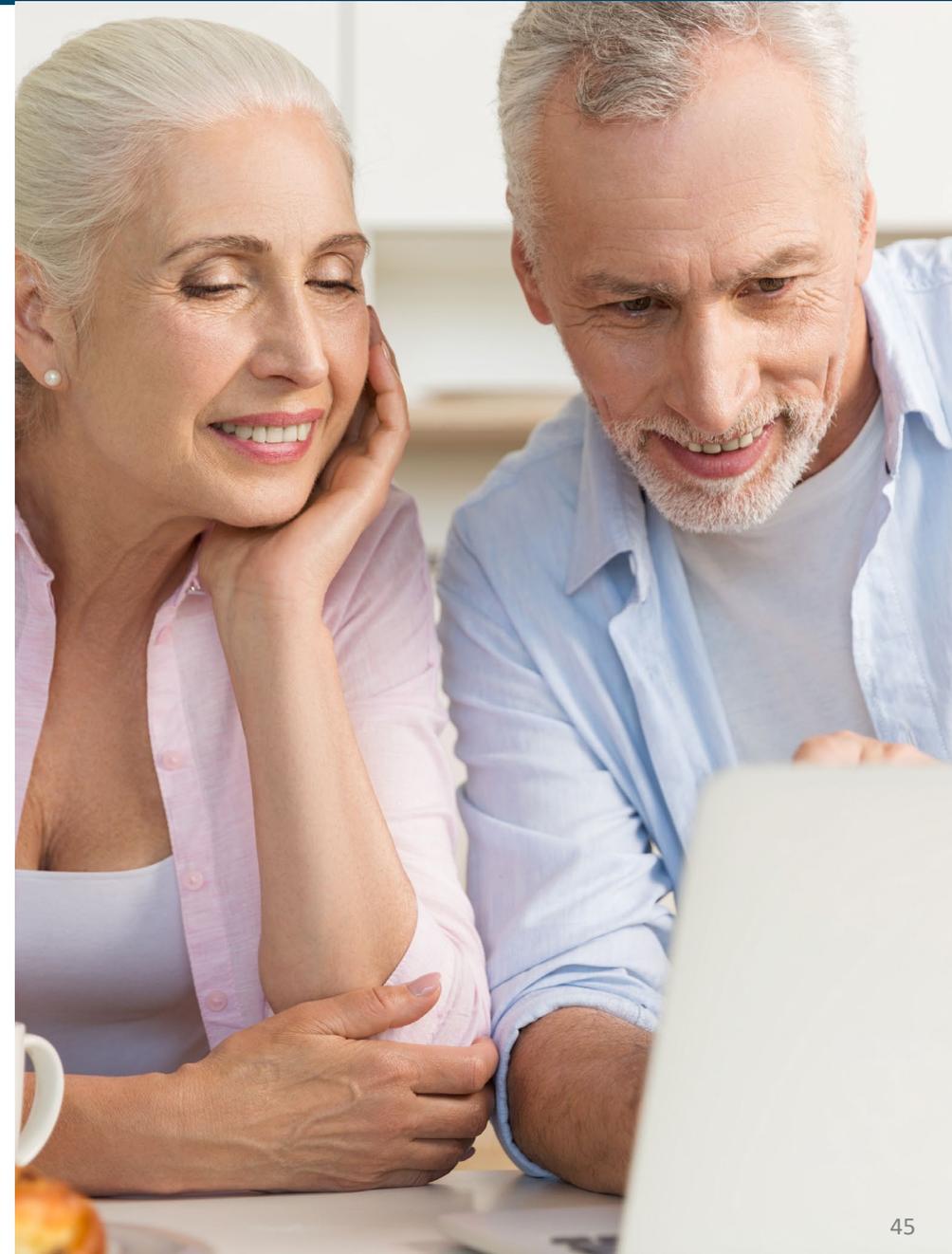
- A separate enrollment form must be completed for each Medicare beneficiary.
- All required fields in section 1 on the enrollment form must be completed.
 - If the field does not apply, such as a request for an email address, mark N/A.
- The Sales Agent/Broker may complete or accept enrollment forms with future effective dates ONLY for beneficiaries who are “Aging In” (i.e., turning 65 years old within the next three months).
- Sales Agents/Brokers must see the beneficiary’s red, white and blue Medicare card to verify the spelling of the beneficiary’s name and Medicare Part A and Part B effective dates, and indicate this information on the enrollment form.
 - A beneficiary can produce a letter showing their Medicare Part A and B effective dates as best available evidence.
 - The application member data points (name, dob, etc.) must match the Medicare Card or BAE even if incorrect or until the discrepancy is resolved by CMS/SSI.



Enrollment Form Requirements (con't)

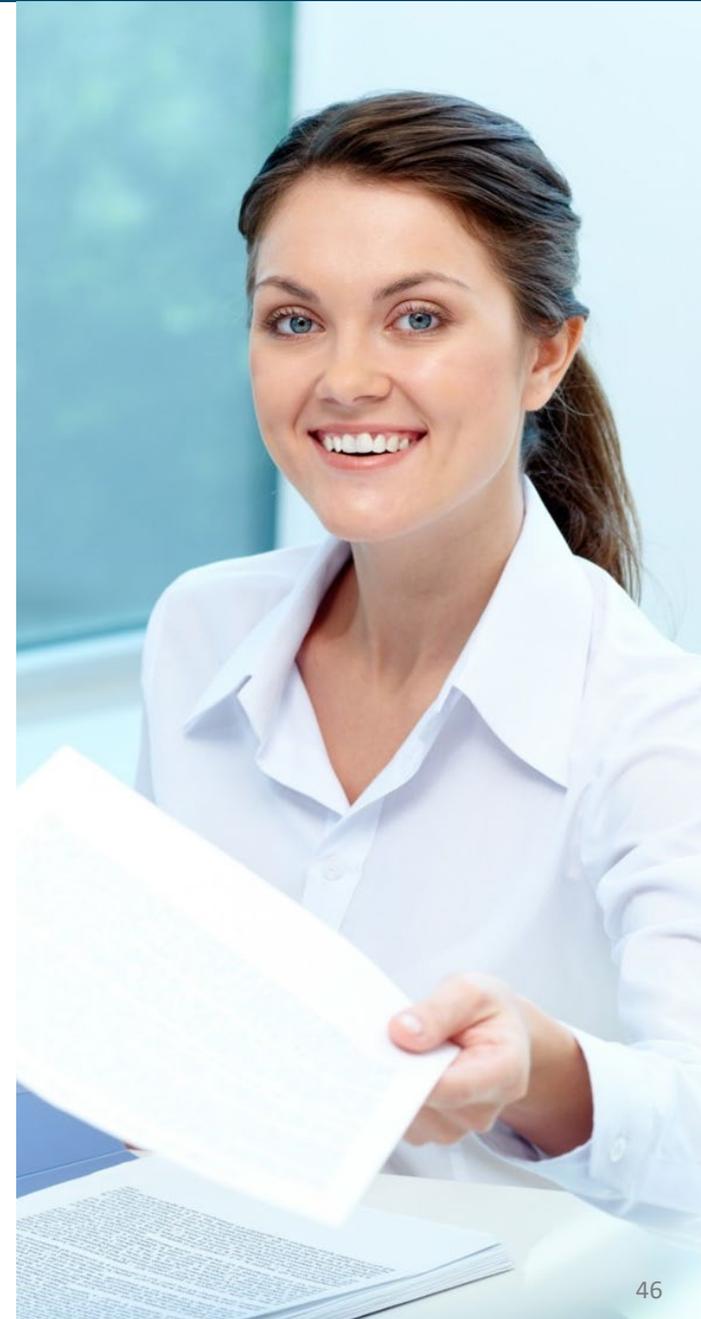
The Medicare identification number should be written on the enrollment form exactly as it appears on the red, white and blue Medicare card including:

- Beneficiary should indicate which Enrollment Period they are eligible for at the time of enrollment (AEP, IEP, ICEP, MA-OEP, or SEP).
- For Special Enrollment Period (SEP), the beneficiary should indicate:
 - Other coverage (group health insurance)
 - Whether the prospect is a resident in a nursing home or other residential facility
 - Medicaid status



Enrollment Form Requirements (con't)

- Each Medicare beneficiary or authorized representative must sign and date his or her own enrollment form (e.g., a spouse cannot sign for a husband/wife).
- Enrollments must be submitted to Blue Shield of California within 24 hours of receipt
- Sales Agents/Brokers should have the Medicare beneficiary initial any mistakes or changes on an enrollment form at the point of sale.
- An agent/broker may make corrections to a completed application prior to submitting, as long as the agent/broker initials and dates the change, and provided that it isn't correcting the beneficiary's signature or date of signature.

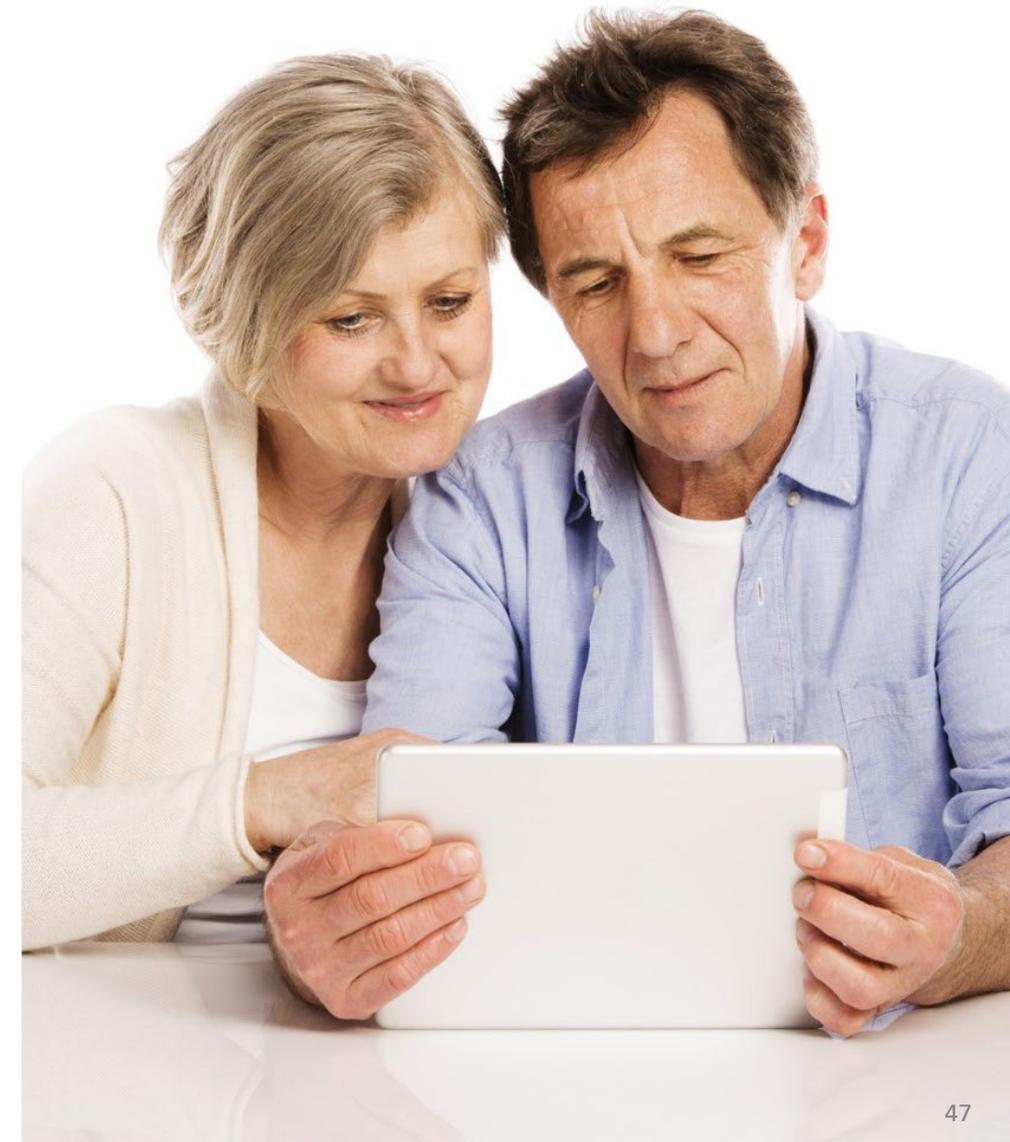


Enrollment Kit

The following documents are included in the Enrollment Kit to help the Medicare beneficiary make an informed choice:

- Benefit Highlight (Intro) - *Plan specific*
- Medicare Star Plan Ratings
- Summary of Benefits
- Pre-Enrollment Checklist
- Understanding Medicare enrollment periods
- AAA Attestation (in kits for plans that include the Independence and Safe Mobility with AAA Special Supplemental Benefit for the Chronically III (SSBCI) only)
- Grocery Attestation (Special Supplemental Benefit for the Chronically III (SSBCI) in Blue Shield Balance (HMO) kit only)
- Scope of Appointment Form (broker kits only)
- Non-Discrimination Notice
- Enrollment Forms(2)

Enrollment Kits are available in Spanish



Welcome Kit for Medicare Advantage Plans

A Welcome Kit (post-enrollment package) is mailed to the member after the enrollment form is processed and confirmation is received from CMS.

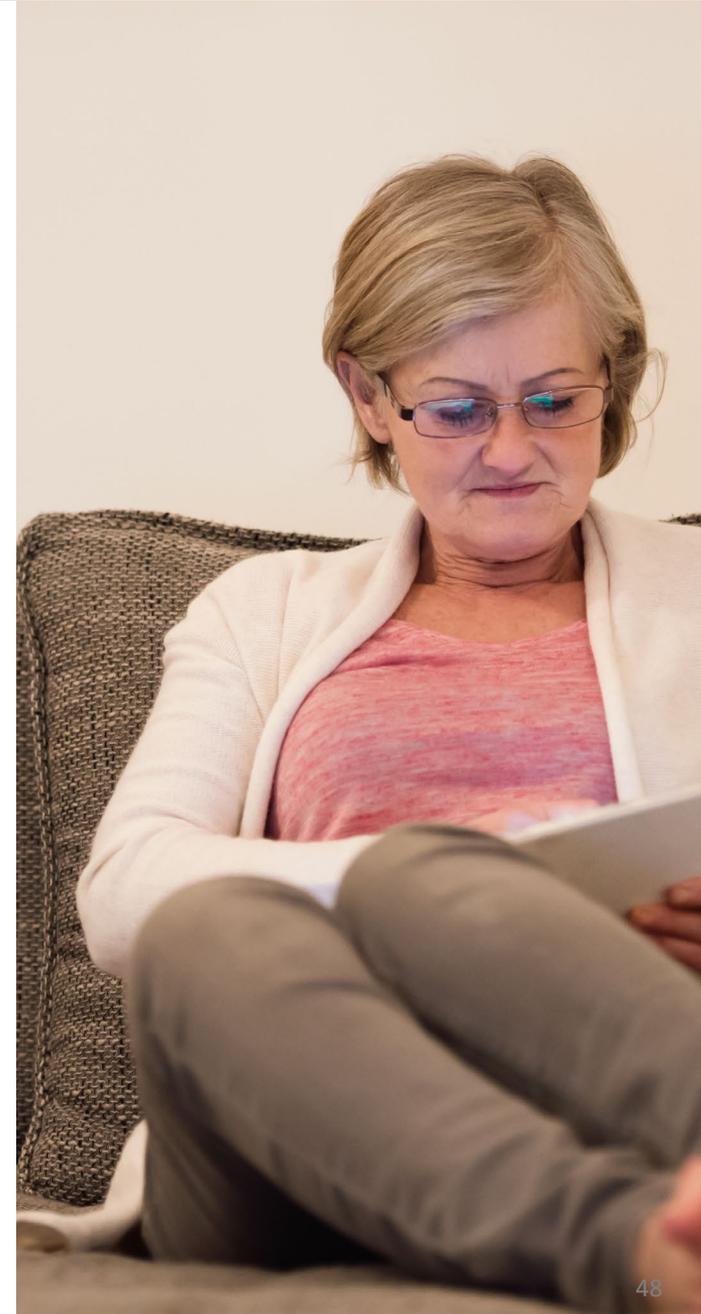
The Welcome Kits for Blue Shield Medicare Advantage Plans include:

- *Notice of Electronic Material Availability (instructs how to find an Evidence of Coverage, formulary and pharmacy directory online)
- Member Handbook
- Supplemental Benefits flyer – *Plan specific*
- Notice of Privacy Practices, Notice of Non-discrimination, Language Assistance Notice

*The notice will direct members here to access their plan materials: <http://blueshieldca.com/medMAPD2022>

The contents of the welcome kit are subject to change in 2022

A plan ID card and provider directory is mailed separately to the member prior to their effective date, or within 10 days of receiving the enrollment confirmation from CMS, whichever is later. Members enrolled in the Optional Supplemental Dental HMO or PPO plan will receive a separate ID card prior to their effective date.



Welcome Kit for Medicare Prescription Drug Plans

A Welcome Kit (post-enrollment package) is mailed to the member after the enrollment form is processed and confirmation is received from CMS.

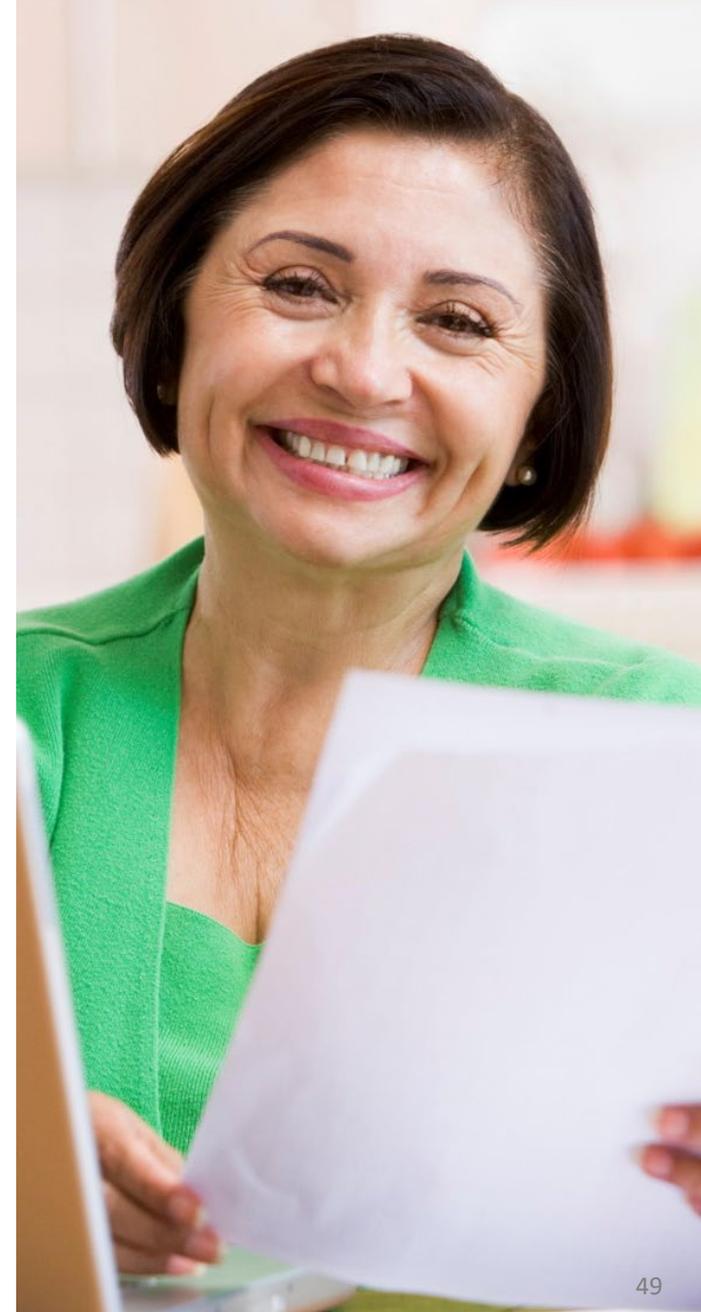
The Welcome Kits for Blue Shield's Medicare Prescription Drug Plans include:

- Cover Letter
- *Notice of Electronic Material Availability (instructs how to find an Evidence of Coverage, formulary and pharmacy directory online)
- Notice of Privacy Practices, Notice of Non-discrimination, Language Assistance Notice

*The notice will direct members here to access their plan materials: <http://blueshieldca.com/medpdp2022>

The contents of the welcome kit are subject to change in 2022

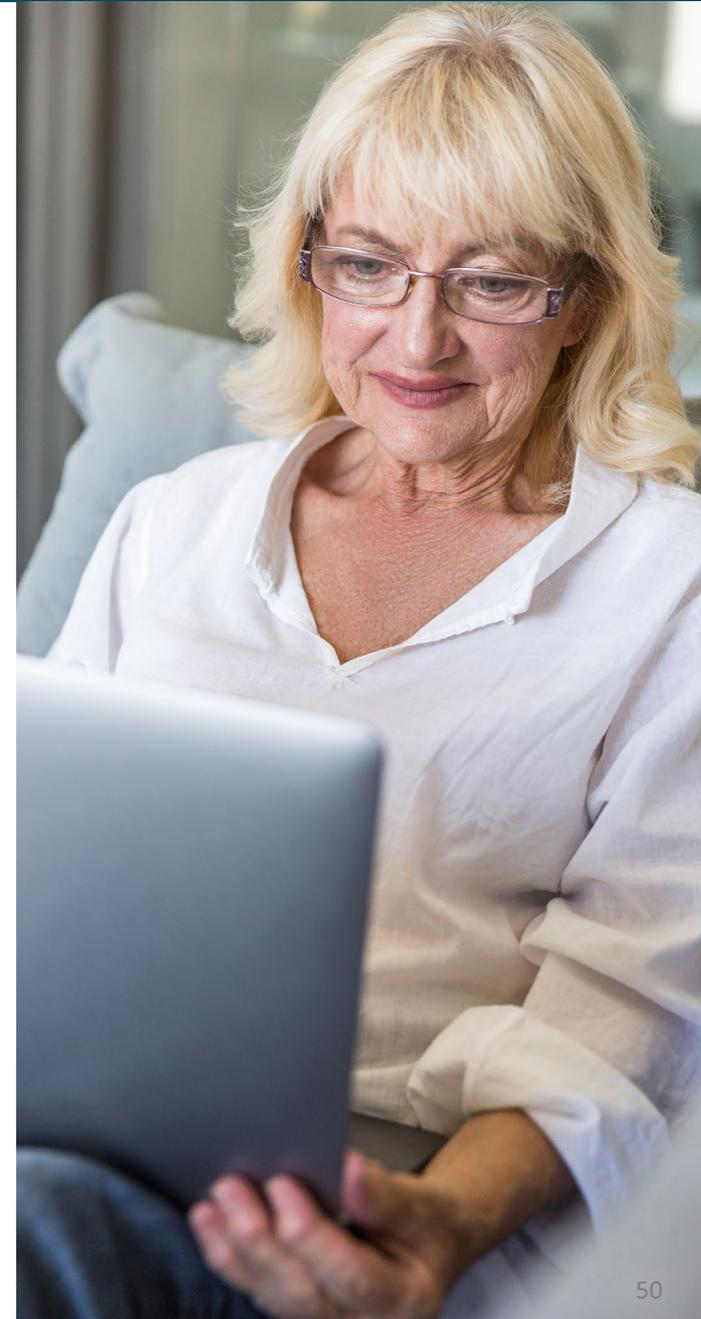
A plan ID card is mailed separately to the member prior to their effective date, or within 10 days of receiving the enrollment confirmation from CMS, whichever is later.



What Your Client can Expect

You can help educate your client on what other things to expect when enrolling in a Blue Shield MA-PD and PDP plans:

- Enrollment verification process will be completed by direct mail. Within 15 calendar days of receiving the enrollment request, the plan will send the verification letter to the enrollee.
- Other Health Insurance survey: Allows us to tell Medicare whether or not the new member has other insurance in addition to our plan.
- Health Risk Assessment survey: Answers can help us provide new members and their doctor with information that may better help the member to effectively manage their health.
- “Welcome to Medicare” Preventive Visit or Annual Wellness Visit: Encourage your clients to schedule their Welcome to Medicare Visit (if they’re new to Medicare) or their Annual Wellness Visit (if they’ve had Medicare Part B for longer than 12 months). The visit allows the member to develop (or update) a personalized prevention plan based on their current health and risk factors.



Enrollment Process Contacts

Online

- Enrollment material requests can be placed online through *Broker Connection* on blueshieldca.com/broker.

Fax

- Sales Agents/Brokers can fax enrollment forms to Blue Shield of California Medicare Enrollment Department at (877) 251-3660.

U.S. Postal Service

- Original enrollment forms should be mailed to:

Blue Shield of California
P.O. Box 927
Woodland Hills, CA 91365-9690

Phone

- Sales Agents/Brokers may also contact Blue Shield of California Producer Services at (800) 559-5905 to request additional enrollment materials such as enrollment packets, sales flyers, and brochures



Sales Agents/Brokers must submit all completed enrollment forms to Blue Shield within 24 hours of the agent's signature date.

Products: Blue Shield Of California

Medicare 2022

2022 Blue Shield MA-PD Plan Service Areas

Blue Shield of California contracts with the Centers for Medicare & Medicaid Services (CMS) to serve Medicare beneficiaries in the following service areas:

Blue Shield 65 Plus Choice Plan (HMO)

- San Bernardino / Riverside Counties

Blue Shield 65 Plus (HMO)

- Los Angeles /Orange Counties
- San Bernardino County
- Riverside County
- Ventura County
- San Diego County
- Kern County
- San Luis Obispo /Santa Barbara Counties

Blue Shield 65 Plus Plan 2 (HMO)

- Los Angeles /Orange Counties

Blue Shield Balance (HMO) – NEW!

- Los Angeles County

Blue Shield Inspire (HMO)

- Los Angeles/Orange Counties
- Sacramento County
- Fresno/ Madera Counties
- Alameda /San Mateo Counties
- Santa Clara County
- San Joaquin/ Stanislaus/ Merced Counties

Blue Shield Vital (HMO)

- Los Angeles/Orange/San Bernardino/Riverside Counties

Blue Shield Inspire (PPO).

- Alameda County

2022 Blue Shield MA-PD Plan Service Areas

Blue Shield of California contracts with the Centers for Medicare & Medicaid Services (CMS) to serve Medicare beneficiaries in the following service areas:

Blue Shield AdvantageOptimum Plan (HMO)

- Los Angeles /Orange Counties
- Santa Clara County
- Fresno County
- Merced County
- Stanislaus
- San Joaquin County

Blue Shield AdvantageOptimum Plan 1 (HMO)

- San Diego County

Blue Shield AdvantageOptimum Plan 2 (HMO)

- San Diego County

Blue Shield Coordinated Choice Plan (HMO)

- Los Angeles/Orange/ San Bernardino/Riverside/San Diego/Fresno/Santa Clara/Merced/ San Joaquin/Stanslaus Counties

Blue Shield TotalDual Plan (HMO D-SNP)

- Los Angeles, Orange, San Bernardino, San Diego Counties

Blue Shield Inspire (HMO D-SNP)

- Fresno/San Joaquin/Stanslaus/Merced Counties



2022 Blue Shield PDP Service Areas

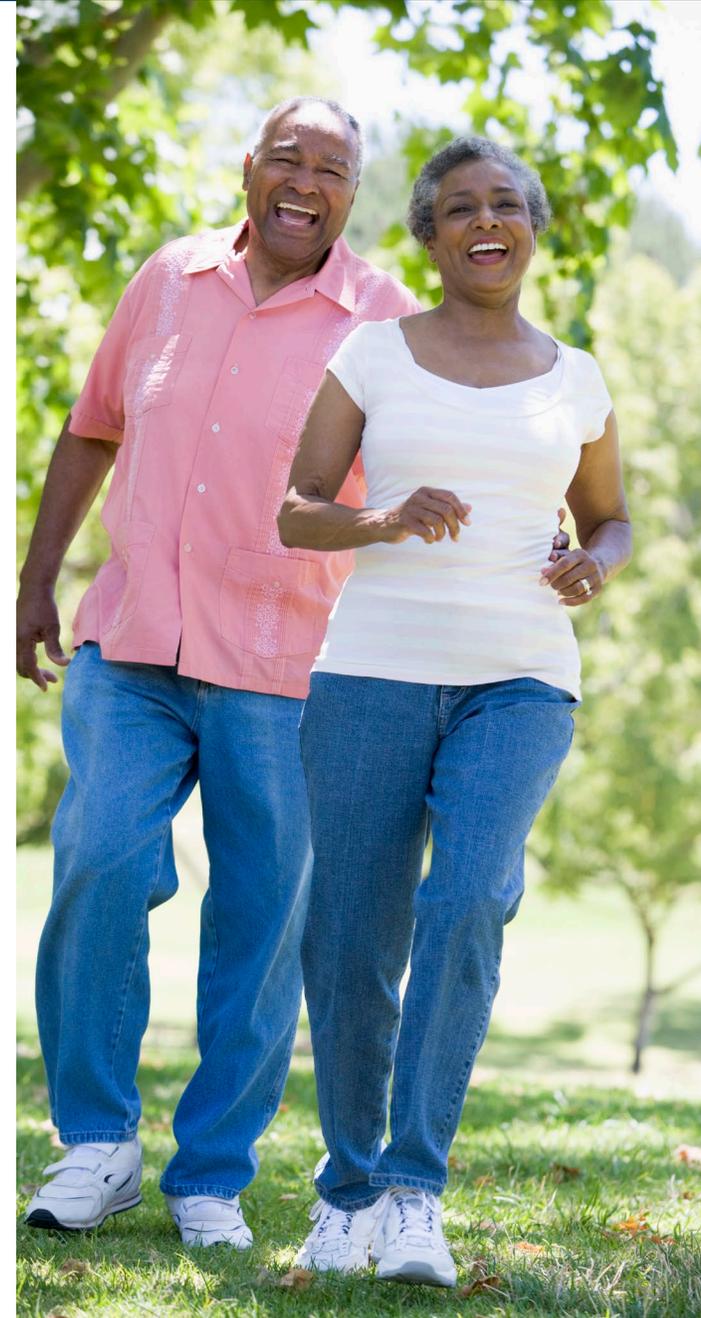
Blue Shield of California contracts with the Centers for Medicare & Medicaid Services (CMS) to serve Medicare beneficiaries in the following service areas:

Blue Shield Rx Plus (PDP)

- Entire State of California

Blue Shield Rx Enhanced (PDP)

- Entire State of California

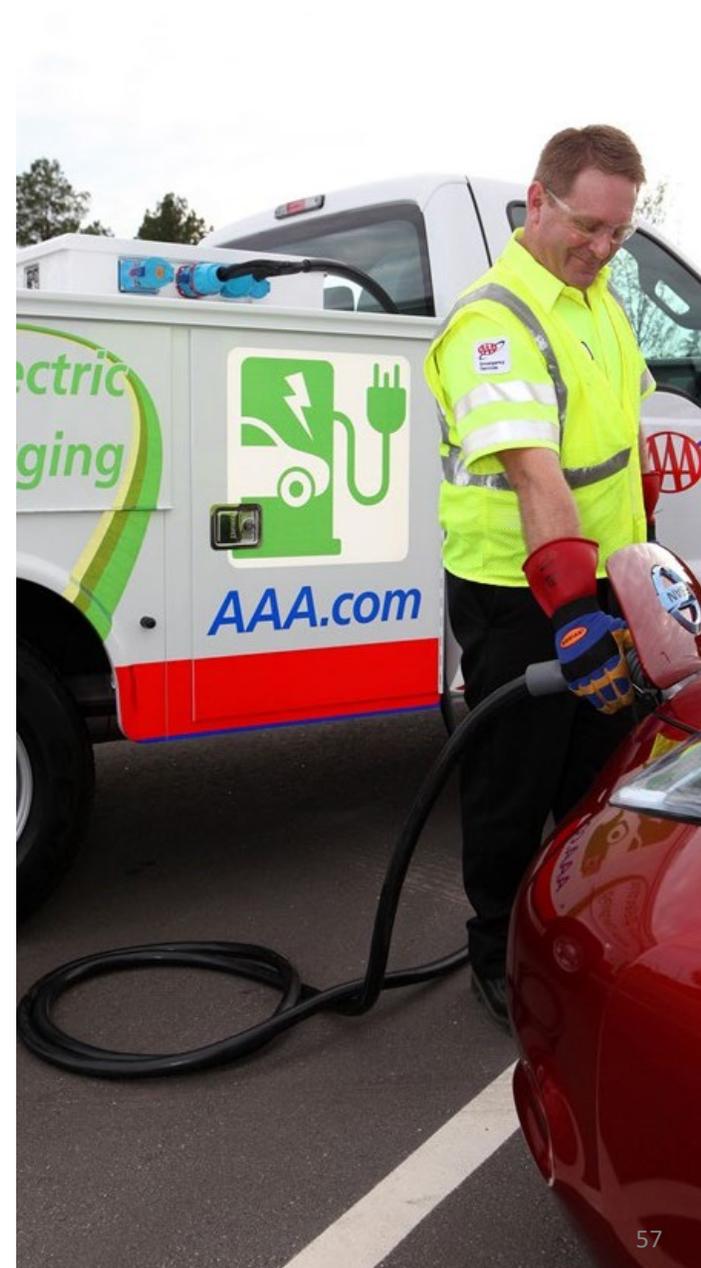


Navigate the road of life with Blue Shield of California and AAA



Navigate the road of life with Blue Shield of California and AAA

Blue Shield of California, together with AAA, is pleased to offer a Medicare Supplement plan and select Medicare Advantage Plans that include a benefit designed to provide eligible members with tools that help promote continued independence and safer mobility.



Independence and Safe Mobility with AAA

Medicare Supplement Plan G Inspire¹ and eligible Medicare Advantage plan¹ members in select plans can enjoy:

- One-year Classic AAA Membership² – A one-year membership, including 24/7 roadside assistance, annually upon enrollment.
- AAA Roadwise Driver – A course designed to help you refine your driving skills to become a safer driver.
- Educational Driving Resources – with a dedicated website containing resources and advice for drivers, such as AAA Roadwise Rx³ – a tool designed to help you learn more about your medications and how they may affect your driving.

1. Available in select plans and counties in Northern California. For Medicare Advantage Plans, members must qualify to receive the Independence and Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill. Please refer to the [Summary of Benefits / Evidence of Coverage \(EOC\)](#) for plan details and eligibility requirements. Eligibility approval is not required for Medicare Supplement Plan G Inspire.
2. One-year new or renewal Classic AAA Membership, valued at up to <\$56>/year in <2021>. AAA Membership provided by AAA Northern California, Nevada & Utah.
3. This tool is intended to provide users with general information to help them better understand the traffic safety implications of using certain medications before driving. The information is not medical advice. Consult with your doctor before altering any medications or driving, or if you have specific medical questions or think you may be suffering from any medical condition.



Availability & Qualification for Blue Shield Medicare Advantage Plans

The Independence and Safe Mobility with AAA is offered as a Special Supplemental Benefit for the Chronically Ill (SSBCIs) with the Blue Shield Inspire (HMO), Blue Shield Inspire (HMO D-SNP), and Blue Shield Inspire (PPO) Medicare Advantage plans in these counties:

- Sacramento County
- Fresno County
- Madera County
- Alameda County
- San Mateo County
- Santa Clara County
- San Joaquin County
- Stanislaus County
- Merced County

SSBCIs are items or services for chronically ill enrollees that have a reasonable expectation of improving or maintaining an enrollee’s health or overall function.

SSBCIs do not need to be “primarily health related,” unlike other Medicare Advantage supplemental benefits.

Members must qualify to receive the Independence and Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill.



Introducing Blue Shield Balance (HMO)



Introducing Blue Shield Balance (HMO)

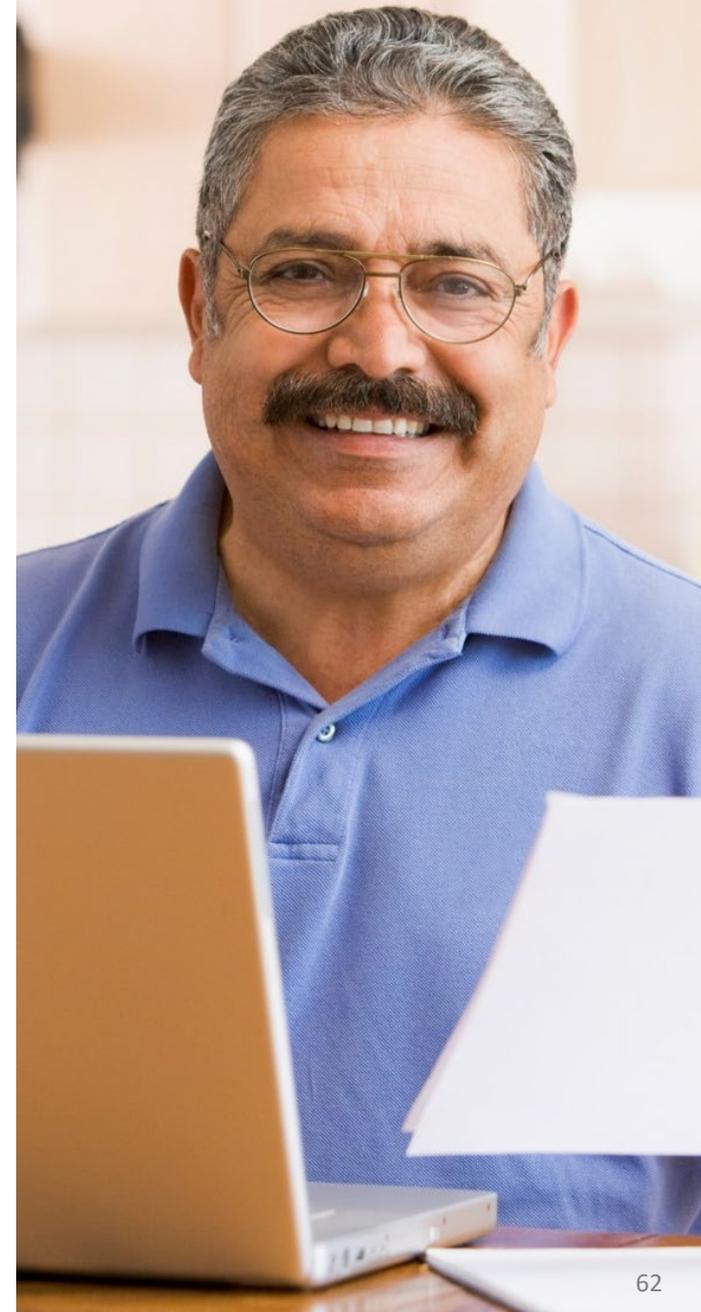
- Blue Shield Balance (HMO) helps fulfill our mission to deliver a healthcare system worthy of our family and friends and is sustainably affordable.
- We realize health insurance is complex. It's hard to navigate and hard to understand. Blue Shield Balance (HMO) is dedicated to delivering a concierge level healthcare experience.
- We offer a dedicated team and phone number to assist our members with realizing the value of their Medicare Advantage plans.



Benefits and services that matter

- Concierge level healthcare experience
- Enhanced caregiver support
- Bi-lingual end-to-end support
- <A Benefit Card> – for OTC items allowance and Healthy Grocery SSBCI benefit¹
- Part D Senior Savings Model (Insulin Program)

1. Members must qualify to receive the Grocery Special Supplemental Benefit for the Chronically Ill. Please refer to the Summary of Benefits / Evidence of Coverage for plan details and eligibility requirements.



2022 Benefit Highlights

Los Angeles County
Blue Shield Balance (HMO)

New for 2022

Monthly Plan Premium	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$999
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay
Over-the-counter items allowance	\$45 per month for covered items
Transportation Services (non-Medicare covered) ¹	\$0 copay for each one-way trip (6 one-way trips per year).
Personal Emergency Response System (PERS)	\$0 copay
Acupuncture Services (non-Medicare covered)	Not Covered
Chiropractic Services (non-Medicare covered)	Not Covered
SilverSneakers Fitness Program	Not Covered
Optional Supplemental Dental PPO or HMO coverage available	Available
SSBCI Healthy Grocery benefit ²	\$25 per month for covered items

Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay
Office visits	\$0 copay /PCP visit \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7SM	\$0 copay
Routine eye exam	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$100 allowance /2 years
Eyeglasses lenses ³	\$100 allowance /year
contacts lenses	\$100 allowance /year
Routine Dental Services	Included
Hearing aids (2 aids per year) and batteries	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.

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¹ Non-emergency, plan-approved health related locations within the plan service area.

2022 Benefit Highlights

continued

Los Angeles County	
	Blue Shield Balance (HMO) New for 2022
Inpatient Hospital Care	\$0 copay per admission
Emergency Care ³	\$85 copay per visit to an emergency room You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$100 copay per trip (each way)

2 This is a SSBCI benefit that the members must qualify for in order to receive. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

3. Copay waived if admitted within one day for same condition.

Los Angeles and Orange Counties



2022 Benefit Highlights

	LA & Orange Counties	LA & Orange Counties	LA & Orange Counties	San Bernardino, Riverside LA & Orange Counties	LA & Orange Counties
	Blue Shield Inspire (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Plan 2 (HMO)	Blue Shield Vital (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Monthly Plan Premium	\$0	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$799	\$999	\$1,899	\$3,400	\$999
Part B Premium Reduction	Not Included	Not Included	Not Included	\$50 Part B Premium Reduction	Not Included
Annual Part D Deductible	\$0	\$0	\$0	\$0	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over-the-counter items allowance	\$100 per quarter for covered items	Not Covered	Not Covered	Not Covered	\$115 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	\$0 copay for each one-way trip (36 one-way trips per year).	Not Covered	\$0 copay for each one-way trip (24 one-way trips per year).	Not Covered	\$0 copay each one-way trip (30 one way trips per year)
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay	Not Covered	Not Covered	\$0 copay
Acupuncture Services (non-Medicare covered)	\$0 copay 24 visits per year	Not Covered	Not Covered	Not Covered	\$0 copay per visit 24 visits per year
Chiropractic Services (non-Medicare covered)	\$0 copay 24 visits per year	Not Covered	Not Covered	Not Covered	\$0 copay 24 visits per year
SilverSneakers Fitness Program	\$0 copay	\$0 copay	\$0 copay	Not Covered	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available	Available	Available	Available	Not Available
Home Meal Delivery ²	You pay \$0 for each covered home meal delivery.	Not Covered	Not Covered	Not Covered	Not Covered

2022 Benefit Highlights

continued

	LA & Orange Counties	LA & Orange Counties	LA & Orange Counties	San Bernardino, Riverside LA & Orange Counties	LA & Orange Counties
	Blue Shield Inspire (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Plan 2 (HMO)	Blue Shield Vital (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$0 copay /PCP visit \$0 copay/specialist visit.	\$0 copay /PCP visit \$0 copay/specialist visit.	\$0 copay /PCP visit \$5 copay/specialist visit.	\$0 copay /PCP visit \$10 copay/specialist visit.	\$0 copay /PCP visit \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$0 copay/year	\$0 copay/year	\$10 copay/year	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$200/2 years	\$0 copay \$175/2 years	\$20 copay \$100/2 years	\$20 copay \$75/2 years	\$250/year 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.
Eyeglasses lenses ³	\$0 copay/year	\$0 copay/year	\$20 copay/year	\$20 copay/year	
contacts lenses	\$0 copay \$200/year	\$0 copay \$175/year	\$20 copay \$100/year	\$20 copay \$75/year	
Routine Dental Services	Included	Included	Included	Included	Included
Hearing aids (2 aids per year) and batteries*	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	Not Covered	Not Covered	2 hearing aids, hearing aid fitting and evaluation every year with \$1,500 limit every year.



2022 Benefit Highlights

continued

	LA & Orange Counties	LA & Orange Counties	LA & Orange Counties	San Bernardino, Riverside LA & Orange Counties	LA & Orange Counties
	Blue Shield Inspire (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Plan 2 (HMO)	Blue Shield Vital (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Inpatient Hospital Care	\$0 copay per admission	\$0 copay per admission	\$0 copay per admission	\$120 each day for days 1 to 5. \$0 each day for days 6 & over.	\$0 copay per admission
Emergency Care	\$85 copay per visit to an emergency room. ⁴ You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ⁴ You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ⁴ You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$120 copay per visit to an emergency room. ⁴ You have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ⁴ You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$100 copay per trip (each way)	\$150 copay per trip (each way)	\$150 copay per trip (each way)	\$100 copay per trip (each way)	\$125 copay per trip (each way); \$0 copay if admitted
Provider Network Includes	<ul style="list-style-type: none"> UCLA Medical Group St. John's Physician Partners Cedars-Sinai Medical Group PIH Health Regal Medical Group Torrance Health IPA 	<ul style="list-style-type: none"> OptumCare St. Joseph Heritage Medical Group St. Jude Heritage Medical Group Hoag Medical Group MemorialCare Medical Group Monarch HealthCare And many more 	<p>Footnotes</p> <p>*Costs for hearing aids do not apply to the plan's maximum out-of-pocket limit. You may obtain hearing aids at the provider of your choice.</p> <ol style="list-style-type: none"> Non-emergency, plan-approved health related locations within the plan service area. Upon discharge from an inpatient hospital or skilled nursing facility, we cover: <ul style="list-style-type: none"> 22 meals and 10 snacks per discharge Meals and snacks will be divided into up to three separate deliveries as needed Coverage is limited to two discharges per year For more information, Blue Shield Customer Care (phone numbers are printed on the back cover of this booklet). Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference. Copay waived if admitted within one day for same condition. 		

San Bernardino & Riverside Counties



2022 Benefit Highlights

	San Bernardino County	Riverside County	San Bernardino & Riverside Counties	San Bernardino, Riverside, LA & Orange Counties
	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Choice Plan (HMO)	Blue Shield Vital (HMO)
Monthly Plan Premium	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$2,799	\$2,799	\$799	\$3,400
Part B Premium Reduction	Not Included	Not Included	Not Included	\$50 Part B Premium Reduction
Annual Part D Deductible	\$0	\$0	\$0	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Over-the-counter items allowance	Not Covered	Not Covered	\$100 per quarter for covered items	Not Covered
Transportation Services (non-Medicare covered) ¹	Not Covered	Not Covered	\$0 copay for each one-way trip (24 one-way trips per year).	Not Covered
Personal Emergency Response System (PERS)	Not Covered	Not Covered	\$0 copay	Not Covered
Acupuncture Services (non-Medicare covered)	Not Covered	Not Covered	\$0 copay 24 visits per year	Not Covered
Chiropractic Services (non-Medicare covered)	Not Covered	Not Covered	\$0 copay 24 visits per year	Not Covered
SilverSneakers Fitness Program	\$0 copay	\$0 copay	\$0 copay	Not Covered
Optional Supplemental Dental PPO or HMO coverage available	Available	Available	Available	Available
Home Meal Delivery ²	Not Covered	Not Covered	You pay \$0 for each covered home meal delivery.	Not Covered

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2022 Benefit Highlights

continued

	San Bernardino County	Riverside County	San Bernardino & Riverside Counties	San Bernardino, Riverside, LA & Orange Counties
	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Choice Plan (HMO)	Blue Shield Vital (HMO)
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$0 copay /PCP visit \$0 copay/specialist visit.	\$0 copayment /PCP visit and a \$5 copayment /specialist visit.	\$0 copay /PCP visit \$0 copay/specialist visit.	\$0 copay /PCP visit \$10 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$10 copay/year	\$0 copay/year	\$10 copay/year
Eyeglass frames allowance ³	\$20 copay \$100/2 years	\$20 copay \$100/2 years	\$0 copay \$200/2 years	\$20 copay \$75/2 years
Eyeglasses lenses ³	\$20 copay/year	\$20 copay/year	\$0 copay/year	\$20 copay/year
contacts lenses	\$20 copay \$100/year	\$20 copay \$100/year	\$0 copay \$200/year	Not Covered
Routine Dental Services	Included	Not Covered	Included	Included
Hearing aids (2 aids per year) and batteries*	You will be reimbursed up to \$500 every two years for hearing aids, hearing aid fitting and evaluation. (applies to both ears combined)	Not Covered	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	Not Covered

2022 Benefit Highlights

continued

	San Bernardino County	Riverside County	San Bernardino & Riverside Counties	San Bernardino, Riverside, LA & Orange Counties
	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM (HMO)	Blue Shield 65 Plus SM Choice Plan (HMO)	Blue Shield Vital (HMO)
Inpatient Hospital Care	\$0 copay per admission	\$75 each day for days 1 to 5. \$0 each day for days 6 and over.	\$0 copay per admission	\$120 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care	\$85 copay per visit to an emergency room. ³ You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ³ You have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ³ You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$120 copay per visit to an emergency room. ³ You have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$150 copay per trip (each way)	\$200 copay per trip (each way)	\$100 copay per trip (each way)	\$100 copay per trip (each way)
Provider Network Includes	<ul style="list-style-type: none"> EHP Beaver Medical Group Choice Medical Group Dignity Health Medical Group And many more. 		<p>Footnotes</p> <p>*Costs for hearing aids do not apply to the plan's maximum out-of-pocket limit. You may obtain hearing aids at the provider of your choice.</p> <ol style="list-style-type: none"> Non-emergency, plan-approved health related locations within the plan service area. Upon discharge from an inpatient hospital or skilled nursing facility, we cover: <ul style="list-style-type: none"> 22 meals and 10 snacks per discharge Meals and snacks will be divided into up to three separate deliveries as needed Coverage is limited to two discharges per year For more information, Blue Shield Customer Care (phone numbers are printed on the back cover of this booklet). Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference. Copay waived if admitted within one day for same condition. 	

San Diego County



2022 Benefit Highlights

	San Diego County	San Diego County	San Diego County
	Blue Shield 65 Plus SM (HMO)	Blue Shield AdvantageOptimum Plan 1 (HMO)	Blue Shield AdvantageOptimum Plan 2 (HMO)
Monthly Plan Premium	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$3,399	\$3,400	\$3,400
Part B Premium Reduction	Not Included	Not Included	\$50 Part B Premium Reduction
Annual Part D Deductible	\$0	\$0	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 Copay	\$0 Copay	\$0 Copay
Over-the-counter items allowance	\$100 per quarter for covered items	\$115 per quarter for covered items	Not Covered
Transportation Services (non-Medicare covered) ¹	\$0 copay for each one-way trip (30 one-way trips per year).	\$0 copay each one-way trip (30 one way trips per year).	Not Covered
Personal Emergency Response System (PERS)	\$0 copay	\$0 Copay	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 24 visits per year	Not Covered	Not Covered
Chiropractic Services (non-Medicare covered)	\$0 copay 24 visits per year	Not Covered	Not Covered
SilverSneakers Fitness Program	\$0 copay	\$0 copay	Not Covered
Optional Supplemental Dental PPO or HMO coverage available	Available	Not Available	Not Available
Home Meal Delivery ²	You pay \$0 for each covered home meal delivery.	Not Covered	Not Covered

2022 Benefit Highlights

continued

	San Diego County	San Diego County	San Diego County
	Blue Shield 65 Plus SM (HMO)	Blue Shield AdvantageOptimum Plan 1 (HMO)	Blue Shield AdvantageOptimum Plan 2(HMO)
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$10 copay/PCP visit and a \$35 copay /specialist visit.	\$0 copay/PCP visit and a \$0 copay /specialist visit.	\$0 copay/PCP visit and a \$10 copay /specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$0 copay/year	\$10 copay/year
Eyeglass frames allowance ³	\$0 copay \$200/2 years	\$250/year	\$75/ 2 years
Eyeglasses lenses ³	\$0 copay/year	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.	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.
contacts lenses	\$0 copay \$200/year		
Routine Dental Services	Not Covered	Included	Included
Hearing aids (2 aids per year) and batteries	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	2 hearing aids, hearing aid fitting and evaluation every year with \$600 limit every year	Not Covered

2022 Benefit Highlights

continued

	San Diego County	San Diego County	San Diego County
	Blue Shield 65 Plus SM (HMO)	Blue Shield AdvantageOptimum Plan 1 (HMO)	Blue Shield AdvantageOptimum Plan 2(HMO)
Inpatient Hospital Care	\$295 each day for days 1 to 7. \$0 each day for days 8 and over.	\$125 each day for days 1 to 7. \$0 each day for days 8 and over.	\$120 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care ⁴	\$90 copay per visit to an emergency room. You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay worldwide emergency/urgent coverage. You have a \$25,000 plan coverage limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$120 copay worldwide emergency/urgent coverage. You have a \$10,000 plan coverage limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$250 copay per trip (each way)	\$200 copay per trip (each way) \$0 copay if admitted	\$100 copay per trip (each way) \$0 copay if admitted
Provider Network Includes	<ul style="list-style-type: none"> Scripps Clinic Medical Group Scripps Coastal Medical Center Scripps Physicians Medical Group 	<ul style="list-style-type: none"> Golden Physicians Medical Group UC San Diego Health Greater Tri-Cities IPA Vantage Medical Group and many others 	<p>*Costs for hearing aids do not apply to the plan's maximum out-of-pocket limit. You may obtain hearing aids at the provider of your choice.</p> <ol style="list-style-type: none"> Non-emergency, plan-approved health related locations within the plan service area. Upon discharge from an inpatient hospital or skilled nursing facility, we cover: <ul style="list-style-type: none"> 22 meals and 10 snacks per discharge Meals and snacks will be divided into up to three separate deliveries as needed Coverage is limited to two discharges per year <p>For more information, Blue Shield Customer Care (phone numbers are printed on the back cover of this booklet).</p> <ol style="list-style-type: none"> Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

Ventura County



2022 Benefit Highlights

	Ventura County
	Blue Shield 65 Plus SM (HMO)
Monthly Plan Premium	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$4,500
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	Not Covered
Personal Emergency Response System (PERS)	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available

2022 Benefit Highlights

continued

	Ventura County
	Blue Shield 65 Plus SM (HMO)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office Visits	\$0 copay/PCP visit and a \$0 copay /specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7 SM	\$0 copay
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Routine eye exam	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$150/2 years
Eyeglasses lenses ³	\$0 copay/year
contacts lenses	\$0 copay \$150/year
Routine Dental Services	Not Covered
Hearing aids (2 aids per year) and batteries	Not Covered

2022 Benefit Highlights

continued

	Ventura County
	Blue Shield 65 Plus SM (HMO)
Inpatient Hospital Care	\$315 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care	<p>\$85 copay per visit to an emergency room.²</p> <p>You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket-limit.</p>
Ambulance Services	\$200 copay per trip (each way)
Provider Network Includes	<ul style="list-style-type: none"> Regal Medical Group Seaview IPA ValleyCare IPA

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

Fresno & Madera Counties



2022 Benefit Highlights

	Fresno & Madera Counties	Fresno County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Monthly Plan Premium	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$2,900	\$3,400
Part B Premium Reduction	Not Included	Not Included
Annual Part D Deductible	\$0	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items	\$115 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	Not Covered	\$0 copay each one way trip (30 one way trips per year)
Personal Emergency Response System (PERS)	Not Covered	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year	Not Covered
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year	Not Covered
SilverSneakers Fitness Program	\$0 copay	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available	Not Available
SSBCI Independence and Safe Mobility with AAA ²	\$0 copay	Not Covered
Home Meal Delivery	Not Covered	Not Covered

2022 Benefit Highlights

continued

	Fresno & Madera Counties	Fresno County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Annual Physical Exam	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$0 copay /PCP visit and a \$0 copay/specialist visit.	\$0 copay /PCP visit and a \$5 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$150/2 years	\$0 copay \$250/year
Eyeglasses lenses ³	\$0 copay/year	\$0 copay
contacts lenses	\$20 copay \$150/year	\$0 copay \$250/year
Routine Dental Services	Not Covered	Included
Hearing aids (2 aids per year) and batteries	Not Covered	2 hearing aids, hearing aid fitting and evaluation every year with \$600 limit every year.

2022 Benefit Highlights

continued

	Fresno & Madera Counties	Fresno County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Inpatient Hospital Care	\$100 each day for days 1 to 5. \$0 each day for days 6 and over.	\$100 each day for days 1 to 4. \$0 each day for days 5 and over.
Emergency Care	\$85 copay per visit to an emergency room. ³ You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ³ You have a \$25,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$200 copay per trip (each way)	\$125 copay per trip (each way) \$0 copay if admitted
Provider Network Includes	<ul style="list-style-type: none"> • Santé Community Physicians • First Choice Medical Group • Central Valley Medical Providers, Inc. 	

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill and members must qualify to receive SSBCI benefit. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

3. Copay waived if admitted within one day for same condition.

Kern County



2022 Benefit Highlights

	Kern County
	Blue Shield 65 Plus SM (HMO)
Monthly Plan Premium	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$2,100
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	Not Covered
Personal Emergency Response System (PERS)	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available

2022 Benefit Highlights

continued

	Kern County
	Blue Shield 65 Plus SM (HMO)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office visits	\$0 copay /PCP visit and a \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7 SM	\$0 copay
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Routine eye exam	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$150/2 years
Eyeglasses lenses ³	\$0 copay/year
contacts lenses	\$0 copay \$150/ year
Routine Dental Services	Not Covered
Hearing aids (2 aids per year) and batteries	Not Covered

2022 Benefit Highlights

continued

	Kern County
	Blue Shield 65 Plus SM (HMO)
Inpatient Hospital Care	\$0 copay per admission
Emergency Care	<p>\$85 copay per visit to an emergency room²</p> <p>You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>
Ambulance Services	\$250 copay per trip (each way)
Provider Network Includes	<ul style="list-style-type: none"> • Bakersfield Family Medical Group • Dignity Health Medical Network – Central California (formerly GEMCare Medical Group) • QualCare IPA

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

San Luis Obispo & Santa Barbara Counties



2022 Benefit Highlights

	San Luis Obispo & Santa Barbara Counties
	Blue Shield 65 Plus SM (HMO)
Monthly Plan Premium	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$3,000
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$0
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	Not Covered
Personal Emergency Response System (PERS)	\$0 copay
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Only Optional Supplemental Dental PPO Available

2022 Benefit Highlights

continued

	San Luis Obispo & Santa Barbara Counties
	Blue Shield 65 Plus SM (HMO)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office Visits	\$0 copay /PCP visit and a \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7 SM	\$0 copay
Routine eye exam	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$150/2 years
Eyeglasses lenses ³	\$0 copay/year
contacts lenses	\$0 copay \$150/year
Routine Dental Services	Not Covered
Hearing aids (2 aids per year) and batteries	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid

2022 Benefit Highlights

continued

	San Luis Obispo & Santa Barbara Counties
	Blue Shield 65 Plus SM (HMO)
Inpatient Hospital Care	\$180 each day for days 1-5. \$0 each day for days 6 and over.
Emergency Care	\$85 copay per visit to an emergency room. ² You have a \$50,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$250 copay per trip (each way)
Provider Network Includes	<ul style="list-style-type: none"> • Coastal Communities Provider Network • Physicians Choice Medical Group of San Luis Obispo • Marian Regional Medical Center

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

Sacramento County



2022 Benefit Highlights

	Sacramento County
	Blue Shield Inspire (HMO)
Monthly Plan Premium	\$39
Annual Maximum Out-of-Pocket (MOOP)	\$5,500
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$150 (Tier 1, Tier 2 excluded)
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay
Over-the-counter items allowance	Not Covered
Transportation Services (non-Medicare covered) ¹	Not Covered
Personal Emergency Response System (PERS)	Not Covered
Acupuncture Services (non-Medicare covered)	Not Covered
Chiropractic Services (non-Medicare covered)	Not Covered
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available
SSBCI- Independence and Safe Mobility with AAA*	\$0 copay

*Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill and members must qualify to receive SSBCI benefit. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

2022 Benefit Highlights

continued

	Sacramento County
	Blue Shield Inspire (HMO)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office visits	\$10 copay/PCP visit and a \$25 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7SM	\$0 copay
Routine eye exam	\$10 copay/year
Eyeglass frames allowance ³	\$20 copay \$75/2 years
Eyeglasses lenses ³	\$20 copay/year
contacts lenses	Not Covered
Routine Dental Services	Not Covered
Hearing aids (2 aids per year) and batteries	Not Covered

2022 Benefit Highlights

continued

Sacramento County	
	Blue Shield Inspire (HMO)
Inpatient Hospital Care	\$275 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care	<p>\$85 copay per visit to an emergency room.²</p> <p>You have a \$10,000 combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>
Ambulance Services	\$200 copay per trip (each way)
Provider Network Includes	<ul style="list-style-type: none"> • Dignity Health - Mercy Medical Group • Hill Physicians Medical Group • Mercy General Hospital

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

Alameda, San Mateo, Santa Clara and Merced Counties



2022 Benefit Highlights

	Alameda & San Mateo Counties	Santa Clara County	Santa Clara & Merced Counties
	Blue Shield Inspire (HMO)	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Monthly Plan Premium	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$4,200	\$3,400	\$3,400
Part B Premium Reduction	Not Included	Not Included	Not Included
Annual Part D Deductible	\$0	\$0	\$200 (Tier 1 and 2 excluded)
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items	\$90 per quarter for covered items	\$60 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	\$0 copay for each one-way trip (24 one-way trips per year).	Not Covered	\$0 copay each one way trip (12 one way trips per year). ¹
Personal Emergency Response System (PERS)	Not Covered	Not Covered	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year	\$0 copay 12 visits per year	Not Covered
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year	\$0 copay 12 visits per year	Not Covered
SilverSneakers Fitness Program	\$0 copay	\$0 copay	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available	Available	Not Available
SSBCI - Independence and Safe Mobility with AAA*	\$0 copay	\$0 copay	Not Covered

*Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill and members must qualify to receive SSBCI benefit. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

2022 Benefit Highlights

continued

	Alameda & San Mateo Counties	Santa Clara County	Santa Clara & Merced Counties
	Blue Shield Inspire (HMO)	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$0 copay/PCP visit and a \$15 copay/specialist visit.	\$0 copay/PCP visit and a \$0 copay/specialist visit.	\$10 copay/PCP visit and a \$25 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$0 copay/year	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$150/2 years	\$0 copay \$150/2 years	\$125/ 2 years 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.
Eyeglasses lenses ³	\$0 copay/year	\$0 copay/year	
contacts lenses	\$0 copay \$150/year	\$0 copay \$150/year	
Routine Dental Services	Diagnostic and Preventive (D&P)	Diagnostic and Preventive (D&P)	Included
Hearing aids (2 aids per year) and batteries	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	2 hearing aids, hearing aid fitting and evaluation every year with \$350 limit every year.

2022 Benefit Highlights

continued

	Alameda & San Mateo Counties	Santa Clara County	Santa Clara & Merced Counties
	Blue Shield Inspire (HMO)	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Inpatient Hospital Care	\$250 each day for days 1 to 5. \$0 each day for days 6 and over.	\$100 each day for days 1 to 5. \$0 each day for days 6 and over.	\$300 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care	\$85 copay per visit to an emergency room. ² You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ² You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay per visit to an emergency room. ² You have a \$25,000 plan coverage limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$250 copay per trip (each way)	\$150 copay per trip (each way)	\$250 copay per trip (each way) \$0 copay if admitted
Provider Network Includes	<ul style="list-style-type: none"> • Brown & Toland Health Services • Washington Hospital • Alta Bates Summit Medical Center – Sutter • Brown & Toland Health Services • Mills-Peninsula Medical Center • PAMF Mills Peninsula Division • Good Samaritan Hospital San Jose • Physicians Medical Group of San Jose (PMG) • Santa Clara County IPA 		

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

San Joaquin, Stanislaus, and Merced Counties



2022 Benefit Highlights

	San Joaquin, Stanislaus & Merced Counties	Stanislaus County	San Joaquin County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Monthly Plan Premium	\$0	\$0	\$0
Annual Maximum Out-of-Pocket (MOOP)	\$3,400	\$3,400	\$3,400
Part B Premium Reduction	Not Included	Not Included	Not Included
Annual Part D Deductible	none	none	none
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay	\$0 copay
Over-the-counter items allowance	\$90 per quarter for covered items	\$60 per quarter for covered items	\$50 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	Not Covered	\$0 copay each one way trip (12 one way trips per year). ¹	\$0 copay each one way trip (12 one way trips per year). ¹
Personal Emergency Response System (PERS)	Not Covered	Not Covered	Not Covered
Acupuncture Services (non-Medicare covered)	\$0 copay 12 visits per year	Not Covered	Not Covered
Chiropractic Services (non-Medicare covered)	\$0 copay 12 visits per year	Not Covered	Not Covered
SilverSneakers Fitness Program	\$0 copay	\$0 copay	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Available	Not Available	Not Available
SSBCI - Independence and Safe Mobility with AAA*	\$0 copay	Not Covered	Not Covered

2022 Benefit Highlights

continued

	San Joaquin, Stanislaus & Merced Counties	Stanislaus County	San Joaquin County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.	\$0 copay for annual wellness visit.
Office visits	\$0 copay/PCP visit and a \$0 copay/specialist visit.	\$0 copay/PCP visit and a \$15 copay/specialist visit.	\$0 copay/PCP visit and a \$10 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay	\$0 copay	\$0 copay
NurseHelp 24/7SM	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay/year	\$0 copay/year	\$0 copay/year
Eyeglass frames allowance ³	\$0 copay \$100/ 2 years	\$150/ 2 years 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.	\$100/ 2 years 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.
Eyeglasses lenses ³	\$0 copay/year		
contacts lenses	\$0 copay \$100/year		
Routine Dental Services	Diagnostic and Preventive (D&P)	Included	Included
Hearing aids (2 aids per year) and batteries	\$449 for each Silver technology level hearing aid. \$699 for each Gold technology level hearing aid.	2 hearing aids, hearing aid fitting and evaluation every year with \$350 limit every year.	2 hearing aids, hearing aid fitting and evaluation every year with \$350 limit every year.

2022 Benefit Highlights

continued

	San Joaquin, Stanislaus & Merced Counties	Stanislaus County	San Joaquin County
	Blue Shield Inspire (HMO)	Blue Shield AdvantageOptimum Plan (HMO)	Blue Shield AdvantageOptimum Plan (HMO)
Inpatient Hospital Care	\$100 each day for days 1 to 5. \$0 each day for days 6 and over.	\$150 each day for days 1 to 5. \$0 each day for days 6 and over.	\$150 each day for days 1 to 5. \$0 each day for days 6 and over.
Emergency Care	\$85 copay per visit to an emergency room. ² You have no combined annual limit for covered emergency care or urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay for Medicare-covered emergency room visits. ² You have a \$25,000 plan coverage limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	\$85 copay for Medicare-covered emergency room visits. ² You have a \$25,000 plan coverage limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.
Ambulance Services	\$200 copay per trip (each way)	\$200 copay per trip (each way) \$0 copay if admitted	\$200 copay per trip (each way) \$0 copay if admitted
Provider Network Includes	AllCare IPA Hill Physicians San Joaquin		

1 Non-emergency, plan-approved health related locations within the plan service area.

2 Copay waived if admitted within one day for same condition.

3. Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

Alameda County Blue Shield Inspire (PPO)



2022 Benefit Highlights

	Blue Shield Inspire (PPO)	
	In-network benefits	Out-of-network benefits
Monthly plan premium	\$98	
Deductible	\$400 Part D deductible (Tiers 1 and 2 excluded)	\$400 Part D deductible (Tiers 1 and 2 excluded) \$750 Medical Plan deductible
Tier 1 Preferred Generic Drugs at a Network Pharmacy with preferred cost sharing or mail service (30/60/100 day supply)	\$0 copay	\$0 copay
SSBCI - Independence and Safer Mobility with AAA ¹ <ul style="list-style-type: none"> • Classic AAA Membership² • 24/7 roadside assistance • AAA Roadwise Driver • Educational driving resources including AAA Roadwise Rx³ 	\$0 copay	\$0 copay
Annual physical exam	\$0 copay	After \$750 deductible, The beneficiary pays: 40% coinsurance
Chiropractic services (non-Medicare covered)	\$0 copay – 12 visits/year	After \$750 deductible, The beneficiary pays: 40% coinsurance – 12 visits/year
Acupuncture services (non-Medicare covered)	\$0 copay – 12 visits/year	After \$750 deductible, The beneficiary pays: 40% coinsurance – 12 visits/year
Over-the-counter items allowance	\$80 per quarter for covered items	\$80 per quarter for covered items
Office Visits	\$10 copay for each Physician of Choice visit \$35 for each Specialist visit	After \$750 deductible, The beneficiary pays: 40% coinsurance for each Medicare-covered visit.

1 *Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill and members must qualify to receive SSBCI benefit. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

2 One-year new or renewal Classic AAA membership in 2021, valued at up to \$56/year. AAA Membership provided by AAA Northern California, Nevada, and Utah.

3 This tool is intended to provide users with general information to help them better understand the traffic safety implications of using certain medications before driving. The information is not medical advice. Beneficiaries should consult with their doctor before altering any medications or driving, or if they have specific medical questions or think they may be suffering from any medical condition.

2022 Benefit Highlights

continued

	Blue Shield Inspire (PPO)	
	In-network benefits	Out-of-network benefits
Routine eye exam	\$20 copay/year	You are reimbursed up to \$30 for one exam every 12 months
Eyeglass frames allowance ⁴	\$75/2 years	You are reimbursed up to \$30 for one pair of frames every 24 months
Eyeglasses lenses ⁴	\$75/ year	You are reimbursed up to \$35 for one pair of prescription eyeglass lenses, regardless of size or power, every 12 months
contacts lenses	\$75/ year	You are reimbursed up to \$35 for contact lenses, every 12 months
Routine hearing exam	\$0 copay for one exam per visit	After \$750 deductible, The beneficiary pays: 40% coinsurance
SilverSneakers® fitness and wellness program	\$0 copay	\$0 copay
Doctors on-call 24/7 by phone or video	\$0 copay	Not included
NurseHelp 24/7 SM	\$0 copay	\$0 copay
Inpatient hospital care	\$175 each day, days 1-7 \$0 each day for days 8 and over.	After you pay your \$750 deductible, you pay: 40% coinsurance
Emergency care	\$90 copay ⁵	\$90 copay ⁵
Ambulance services	\$225 copay per trip (each way)	\$225 copay per trip (each way)
Annual maximum out-of-pocket (MOOP)	\$6,700	\$10,000 (combined maximum out-of-pocket)

⁴ Frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses if covered by plan. If you choose frames priced above the allowance amount, you are responsible for the difference.

⁵ Copay waived if admitted within one day for same condition.

Blue Shield Coordinated Choice Plan (HMO)



2022 Benefit Highlights

	Los Angeles/Orange/San Bernardino/ Riverside/San Diego/Fresno/Santa Clara/ Merced/San Joaquin/Stanislaus Counties
	Blue Shield Coordinated Choice Plan (HMO)
Monthly Plan Premium	<TBD>
Annual Maximum Out-of-Pocket (MOOP)	\$6,700
Part B Premium Reduction	n/a
Annual Part D Deductible	\$480 (Tier 1 excluded)
Over-the-counter items allowance	\$185 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	\$0 copay each one way trip (Unlimited one way trips per year)
Personal Emergency Response System (PERS)	\$0 copay
Acupuncture Services (non-Medicare covered)	\$0 copay per visit 24 visits per year
Chiropractic Services (non-Medicare covered)	Not Covered
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Not Available

2022 Benefit Highlights

continued

	Los Angeles/Orange/San Bernardino/ Riverside/San Diego/Fresno/Santa Clara/ Merced/San Joaquin/Stanislaus Counties
	Blue Shield Coordinated Choice Plan (HMO)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office visits	\$0 copay/PCP visit and a \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7SM	\$0 copay
Routine eye exam	\$0 copay for one exam every year
Routine eye wear*	\$0 copay \$500 limit for eyewear every 2 years
Routine Dental Services	Included
Routine hearing exam	\$0 copay up to 1 routine hearing exam per year
Hearing aids (2 aids per year) and batteries	2 hearing aids, hearing aid fitting and evaluation every year with \$2,000 limit every year

*For one pair of eyeglasses (frames and lenses) or contact lenses every benefit period.

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.

2022 Benefit Highlights

continued

Los Angeles/Orange/San Bernardino/ Riverside/San Diego/Fresno/Santa Clara/ Merced/San Joaquin/Stanislaus Counties	
	Blue Shield Coordinated Choice Plan (HMO)
Inpatient Hospital Care	<ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible • Days 61-90: \$371 copay per day • Days 91-150: \$742 copay per lifetime reserve day • 100% of all costs after day 151
Emergency Care	<p>20% coinsurance (Coinsurance is waived if admitted)</p> <p>You have no combined annual limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>
Ambulance Services	20% coinsurance
Provider Network Includes	<ul style="list-style-type: none"> • UCLA Medical Group • St. John Physician Partners Cedars-Sinai Medical Group PIH Health • and many more

Blue Shield Inspire (HMO D-SNP) Fresno/San Joaquin/Stanslaus/Merced Counties



2022 Benefit Highlights

	Fresno/San Joaquin/Stanislaus/Merced Counties
	Blue Shield Inspire (HMO D-SNP)
Monthly Plan Premium	<\$31.50>
Annual Maximum Out-of-Pocket (MOOP)	\$6,700
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$480 (Tier 1 excluded)
Over-the-counter items allowance	\$185 per quarter for covered items
Transportation Services (non-Medicare covered) ¹	\$0 copay each one way trip (Unlimited one way trips per year)
Personal Emergency Response System (PERS)	\$0 Copay
Acupuncture Services (non-Medicare covered)	\$0 copay 24 visits per year
Chiropractic Services (non-Medicare covered)	\$0 copay 24 visits per year
SilverSneakers Fitness Program	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	Not Available
SSBCI - Independence and Safe Mobility with AAA*	\$0 copay
Home Meal Delivery**	You pay \$0 for each covered home meal delivery.
SSBCI - Healthy Grocery benefit ²	\$25 per month for covered items

*Safe Mobility with AAA Special Supplemental Benefit for the Chronically Ill and members must qualify to receive SSBCI benefit. Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

**Upon discharge from an inpatient hospital or skilled nursing facility, we cover:

- 22 meals and 10 snacks per discharge
- Meals and snacks will be divided into up to three separate deliveries as needed
- Coverage is limited to two discharges per year

For more information, Blue Shield Customer Care (phone numbers are printed on the back cover of this booklet).

2022 Benefit Highlights

continued

	Fresno/San Joaquin/Stanislaus/Merced Counties
	Blue Shield Inspire (HMO D-SNP)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office visits	\$0 copay/PCP visit and a \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7SM	\$0 copay
Routine eye exam	\$0 copay for one exam every year
Routine eye wear*	\$0 copay \$300 plan coverage limit for eyewear every year
Routine Dental Services	Included
Hearing aids (2 aids per year) and batteries	2 hearing aids, hearing aid fitting and evaluation every year with \$2,000 limit every year
Tier 1: Preferred Generic Drugs	\$0 copay - Retail - in network standard pharmacy (30-day supply) \$0 copay - Retail - in network standard pharmacy (60-day supply) \$0 copay - Retail - in network standard pharmacy (100 day supply) \$0 copay - Retail - out of network pharmacy (30-day supply) \$0 copay - Network Long-term Care Pharmacy (31-day supply) \$0 copay - Mail-Order - 100 day supply

*For one pair of eyeglasses (frames and lenses) or contact lenses every benefit period.

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.

2022 Benefit Highlights

continued

	Fresno/San Joaquin/Stanislaus/Merced Counties
Inpatient Hospital Care	<p>Blue Shield Inspire (HMO D-SNP)</p> <ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible • Days 61-90: \$371 copay per day • Days 91-150: \$742 copay per lifetime reserve day
Emergency Care	<p>20% coinsurance (Coinsurance is waived if admitted)</p> <p>You have no combined annual limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>
Ambulance Services	20% coinsurance
Provider Network Includes	<ul style="list-style-type: none"> • Santé Community Physicians • First Choice Medical Group • Central Valley Medical Providers, Inc.

1 Non-emergency, plan-approved health related locations within the plan service area.

2 This is a SSBCI benefit that the members must qualify for in order to receive. . Please refer to the Summary of Benefits / Evidence of Coverage (EOC) for plan details and eligibility requirements.

3. Copay waived if admitted within one day for same condition.

Blue Shield TotalDual Plan (HMO D-SNP)

Los Angeles, Orange, San Bernardino, San Diego Counties



2022 Benefit Highlights

	Los Angeles, Orange, San Bernardino, San Diego Counties
	Blue Shield TotalDual Plan (HMO D-SNP)
Monthly Plan Premium ¹	<TBD>
Annual Maximum Out-of-Pocket (MOOP)	\$6,700
Part B Premium Reduction	Not Included
Annual Part D Deductible	\$480 (Tier 1 excluded)
Over-the-counter items allowance	
	\$185 per quarter for covered items
Transportation Services (non-Medicare covered)¹	
	\$0 copay each one way trip (Unlimited one way trips per year)
Personal Emergency Response System (PERS)	
	\$0 Copay
Acupuncture Services (non-Medicare covered)	
	\$0 copay per visit 24 visits per year
Chiropractic Services (non-Medicare covered)	
	\$0 copay 24 visits per year
SilverSneakers Fitness Program	
	\$0 copay
Optional Supplemental Dental PPO or HMO coverage available	
	Not Available

1 For people with full Medicaid, monthly plan premium and/or coinsurance may be paid in part or in full by Medicaid or a third party.

2 Non-emergency, plan-approved health related locations within the plan service area.

2022 Benefit Highlights

continued

	Los Angeles, Orange, San Bernardino, San Diego Counties
	Blue Shield TotalDual Plan (HMO D-SNP)
Annual Physical Exam	\$0 copay
“Annual Wellness” Visit + more than 20 other Medicare-covered preventive screenings	\$0 copay for annual wellness visit.
Office visits	\$0 copay/PCP visit and a \$0 copay/specialist visit.
Doctors on-call 24/7 by phone or video	\$0 copay
NurseHelp 24/7SM	\$0 copay
Routine eye exam	\$0 copay for one exam every year
Routine eye wear*	\$0 copay \$300 plan coverage limit for eyewear every year
Routine Dental Services	Included
Hearing aids (2 aids per year) and batteries	2 hearing aids, hearing aid fitting and evaluation every year with \$2,000 limit every year
Tier 1: Preferred Generic Drugs	\$0 copay - Retail - in network standard pharmacy (30-day supply) \$0 copay - Retail - in network standard pharmacy (60-day supply) \$0 copay - Retail - in network standard pharmacy (100 day supply) \$0 copay - Retail - out of network pharmacy (30-day supply) \$0 copay - Network Long-term Care Pharmacy (31-day supply) \$0 copay - Mail-Order - 100 day supply

*For one pair of eyeglasses (frames and lenses) or contact lenses every benefit period.

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.

2022 Benefit Highlights

continued

Los Angeles, Orange, San Bernardino, San Diego Counties	
	<p>Blue Shield TotalDual Plan (HMO D-SNP)</p>
Inpatient Hospital Care	<ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible • Days 61-90: \$371 copay per day • Days 91-150: \$742 copay per lifetime reserve day
Emergency Care	<p>20% coinsurance (Coinsurance is waived if admitted)</p> <p>You have no combined annual limit for emergency care or urgently needed services outside the United States every year. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.</p>
Ambulance Services	<p>20% coinsurance</p>
Provider Network Includes	<ul style="list-style-type: none"> • UCLA Medical Group • St. John Physician Partners Cedars-Sinai Medical Group PIH Health • St. Joseph Heritage Medical Group Hoag Medical Group MemorialCare Medical Group • and many more



Medicare Prescription Drug Plans (PDP)

Blue Shield Rx Plus (PDP) and Blue Shield Rx Enhanced (PDP)

	Blue Shield Rx Plus (PDP)	Blue Shield Rx Enhanced (PDP)
Service Area	Entire State of California	Entire State of California
Monthly Plan Premium	\$89.00	\$159.00
Deductible	\$480 (Tier 1: Preferred Generics excluded)	\$0
Coverage Gap	For all tiers, you pay 25% of the negotiated price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.	For all tiers, you pay 25% of the negotiated price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.
Catastrophic Coverage (For drug costs when member's TrOOP is > \$7,050)	The greater of \$3.95 for generic, (including brand drugs treated as generic) and \$9.85 for all other drugs, or 5% coinsurance	The greater of \$3.95 for generic, (including brand drugs treated as generic) and \$9.85 for all other drugs, or 5% coinsurance
Initial Coverage Limit	\$4,430	\$4,430
Tier 1: Preferred Generic Drugs		
Retail - in-network pharmacy that offers preferred cost sharing (30-day supply)	\$4 copay	\$2 copay
Retail - in-network pharmacy that offers preferred cost sharing (90-day supply)	\$8 copay	\$4 copay
Retail - in-network pharmacy that offers standard cost sharing (30-day supply)	\$12 copay	\$11 copay
Retail - in-network pharmacy that offers standard cost sharing (90-day supply)	\$36 copay	\$33 copay
Retail - out of network pharmacy (30-day supply)	\$12 copay	\$11 copay
Network Long-term Care Pharmacy (31 day supply)	\$12 copay	\$11 copay
Mail-Service (90-day supply)	\$8 copay	\$4 copay

	Blue Shield Rx Plus (PDP)	Blue Shield Rx Enhanced (PDP)
Tier 2: Generic Drugs		
Retail - in-network pharmacy that offers preferred cost sharing (30-day supply)	\$13 copay	\$7 copay
Retail - in-network pharmacy that offers preferred cost sharing (90-day supply)	\$26 copay	\$14 copay
Retail - in-network pharmacy that offers standard cost sharing (30-day supply)	\$20 copay	\$14 copay
Retail - in-network pharmacy that offers standard cost sharing (90-day supply)	\$60 copay	\$42 copay
Retail - out of network pharmacy (30-day supply)	\$20 copay	\$14 copay
Network Long-term Care Pharmacy (31 day supply)	\$20 copay	\$14 copay
Mail-Service (90-day supply)	\$26 copay	\$14 copay



	Blue Shield Rx Plus (PDP)	Blue Shield Rx Enhanced (PDP)
Tier 3: Preferred Brand Drugs		
Retail - in-network pharmacy that offers preferred cost sharing (30-day supply)	\$43 copay	\$43 copay
Retail - in-network pharmacy that offers preferred cost sharing (90-day supply)	\$86 copay	\$86 copay
Retail - in-network pharmacy that offers standard cost sharing (30-day supply)	\$47 copay	\$47 copay
Retail - in-network pharmacy that offers standard cost sharing (90-day supply)	\$141 copay	\$141 copay
Retail - out of network pharmacy (30-day supply)	\$47 copay	\$47 copay
Network Long-term Care Pharmacy (31 day supply)	\$47 copay	\$47 copay
Mail-Service (90-day supply)	\$86 copay	\$86 copay

	Blue Shield Rx Plus (PDP)	Blue Shield Rx Enhanced (PDP)
Tier 4: Non-Preferred Drugs		
Retail - in-network pharmacy that offers preferred cost sharing (30-day supply)	38% coinsurance	31% coinsurance
Retail - in-network pharmacy that offers preferred cost sharing (90-day supply)	38% coinsurance	31% coinsurance
Retail - in-network pharmacy that offers standard cost sharing (30-day supply)	41% coinsurance	33% coinsurance
Retail - in-network pharmacy that offers standard cost sharing (90-day supply)	41% coinsurance	33% coinsurance
Retail - out of network pharmacy (30-day supply)	41% coinsurance	33% coinsurance
Network Long-term Care Pharmacy (31 day supply)	41% coinsurance	33% coinsurance
Mail-Service (90-day supply)	38% coinsurance	31% coinsurance

	Blue Shield Rx Plus (PDP)	Blue Shield Rx Enhanced (PDP)
Tier 5: Specialty Tier Drugs		
Retail - in-network pharmacy that offers preferred cost sharing (30-day supply)	25% coinsurance	33% coinsurance
Retail - in-network pharmacy that offers standard cost sharing (30-day supply)	25% coinsurance	33% coinsurance-
Retail - out of network pharmacy (30-day supply)	25% coinsurance	33% coinsurance
Network Long-term Care Pharmacy - 31 day supply	25% coinsurance	33% coinsurance
Mail-Service (30-day supply)	25% coinsurance	33% coinsurance

Dental

Optional Supplemental Dental

Dental Plan Options: Benefit Highlights

Benefit	Optional Supplemental Dental (HMO)	Optional Supplemental Dental (PPO)	
	Participating Dentists only	Participating Dentists	Non-Participating Dentists
Calendar-year deductible per member (not applicable to diagnostic and preventive services) before major services can begin	None	\$50	
Calendar-year maximum per member ¹	\$1,000 for covered endodontic, periodontic and oral surgery services when performed by a network specialist	\$1,500 for covered preventive and comprehensive dental services	
		Combined (\$1,000 may be used for services provided by out-of-network dentists and specialists)	
	The beneficiary pays	The beneficiary pays	The beneficiary pays
Monthly optional supplemental dental plan premium	\$12.40	\$41.90	
Diagnostic and Preventive Services	No waiting period	No waiting period	
Comprehensive oral evaluation (D0150)	\$5 copay	0%	20%

Note:
 The Optional Supplemental Dental HMO plan is not available to Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield AdvantageOptimum Plan 2 (HMO), Blue Shield TotalDual Plan (HMO D-SNP), Blue Shield Inspire (HMO D-SNP) and Blue Shield Coordinated Choice Plan (HMO) members, Blue Shield Inspire (PPO) members in Alameda County and Blue Shield 65 Plus (HMO) members in the San Luis Obispo and Santa Barbara Counties.

The Optional Supplemental Dental PPO plan is not available to Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield AdvantageOptimum Plan 2 (HMO), Blue Shield TotalDual Plan (HMO D-SNP), Blue Shield Inspire (HMO D-SNP) and Blue Shield Coordinated Choice Plan (HMO) members.

For Agent Use Only. Plan designs and service areas described in this document are pending CMS approval and are subject to change. Plans contain exclusions and limitations. Distributions to consumers, other insurers, or any other person or company is strictly prohibited.



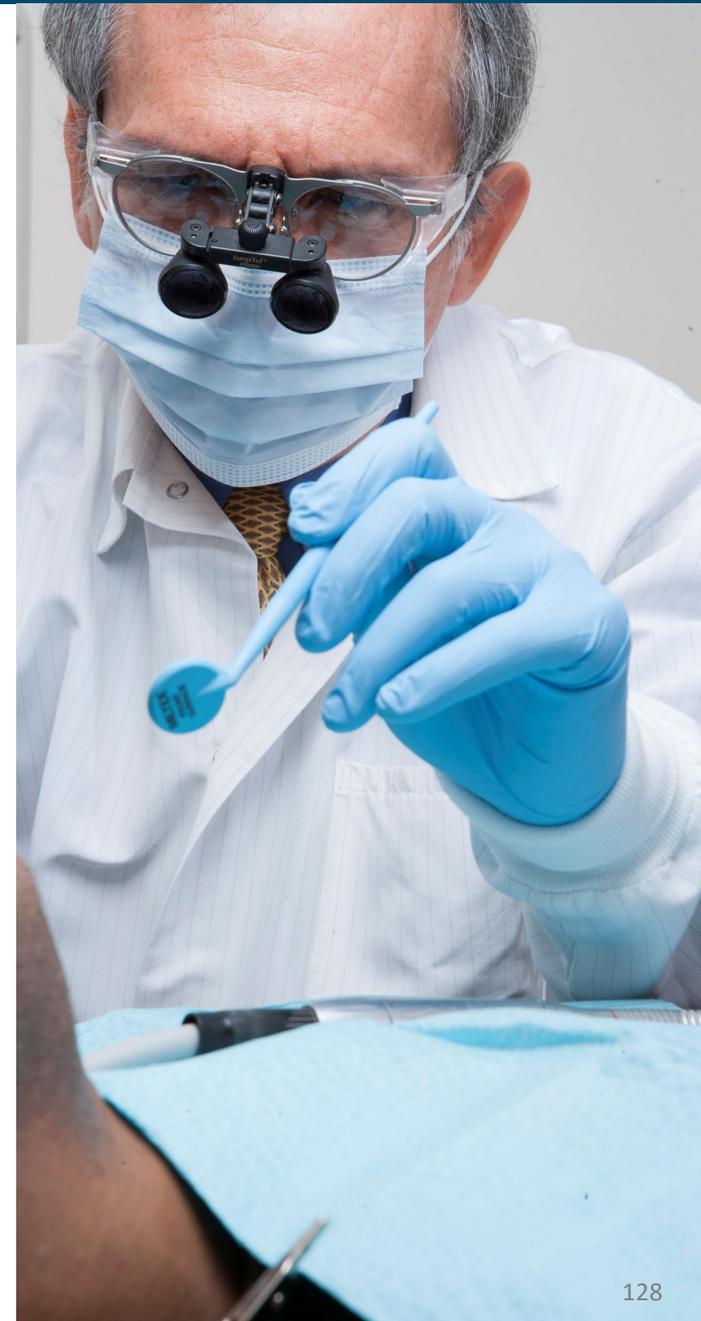
Optional Supplemental Dental (HMO)

Highlights:

- The beneficiary can choose a participating dentist from our large network
- No deductibles
- No waiting period

Why enroll in the Optional Supplemental Dental (HMO) plan:

- Many annual routine and diagnostic care services, such as teeth cleaning and X-rays, are available at a low cost—or no cost—to The beneficiary
- No deductibles or annual benefit limits
- Fixed copayments for basic and major services
- No waiting period for most services
- Specialty care provider services available with a referral from beneficiary's primary dental provider
- No claim forms



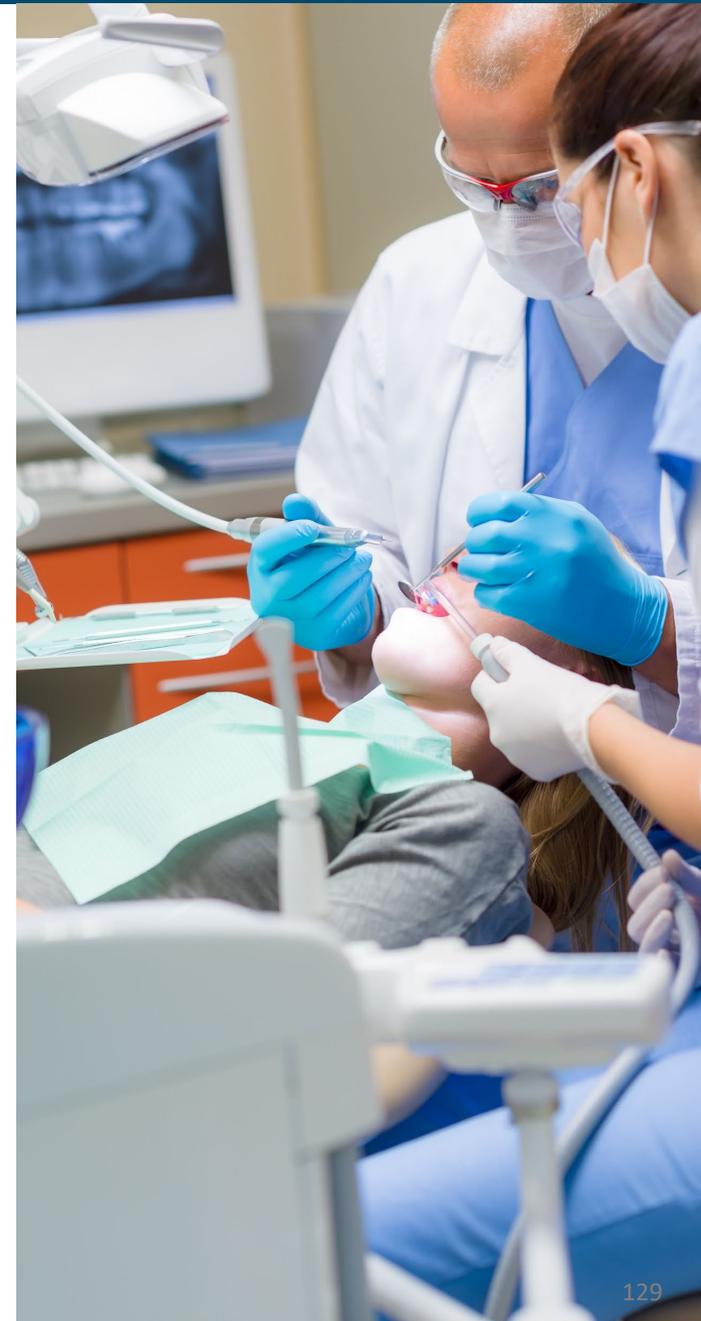
Optional Supplemental Dental (PPO)

Highlights:

- See any dentist; the beneficiary will generally pay less for services when they see a participating dentist.
- \$50 calendar-year deductible for services beyond diagnostic and preventative services
- No waiting period

Why enroll in the Optional Supplemental Dental (PPO) plan:

- Choose from over 43,000 general and specialist dentists for maximum coverage. If your dentist is not in our network, the beneficiary can keep seeing him/her or other non-network dentists, and still get coverage
- Specialist care available with no referral needed from the beneficiary's dentist
- A wide range of dental benefits, including 100% coverage for diagnostic and preventive services obtained from a participating dentist
- No waiting period for major services
- No claim forms if the beneficiary goes to a network dentist
- Coverage for three cleanings every year

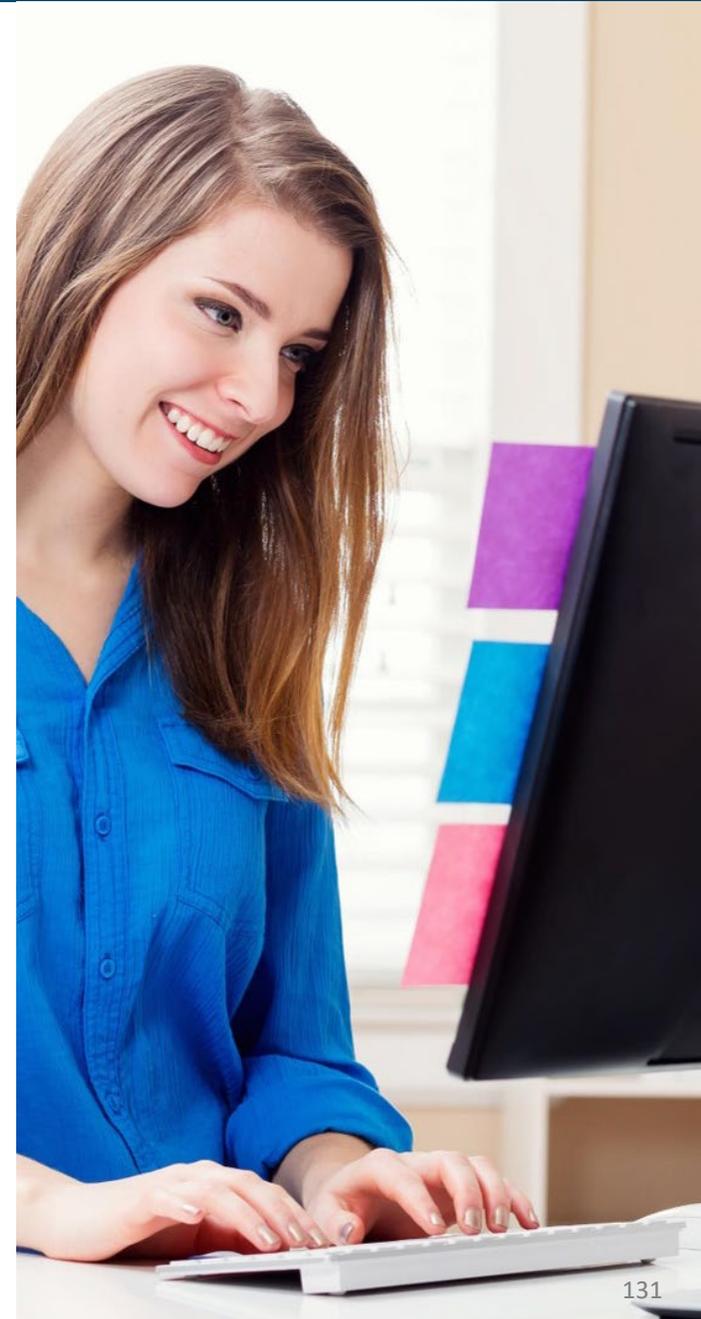


Administrative

Things to remember

Administrative

- ✓ Order sales kits from the Arvato Storefront, which is located in the Broker Connection.
- ✓ Enrollments must be submitted to Blue Shield of California within 24 hours of receipt.
- ✓ Blue Shield of California sends an Outbound Verification letter to new enrollees.
- ✓ Durable Power of Attorney form is required when applicable.
- ✓ Witness Translator form is required when applicable.
- ✓ Scope of Appointment
 - If the form was signed by the beneficiary at time of appointment, you must provide an explanation as to why a SOA was not documented prior to meeting.

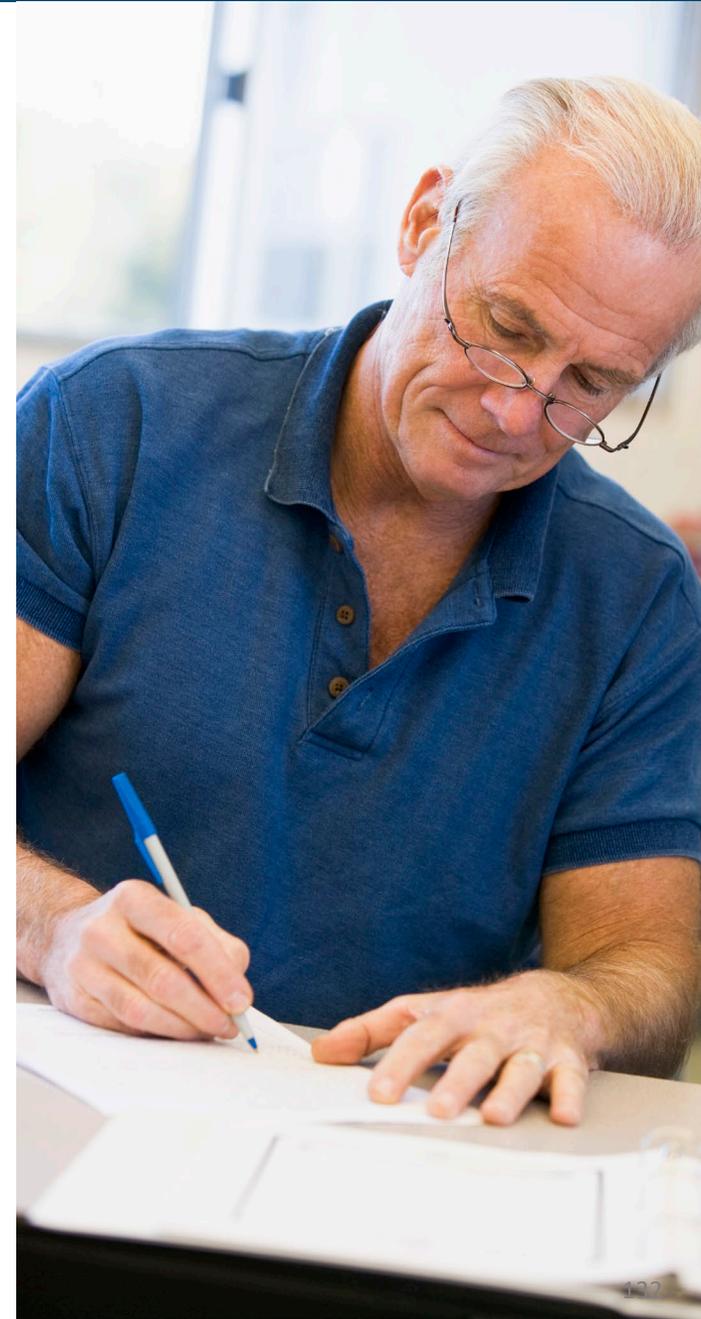


Congratulations!

You've completed the 2022 Medicare Certification training for Blue Shield of California.

What's next?

- Take the test to receive your certification.
- When you complete your test, you will receive your score immediately.
- You must pass the test with a score of at least 85%.
 - You can take the test a maximum of 5 times.





Blue Shield of California is an independent member of the Blue Shield Association A52191-W (2/21)