

MEDICARE ADVANTAGE

Take the first steps on your journey
to a healthier, happier lifestyle.

Blue Shield 65 Plus (HMO)
Los Angeles County & Orange County
2022 Enrollment Kit

Blue Shield of California is an HMO, HMO D-SNP, PPO and a PDP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.

Blue Shield of California is an independent member of the Blue Shield Association
BS-SFK-65-LAOC-1021

ENROLLMENT KIT

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BS-KIT-65-LAOC-1021

Blue Shield 65 Plus (HMO)

Los Angeles County & Orange County

2022 Enrollment Kit

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WHAT'S INSIDE

This kit contains important information for you to review before enrolling, including:

- Why Blue – Blue Shield of California
- Benefits and services beyond original Medicare
- Blue Shield's Medicare Star Ratings
- Summary of Benefits

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Vision



SilverSneakers® Fitness and wellness programs



Hearing Aid Services

NEED HELP?

Questions? Call us at (888) 534-4263 (TTY: 711)

We're available 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30. Learn more online at blueshieldca.com/medicare

WHY BLUE – BLUE SHIELD OF CALIFORNIA

Blue Shield of California's mission is to provide affordable access to health care that is worthy of our family and friends - and that includes you.

Here are two important considerations when choosing your Medicare plan:



HOW MUCH DOES MY PLAN COST?

Use the Summary of Benefits – located in this kit – to compare what you will pay with our plan versus other plans.



ARE MY PRESCRIPTIONS COVERED?

If you currently take medication, you can confirm if it is covered on our drug list. You can visit [blueshieldca.com/medformulary2022](https://www.blueshieldca.com/medformulary2022) for the drug list.

MORE REASONS TO CHOOSE BLUE SHIELD

One of the largest networks in the state.

Our large network means that chances are good you can keep seeing your current doctor and specialists. If you want to switch doctors, you can search [blueshieldca.com/find-a-doctor](https://www.blueshieldca.com/find-a-doctor) any time.

Here when you need us.

From our California-based Customer Care team to our money-saving network mail service pharmacy, we're here for you.

Here for caregivers, too!

We also provide support for caregivers who help with everyday activities. From community and health resources to plan materials and more, we want to help caregivers to be as informed as possible about choices and benefits. Learn more on our site at [blueshieldca.com/caregiverresource](https://www.blueshieldca.com/caregiverresource).

BENEFITS AND SERVICES BEYOND ORIGINAL MEDICARE



Dental benefits

Blue Shield of California Medicare Advantage Plans offer coverage for many common dental procedures such as checkups, cleaning, gum care, and more. Simply choose a network dentist who will provide and coordinate all your dental care needs.

Your dental coverage features comprehensive benefits with diagnostic, restorative, and preventive services; low copays; and access to a network of general dentists.

Additionally, you are covered for emergency dental needs.

For more comprehensive dental coverage, Blue Shield of California offers Optional Supplemental Dental plans. These plans offer a wide range of dental benefits, including many diagnostic and preventive services at no charge to you.

Optional Supplemental Dental plans:

- **Dental HMO** – The Optional Supplemental Dental HMO plan has a low monthly premium and offers defined member out-of-pocket costs.
- **Dental PPO** – The Optional Supplemental Dental PPO plan lets you choose from a more extensive list of participating dentists, but you will pay a higher monthly premium.

Please see the Summary of Benefits included in this kit for more information on the Optional Supplemental Dental plans and the cost for the extra plan premiums.

Use our Dental Directory online to locate a network provider anytime at blueshieldca.com/find-a-doctor.



Vision benefits

Vision benefits for this plan include everything Medicare covers, and more.

Please see the Summary of Benefits included in this kit for more information. Use our Vision Directory online to locate a Vision Service Plan (VSP) network provider near you at blueshieldca.com/find-a-doctor.



Hearing aid benefits

We provide a hearing aid benefit from EPIC Hearing Healthcare. This benefit includes an annual routine hearing test and coverage for Silver (mid-level) and Gold (premium-level) hearing aids, at a low copay.

Please see the Summary of Benefits included in this kit for more information. You can locate network providers through the online directory at blueshieldca.com/hearingaids.



Personal Emergency Response System (PERS)

To keep you safe and independent, we offer a medical alert monitoring system from LifeStation that provides access to help 24/7 at the push of a button.

LifeStation's state-of-the-art services keep you connected to your caregiver network through easy-to-use technology and robust platforms – including in-home system or mobile device with GPS/WiFi. An experienced care specialist can then contact emergency services, caregivers, or loved ones – quickly getting you the help you need.

LifeStation's services allow you to remain self-sufficient in your own home while keeping you connected to all that life has to offer. For additional benefit details, visit blueshieldca.com/PERS.



SilverSneakers fitness program

SilverSneakers can help you live a healthier, more active life through fitness and social connection. Silver Sneakers provides a fitness benefit at many participating locations.¹ You have access to instructors who lead specially designed group exercise classes.² At participating locations nationwide, you can take classes² plus use exercise equipment and other amenities. Additionally, SilverSneakers FLEX gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks). SilverSneakers also connects you to a support network and virtual resources through SilverSneakers Live, SilverSneakers On-Demand™ SilverSneakers Connect and our mobile app, SilverSneakers GO™. For additional benefit details, visit SilverSneakers.com.

Always talk with your doctor before starting an exercise program.

¹Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

²Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

PRE ENROLLMENT CHECK LIST

- Pick your primary care doctor (PCP)** – also known as a primary care physician (PCP) – or confirm that your doctor is in our network.
Search **blueshieldca.com/find-a-doctor** or use our provider directory.
- Check our drug list (formulary)**
Make sure that all your medications are covered. Visit **blueshieldca.com/medformulary2022** to review our drug list or call the number listed below for verification of our drug listing.
- Locate your Medicare ID card**
When you apply, make sure to have your Medicare ID card available, or some form of proof that you are entitled to Medicare.

WAYS TO APPLY



In person

Meet with your local authorized Blue Shield of California sales agent.

Visit **blueshieldca.com/medicare** or call **(888) 534-4263 (TTY: 711)** to set up an appointment.



By phone

Call us at **(888) 534-4263 (TTY: 711)**

We're available 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30.



Online

Visit **blueshieldca.com/medicare** to conveniently enroll on your own time.



By mail

Fill out the enclosed application form completely and mail to:

Blue Shield of California
P.O. Box 948
Woodland Hills, CA 91365-9856



By fax

Fax the enclosed application form to: **(877) 251-3660**

WHAT TO EXPECT NEXT

1	Confirmation Within 10 days of enrollment, you will receive a confirmation enrollment letter in the mail. It is also confirmation that Medicare has approved your enrollment.
2	Member ID card You will also receive your member ID card. Keep this with you for all your doctor, hospital, and pharmacy visits.
3	Welcome package You will receive a package containing important plan documents. This includes instructions about how to access the <i>Evidence of Coverage</i> , drug list, and provider directory.
4	Premium assistance If you qualify for help, you will receive a Low-Income Subsidy (LIS) letter.
NEED HELP?	Have questions? Call (888) 534-4263 (TTY: 711) 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30. Learn more online at blueshieldca.com/medicare .

HEALTHCARE RESOURCES

We want to help you stay healthy, so we offer tools and information that can assist you in making healthy lifestyle choices and healthcare decisions, including:



Senior Wellness Assessment

Regular wellness assessments are a great way to know where you stand and help identify issues that may be important to discuss with your healthcare team.

Once you take it, share your results with your physician so that you can work toward your health and longevity goals.



Medicare Diabetes Prevention Program

Medicare Diabetes Prevention Program services will be covered for eligible Medicare beneficiaries under all Medicare health plans.

The Medicare Diabetes Prevention Program can help you learn how to be more active, eat healthier and lose weight by making small changes to your daily routine. These changes can help you prevent type 2 diabetes.



Teladoc

Teladoc provides physician consultations 24/7 by phone or video. Teladoc physicians can diagnose and treat many non-emergency medical conditions outside of an emergency room, urgent care clinic, or doctor's office. Teladoc physicians can also prescribe certain medications.

To learn more about this benefit, visit blueshieldca.com/Teladoc.



NurseHelp 24/7

Connect with a registered nurse who will listen and offer you immediate, reliable information about treating minor illnesses and injuries, or help you choose the most appropriate treatment. Chat online at blueshieldca.com/nursehelp or call **(877) 304-0504 [TTY: 711]**, 24 hours a day, seven days a week.

KEY TERMS TO KNOW

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment (copay)

A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a prescription drug.

Cost sharing

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. This amount can include copayments, coinsurance, and deductibles.

Deductible

The amount you must pay for prescriptions before Original Medicare, your Blue Shield plan, or any other insurance begins to pay.

Exception

A determination that affects coverage of a prescription drug. A drug list exception is a drug plan's decision to cover a drug that is not on its drug list or to waive a coverage rule. A tiering exception is a drug plan's decision to lower the price for a covered non-preferred drug.

Extra Help

A Medicare program to help people with limited income and resources pay for prescription drug costs, such as premiums, deductibles, and coinsurance.

Formulary (drug list)

A list of Part D prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Out-of-pocket costs

Medical or prescription drug costs that you must pay on your own because they are not covered by Medicare or other insurance.

Premium

The monthly amount you pay for your insurance coverage.

Step therapy

A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.

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EPIC Hearing Healthcare is an independent entity that administers services on behalf of Blue Shield of California.

LifeStation is an independent entity that administers services on behalf of Blue Shield of California.

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

NurseHelp 24/7 is a service mark of Blue Shield of California.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. For more information, visit blueshieldca.com/about/nondiscrimination. Blue Shield of California is an independent member of the Blue Shield Association.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

Blue Shield of California is an independent member of the Blue Shield Association A49530-MA65P015_1021

blueshieldca.com



2022 Summary of Benefits

Blue Shield 65 Plus (HMO)

Medicare Advantage Prescription Drug Plan

Los Angeles and Orange Counties

2022 Summary of Benefits

Blue Shield 65 Plus

Los Angeles and Orange Counties

Effective January 1, 2022 – December 31, 2022

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the **Evidence of Coverage (EOC)** at blueshieldca.com/MAPDdocuments2022 or by calling Customer Care at **(800) 776-4466** [TTY:711], 8 a.m. to 8 p.m., seven days a week, year round. **Note: The EOC will be available on our website by October 15.**

Blue Shield 65 Plus includes Part D coverage, which provides prescription drug coverage, offering you the convenience of having both your medical and prescription drugs covered through one plan.

To join **Blue Shield 65 Plus**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. **Our service area includes Los Angeles County and Orange County.**

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Our plan Provider Directory is located on our website at blueshieldca.com/find-a-doctor.

Our plan Pharmacy Directory is located on our website at blueshieldca.com/medpharmacy2022.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2022.

Summary of benefits

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Premiums and benefits	You pay	What you should know
Monthly plan premium	\$0	You must continue to pay your Medicare Part B premium in addition to the plan premium, if applicable.
Deductible	\$0	
Annual out-of-pocket maximum amount	\$999	Does not include Part D prescription drugs. This is the most you would pay for the year for in-network covered Medicare Part A and Part B services.
Inpatient hospital care	\$0 copay per admission	Our plan covers an unlimited number of days for a Medicare-covered inpatient hospital stay in a network hospital.
Outpatient hospital services <ul style="list-style-type: none"> • Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery 	\$150 copay for each visit to an outpatient hospital facility \$0 copay for observation services \$85 copay for each visit to an emergency room (this copay is waived if you are admitted to the hospital within one day for the same condition)	Our plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.
Outpatient surgery	\$0 copay for each visit to an ambulatory surgical center \$150 copay for each visit to an outpatient hospital facility	
Doctor visits <ul style="list-style-type: none"> • Primary care physician • Specialists 	\$0 copay per visit \$0 copay per visit	A referral from your doctor may be required for Specialist visits.
Preventive care	\$0 copay	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	\$85 copay per visit No combined annual limit for emergency care and urgently needed services outside the United States and its territories	This copay is waived if you are admitted to a hospital within one day for the same condition. Worldwide coverage.

Summary of benefits (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Premiums and benefits	You pay	What you should know
Urgently needed services	<p>\$5 copay for each visit to a network urgent care center within your plan service area</p> <p>\$5 copay for each visit to an urgent care center or physician office outside your plan service area but within the United States and its territories</p> <p>\$85 copay for each visit to an emergency room outside of your plan service area but within the United States and its territories</p> <p>\$85 copay for each visit to an emergency room, urgent care center, or physician office that is outside of the United States and its territories</p> <p>No combined annual limit for emergency care and urgently needed services outside the United States and its territories</p>	<p>This copay is waived if you are admitted to a hospital within one day for the same condition.</p> <p>Worldwide coverage.</p>
Diagnostic services, labs, and imaging <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>\$20 copay for each diagnostic radiology service</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>20% coinsurance for each therapeutic radiology service</p>	<p>A referral from your doctor may be required for diagnostic services, labs and imaging services.</p> <p>Covered according to Medicare guidelines.</p> <p>While you pay 20% coinsurance for therapeutic radiology services, you will never pay more than your \$999 total out-of-pocket maximum for the year.</p>

Summary of benefits (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Premiums and benefits	You pay	What you should know
Hearing services <ul style="list-style-type: none"> Hearing exam (Medicare-covered) Routine (non-Medicare covered) hearing exam Hearing aids 	<p>\$0 copay per visit</p> <p>\$0 copay</p> <p>\$449 copay for each Silver Technology behind-the-ear hearing aid or \$699 copay for each Gold Technology hearing aid</p>	<p>A referral from your doctor may be required for hearing services.</p> <p>Routine hearing exams are unlimited if provided by your doctor but are limited to one exam every 12 months with network hearing aid provider.</p> <p>Coverage is limited to 2 hearing aids per year.</p>
Dental services (non-Medicare covered) <ul style="list-style-type: none"> Prophylaxis (cleaning) Dental X-rays Fluoride treatment Oral exam 	<p>\$20 copay</p> <p>\$0 - \$10 copay, depending on the service/type</p> <p>\$5 copay</p> <p>\$5 - \$16 copay, depending on the service</p>	<p>One visit every 6 months.</p> <p>One series of bitewing X-rays every 6 months.</p> <p>One series of full mouth X-rays every 24 months.</p> <p>Two visits every 12 months for fluoride treatment.</p> <p>See optional supplemental dental HMO and PPO plans for more information about dental services for an extra plan premium.</p>

Summary of benefits (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Premiums and benefits	You pay	What you should know
<p>Vision services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Routine eye exam and refraction • Eyeglass frames • Eyeglass lenses or contact lenses 	<p>\$0 copay for each Medicare-covered visit</p> <p>\$0 copay per visit</p> <p>\$0 copay</p> <p>\$0 copay</p>	<p>A referral from your doctor may be required for an exam to diagnose and treat diseases and conditions of the eye.</p> <p>One visit every 12 months with network provider. Some coverage at non-network providers included; see the plan EOC for details.</p> <p>Our plan pays up to \$110 for eyeglass frames every 24 months when obtained from a network provider. Some coverage at non-network providers included; see the plan EOC for details.</p> <p>Our plan pays for either one pair of prescription eyeglass lenses or up to \$110 for contact lenses every 12 months when obtained from a network provider. Some coverage at non-network providers included; see the plan EOC for details.</p>
<p>Mental health services</p> <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient group therapy visit • Outpatient individual therapy visit 	<p>\$900 copay per Medicare-covered stay</p> <p>\$30 copay per visit</p> <p>\$30 copay per visit</p>	<p>A referral from your doctor may be required for mental health services.</p> <p>A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins.</p>

Summary of benefits (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Premiums and benefits	You pay	What you should know
Skilled nursing facility (SNF) care	\$0 copay per day for days 1 - 20 \$50 copay per day for days 21 - 100	A referral from your doctor may be required for skilled nursing facility care. 100 days per benefit period; no prior hospitalization required with network provider. A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.
Rehabilitation Services • Occupational therapy • Physical therapy and speech and language therapy	\$0 copay per visit \$0 copay per visit	A referral from your doctor may be required for rehabilitation services.
Ambulance	\$150 copay per trip (each way)	
Transportation	Not covered	
Medicare Part B Drugs	20% coinsurance for chemotherapy/radiation drugs and other Part B drugs	Some Part B drugs may require a prior authorization from your provider.

Summary of benefits (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Additional benefits included in your plan

Premiums and benefits	You pay	What you should know
Annual Physical Exam	\$0 copay	One every 12 months.
Opioid Treatment Program Services	\$0 copay	
Additional telehealth services	\$0 copay	Teladoc Physicians can diagnose and treat basic medical conditions, and they can also prescribe certain medication.
Foot care (podiatry services) • Foot exams and treatment	\$0 copay for each Medicare-covered visit	A referral from your doctor may be required for foot care services.
Diabetic Supplies & Services • Blood glucose monitors • Diabetes self-management training, diabetic services and supplies	\$0 copay for ACCU-CHEK blood glucose monitors and 20% coinsurance for blood glucose monitors from all other manufacturers \$0 copay for all training, services and supplies except blood glucose monitors (see "Blood glucose monitors" above)	A referral from your doctor may be required for diabetic supplies & services. Prior authorization from the plan may be required for durable medical equipment, blood glucose monitors and test strips. See the plan EOC for more information.
Durable Medical Equipment (DME) and Related Supplies • Durable medical equipment (e.g., wheelchairs, oxygen)	20% coinsurance	A referral from your doctor may be required for DME and related supplies. Prior authorization from the plan may be required for DME. See the plan EOC for more information.
Prosthetics/Medical Supplies • Prosthetics (e.g., braces, artificial limbs) • Medical supplies (e.g., splints, casts)	\$0 copay \$0 copay	A referral from your doctor may be required for prosthetics/medical supplies.
Health and Wellness programs • Basic gym access through SilverSneakers Fitness • NurseHelp 24/7 _{SM} (telephone and online support) • Personal Emergency Response System (PERS) (24/7 medical alert)	\$0 copay \$0 copay \$0 copay	

Prescription drug coverage

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

You pay the following:

Part D prescription drug benefit						
Stage 1: Annual Deductible Stage	This stage does not apply because there is no deductible.					
Stage 2: Initial Coverage Stage	Preferred retail cost-sharing (in-network)			Standard retail cost-sharing (in-network)[^]		
	30-day supply	90-day supply^{*NDS}	100-day supply^{NDS}	30-day supply	90-day supply^{NDS}	100-day supply^{NDS}
Tier 1: Preferred Generic Drugs	\$0 copay	See 100-day supply	\$0 copay	\$5 copay	See 100-day supply	\$5 copay
Tier 2: Generic Drugs	\$5 copay	\$7.50 copay	Not Covered	\$12 copay	\$36 copay	Not Covered
Tier 3: Preferred Brand Drugs	\$38 copay	\$95 copay	Not Covered	\$47 copay	\$141 copay	Not Covered
Tier 4: Non-Preferred Drugs	\$95 copay	\$237.50 copay	Not Covered	\$100 copay	\$300 copay	Not Covered
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered	Not Covered	33% coinsurance	Not Covered	Not Covered

[^]If you reside in a long-term care facility, you pay the same as at an in-network standard retail cost-sharing pharmacy. There are limited situations where you may be able to get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC.

*90- and 100-day supply cost-sharing also applies to Blue Shield's mail service pharmacy.

NDS A long-term (up to a 90- or 100-day) supply is not available for select drugs. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

Prescription drug coverage (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Part D prescription drug benefit		
Stage 3: Coverage Gap Stage	Coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$4,430, until your yearly out-of-pocket drug costs reach \$7,050.	Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs are covered at the copays described above. For all other tiers, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs until your year-to-date out-of-pocket drug costs total \$7,050, which is the end of the coverage gap. Whether a drug is considered generic or brand can be determined using the plan formulary.
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$7,050 you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.95 copay for a generic drug (including brand-name drugs treated as generic) and a \$9.85 copay for all other drugs (This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.)	

Mail Service Pharmacy

CVS Caremark is our network mail service pharmacy where you may obtain a 90- or 100-day supply of maintenance drugs at a lower cost. They will be delivered to your home or office with no charge for shipping or delivery. Sign up at caremark.com or call (866) 346-7200 [TTY: 711].

Tier 5 drugs are limited to a 30-day supply by mail service.

Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing. Here's just a few:

- CVS/pharmacy[‡] (including CVS pharmacy at Target) (888) 607-4287 [TTY: 711]
- Safeway and Vons pharmacies[‡] (877) 723-3929 [TTY: 711]
- Albertsons/Sav-on/Osco pharmacies[‡] (877) 932-7948 [TTY: 711]
- Costco[‡] (800) 955-2292 [TTY: 711]
- Ralphs[‡], Walmart[‡] and many more.



You do not have to be a Costco member to use Costco Pharmacies.

[‡]Accepts e-prescribing

Optional supplemental dental HMO and PPO plans

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

You pay the following:

Network access	Blue Shield 65 Plus	Optional supplemental dental HMO	Optional supplemental dental PPO	
	Participating dentists only	Participating dentists only	Participating dentists	Non-participating dentists
Monthly optional supplemental dental plan premium	None	\$12.40	\$41.90	
Calendar year deductible per member (not applicable to diagnostic and preventive services)	\$0	\$0	You pay \$50 before major services begin.	
Calendar year benefit maximum per member*	None	\$1,000 for covered endodontic, periodontic, and oral surgery services when performed by a network dental specialist.	\$1,500 for covered preventive and comprehensive dental services combined, no matter if the services are performed by a participating general dentist or a dental specialist. Up to \$1,000 of this maximum amount may be used for covered preventive and comprehensive dental services performed by non-participating dentists in a calendar year. You pay any amount above the \$1,500 calendar year benefit maximum.	
Waiting Period	No waiting period	No waiting period	No waiting period	

*All services must be performed, prescribed or authorized by your network dentist. If you need to see a specialist, you must get a referral from your primary dentist to receive covered specialist services. Plan pays a maximum of \$1,000 per calendar year for covered specialist services. You are responsible for amounts above \$1,000. If you are enrolled in the optional supplemental dental PPO plan and you need to see a specialist, you may go directly to the specialist.

Optional supplemental dental HMO and PPO plans (cont'd)

Blue Shield 65 Plus (HMO)
Los Angeles and Orange Counties

Effective January 1, 2022 - December 31, 2022

Network access	Blue Shield 65 Plus	Optional supplemental dental HMO	Optional supplemental dental PPO	
	Participating dentists only	Participating dentists only	Participating dentists	Non-participating dentists
Summary list of services covered (ADA code)[†]				
	You pay	You pay	You pay	You pay
Diagnostic services				
Comprehensive oral exam (D0150)	\$16 copay	\$5 copay (2 visits in 12 months)	0% (2 visits in 12 months)	20% (2 visits in 12 months)
Complete X-rays (D0210)	\$5 copay (1 series every 24 months)	\$0 copay (1 series every 24 months)	0% (1 series every 36 months)	20% (1 series every 36 months)
Preventive care				
Prophylaxis – adult (D1110)	\$20 copay (1 cleaning every 6 months)	\$5 copay (1 cleaning every 6 months)	0% (1 cleaning every 6 months)	20% (1 cleaning every 6 months)
Restorative services				
One surface composite resin restoration – anterior (D2330)	\$40 copay	\$11 copay	20%	30%
Crown (porcelain fused to noble metal) (D2750)	\$430 copay	\$275 copay [‡]	50%	50%
Periodontics	For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.			
Periodontal scaling & root planing/four or more teeth per quadrant (D4341)	\$60 copay	\$45 copay	50%	50%
Endodontics	For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.			
Anterior root canal therapy (D3310)	\$240 copay	\$195 copay	50%	50%
Molar tooth therapy (D3330)	\$373 copay	\$335 copay	50%	50%

[†] ADA codes are procedure codes established by the American Dental Association for efficient processing and reporting of dental claims.

[‡] You pay the copayment plus the cost of precious or semi-precious metals. Porcelain on molar crowns is not a covered benefit.

We're here to help

Contact Blue Shield at **(888) 534-4263** [TTY: 711]

8 a.m. to 8 p.m., seven days a week, year round.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

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Blue Shield 65 Plus and NurseHelp 24/7 are service marks of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

IMPORTANT INFORMATION: 2022 Medicare Star Ratings



Blue Shield of California - H0504

For 2022, Blue Shield of California - H0504 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Blue Shield of California 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-776-4466 (toll-free) or 711 (TTY). Current members please call 800-776-4466 (toll-free) or 711 (TTY).

Enrollment information

Blue Shield of California

Medicare Advantage Prescription Drug Plans

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at **(800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, year-round

Understanding the benefits

Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services that you routinely see a doctor. Visit blueshieldca.com/medmapd2022 or call Customer Care at **(800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week, year-round, to view a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Review the drug formulary to make sure the medications or acceptable alternatives you need are covered on our drug list. This list explains which drugs are covered, so you can discuss medication options with your doctor. Generally, generic drugs have a lower copayment than brand-name drugs.

Understanding important rules

If you're enrolling in a plan with a monthly premium: In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2022.

If you're enrolling in an HMO plan: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

If you're enrolling in a PPO plan: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an **emergency or urgent situations**, non-contracted providers may deny care. In addition, you may pay a higher out-of-pocket cost for services received by non-contracted providers.

For HMO D-SNP plans: This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Out-of-network/non-contracted providers are under no obligation to treat Blue Shield Medicare members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 [TTY: 711].

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al 1-800-776-4466 (TTY: [711]).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-776-4466 (TTY: 711)。

律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視

Understanding Medicare enrollment periods

These are the different types of enrollment periods throughout the year when you may enroll or make changes to your Medicare plan.

Annual Election Period (AEP)

Available October 15 through December 7.

During this time, you may join, drop, or switch to the Medicare Advantage Plan that is best for you.

Your change in enrollment will become effective January 1, 2022.

Medicare Advantage Open Enrollment Period

Available January 1 through March 31.

During this period, you can switch to another Medicare Advantage Plan (you can choose a plan that covers prescription drugs or one that does not cover prescription drugs) or disenroll from our plan and obtain coverage through Original Medicare. If you choose to switch to Original Medicare during this period, you have until March 31 to join a separate prescription drug plan to add drug coverage.

Special Election Period (SEP)

Available all year to qualifying individuals.

During this time, you may join, drop, or switch your Medicare Advantage Plan if you move out of the plan's service area, lose your employer or union coverage, enroll in a PACE program, or have a chronic condition that allows you to enroll in a Special Needs Plan designed to specifically treat individuals with your condition.

See the last page of the enrollment form for a list of common qualifying events.

Initial Coverage Election Period (ICEP)

Available all year to qualifying individuals.

This election period begins three months before the month of your 65th birthday or the 25th month of disability. It is associated with your entitlement to Medicare Part A, B, and D. This period begins three months before your first entitlement to Medicare Part A, B, and D and ends on the later of:

1. The last day of the month preceding entitlement to Part A, B, and D; or
2. The last day of your Part B initial enrollment period.

Open Enrollment Period for Institutionalized Individuals (OEPI)

Available all year to qualifying individuals.

If you are institutionalized, you may enroll in or disenroll from a Medicare Advantage Special Needs Plan for institutionalized individuals.

Call Blue Shield of California for questions about eligibility:

(888) 534-4263 (TTY: 711)

8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30

[blueshieldca.com/medicare](https://www.blueshieldca.com/medicare)

Y0118_21_394A_C 07082021



Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his or her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

In the boxes below, please put your initials beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss Medicare Supplement plans with you.)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Stand-alone Medicare Prescription Drug Plans (Part D) (PDP) – Stand-alone drug plans that add prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans. |
| <input type="checkbox"/> | Medicare Advantage Plans (Part C) (HMO) – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you receive care only from doctors or hospitals in the plan’s network (except in emergencies). May include optional supplemental dental HMO and PPO plan information. |
| <input type="checkbox"/> | Medicare Advantage Plans (Part C) (HMO D-SNP) – A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. |
| <input type="checkbox"/> | Medicare Advantage Plans (PPO) – A Medicare Advantage Plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. PPO plans must cover all plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers. May include optional supplemental dental PPO plan information. |
| <input type="checkbox"/> | Dental HMO, Dental PPO, or Dental + Vision plans – Stand-alone plans that provide dental and vision coverage. Medicare has neither reviewed, nor endorses, these plans. |

By signing this form you agree to a sales meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the plan options is either employed by Blue Shield of California or contracted by a Medicare plan. They do not work directly for the Federal government. The individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

Beneficiary or authorized representative signature and signature date:

Signature: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Signature date: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;">/</td> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;">/</td> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;"> </td> <td style="width: 15%; height: 25px;"> </td> </tr> </table>			/			/			
		/			/					

By signing this form, Agent agrees and attests that this SOA was documented and agreed to by the beneficiary or their authorized representative prior to discussing plan information. Agent also agrees to provide a copy of this SOA when submitting the beneficiary's enrollment request. All SOA forms must be retained by the agent for no less than 10 years and be available to Blue Shield of California upon request regardless of whether or not the appointment resulted in an enrollment.

IMPORTANT: Beneficiary Medicare number to be completed by agent only after receipt of enrollment application.

Beneficiary Medicare number:

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* Scope of Appointment documentation is subject to CMS record retention requirements.

Disclaimers

Notices available online

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(800) 776-4466 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(800) 776-4466 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(800) 776-4466 (TTY: 711)**。



2022 Individual Enrollment Request Form

Blue Shield Medicare Advantage Plans: Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield Inspire (HMO), Blue Shield Vital (HMO), Blue Shield Balance (HMO), 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 Coordinated Choice Plan (HMO), Blue Shield Inspire (HMO D-SNP)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Email, Mail, or Fax your completed and signed form to:

Email: WHMembership@blueshieldca.com

Mail: Blue Shield of California
PO Box 948
Woodland Hills, CA 91365-9856

Fax: (877) 251-3660

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call your Authorized Agent or your Blue Shield Representative at **(888) 534-4263**. TTY users can call **711**. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. En español: Llame a su Agente Autorizado o a su Representante de Blue Shield al **(888) 534-4263**. Los usuarios del sistema TTY pueden llamar al 711 o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join:

- Blue Shield 65 Plus (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield 65 Plus (HMO) Kern County (\$0 per month)
- Blue Shield 65 Plus (HMO) Riverside County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Bernardino County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Diego County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Luis Obispo/Santa Barbara Counties (\$0 per month)
- Blue Shield 65 Plus (HMO) Ventura County (\$0 per month)
- Blue Shield 65 Plus Plan 2 (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield 65 Plus Choice Plan (HMO) San Bernardino/Riverside Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Fresno County (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Merced/Santa Clara Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Stanislaus County (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) San Joaquin County (\$0 per month)
- Blue Shield AdvantageOptimum Plan 1 (HMO) San Diego County (\$0 per month)
- Blue Shield AdvantageOptimum Plan 2 (HMO) San Diego County (\$0 per month)
- Blue Shield Balance (HMO) Los Angeles County (\$0 per month)
- Blue Shield Coordinated Choice Plan (HMO) Los Angeles/Orange/San Bernardino/
Riverside/San Diego/Fresno/Santa Clara/Merced/San Joaquin/Stanslaus Counties
(\$33.20 per month)
- Blue Shield Inspire (HMO) Alameda/San Mateo Counties (\$0 per month)
- Blue Shield Inspire (HMO) Fresno/Madera Counties (\$0 per month)
- Blue Shield Inspire (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield Inspire (HMO) Sacramento County (\$40 per month)
- Blue Shield Inspire (HMO) San Joaquin/Stanslaus/Merced Counties (\$0 per month)
- Blue Shield Inspire (HMO) Santa Clara County (\$0 per month)
- Blue Shield Inspire (HMO D-SNP) Merced/Fresno/San Joaquin/Stanslaus Counties
(\$33.20 per month)
- Blue Shield TotalDual Plan (HMO D-SNP) Los Angeles/Orange/San Bernardino/San Diego
Counties (\$33.20 per month)
- Blue Shield Vital (HMO) Los Angeles/San Bernardino/Riverside/Orange Counties (\$0 per month)

Blue Shield Inspire (HMO) in the counties of Alameda, Fresno, Madera, Merced, Sacramento, San Joaquin, San Mateo, Santa Clara, and Stanislaus; Blue Shield Inspire (HMO D-SNP) in Fresno, San Joaquin, Merced and Stanislaus; and Blue Shield Balance (HMO) in the county of Los Angeles includes one or more Special Supplemental Benefits for the Chronically Ill (SSBCI). SSBCI are part of special supplemental benefits available in select plans. Not all plan members will qualify. Refer to the Evidence of Coverage for details and eligibility requirements. To be eligible for each SSBCI benefit, you must have at least one of the required qualifying chronic conditions which can vary by plan. Please refer to the "Attestation for Special Supplemental Benefit for the Chronically Ill (SSBCI)" form included in the enrollment kit, online or contact Customer Care (800) 776-4466 (TTY: 711) for a copy.

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in a Blue Shield Medicare Advantage Plan.
- By joining this Medicare Advantage Plan, I acknowledge that my Blue Shield Medicare Advantage Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Blue Shield Medicare Advantage Plan coverage begins, I must get all of my medical and prescription drug benefits from that Blue Shield Medicare Advantage Plan. Benefits and services provided by my Blue Shield Medicare Advantage Plan and contained in my Blue Shield Medicare Advantage Plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor my Blue Shield Medicare Advantage Plan will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature	Today's Date
	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you're the authorized representative, sign above and fill out these fields

Name

Street Address

City

State

ZIP code

Phone Number

Relationship to Enrollee

Paying your plan premiums:

You can pay your monthly plan premium (including any late enrollment penalty you currently have or may owe) by mail each month. If your plan has a premium due, you will receive a monthly bill including the amount and the date of when your next payment is due, or you may choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

To learn more about your payment options, visit us at blueshieldca.com/medicarewaystopay or call Customer Care at **(800) 776-4466 TTY: 711**.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Blue Shield of California the Part D-IRMAA.

Producer information: Producer name and ID or NPN is required.

Agency name: _____
(please print appointed agency name)

Agency ID #: _____
(please print agency tax ID)

Producer (writing agent) name (required): _____
(please print writing agent name)

Producer ID #: _____
(please print agent tax ID number)

Producer (writing agent) NPN or TIN (one required): _____
(please print NPN or TIN number)

Producer phone number: _____

Producer email address: _____

Date application received by producer: _____

Producer signature: _____

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm that the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary, on behalf of Blue Shield of California, has complied with these rules.

Blue Shield of California is an HMO and an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date).

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- I recently was released from incarceration. I was released on (insert date).

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- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).

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- I recently obtained lawful presence status in the United States. I got this status on (insert date).

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- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date).

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- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date).

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- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date).

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- I recently left a PACE program on (insert date).

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- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).

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- I am leaving employer or union coverage on (insert date).

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- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date).

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- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualifications required to be in the plan. I was disenrolled from the SNP on (insert date).

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- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I'm in a plan that was recently taken over by the state or territorial regulatory authority because of financial issues. I want to Switch to another plan.
- I'm in a plan that had a star-rating less than 3 stars for the last 3 years. I want to join a plan with a star rating 3 stars or higher.
- I am new to Medicare AND Medicare entitlement was made retroactively so I was notified about getting Medicare after my Part A and/or B effective date.

If none of these statements applies to you or you're not sure, please contact Blue Shield of California at **(888) 534-4263 (TTY: 711)** or Authorized Agent, to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30.



2022 Individual Enrollment Request Form

Blue Shield Medicare Advantage Plans: Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield Inspire (HMO), Blue Shield Vital (HMO), Blue Shield Balance (HMO), 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 Coordinated Choice Plan (HMO), Blue Shield Inspire (HMO D-SNP)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Email, Mail, or Fax your completed and signed form to:

Email: WHMembership@blueshieldca.com

Mail: Blue Shield of California
PO Box 948
Woodland Hills, CA 91365-9856

Fax: (877) 251-3660

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call your Authorized Agent or your Blue Shield Representative at **(888) 534-4263**. TTY users can call **711**. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. En español: Llame a su Agente Autorizado o a su Representante de Blue Shield al **(888) 534-4263**. Los usuarios del sistema TTY pueden llamar al 711 o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join:

- Blue Shield 65 Plus (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield 65 Plus (HMO) Kern County (\$0 per month)
- Blue Shield 65 Plus (HMO) Riverside County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Bernardino County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Diego County (\$0 per month)
- Blue Shield 65 Plus (HMO) San Luis Obispo/Santa Barbara Counties (\$0 per month)
- Blue Shield 65 Plus (HMO) Ventura County (\$0 per month)
- Blue Shield 65 Plus Plan 2 (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield 65 Plus Choice Plan (HMO) San Bernardino/Riverside Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Fresno County (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Merced/Santa Clara Counties (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) Stanislaus County (\$0 per month)
- Blue Shield AdvantageOptimum Plan (HMO) San Joaquin County (\$0 per month)
- Blue Shield AdvantageOptimum Plan 1 (HMO) San Diego County (\$0 per month)
- Blue Shield AdvantageOptimum Plan 2 (HMO) San Diego County (\$0 per month)
- Blue Shield Balance (HMO) Los Angeles County (\$0 per month)
- Blue Shield Coordinated Choice Plan (HMO) Los Angeles/Orange/San Bernardino/
Riverside/San Diego/Fresno/Santa Clara/Merced/San Joaquin/Stanislaus Counties
(\$33.20 per month)
- Blue Shield Inspire (HMO) Alameda/San Mateo Counties (\$0 per month)
- Blue Shield Inspire (HMO) Fresno/Madera Counties (\$0 per month)
- Blue Shield Inspire (HMO) Los Angeles/Orange Counties (\$0 per month)
- Blue Shield Inspire (HMO) Sacramento County (\$40 per month)
- Blue Shield Inspire (HMO) San Joaquin/Stanislaus/Merced Counties (\$0 per month)
- Blue Shield Inspire (HMO) Santa Clara County (\$0 per month)
- Blue Shield Inspire (HMO D-SNP) Merced/Fresno/San Joaquin/Stanislaus Counties
(\$33.20 per month)
- Blue Shield TotalDual Plan (HMO D-SNP) Los Angeles/Orange/San Bernardino/San Diego
Counties (\$33.20 per month)
- Blue Shield Vital (HMO) Los Angeles/San Bernardino/Riverside/Orange Counties (\$0 per month)

Blue Shield Inspire (HMO) in the counties of Alameda, Fresno, Madera, Merced, Sacramento, San Joaquin, San Mateo, Santa Clara, and Stanislaus; Blue Shield Inspire (HMO D-SNP) in Fresno, San Joaquin, Merced and Stanislaus; and Blue Shield Balance (HMO) in the county of Los Angeles includes one or more Special Supplemental Benefits for the Chronically Ill (SSBCI). SSBCI are part of special supplemental benefits available in select plans. Not all plan members will qualify. Refer to the Evidence of Coverage for details and eligibility requirements. To be eligible for each SSBCI benefit, you must have at least one of the required qualifying chronic conditions which can vary by plan. Please refer to the "Attestation for Special Supplemental Benefit for the Chronically Ill (SSBCI)" form included in the enrollment kit, online or contact Customer Care (800) 776-4466 (TTY: 711) for a copy.

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in a Blue Shield Medicare Advantage Plan.
- By joining this Medicare Advantage Plan, I acknowledge that my Blue Shield Medicare Advantage Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Blue Shield Medicare Advantage Plan coverage begins, I must get all of my medical and prescription drug benefits from that Blue Shield Medicare Advantage Plan. Benefits and services provided by my Blue Shield Medicare Advantage Plan and contained in my Blue Shield Medicare Advantage Plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor my Blue Shield Medicare Advantage Plan will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature	Today's Date
	<input type="text"/> / <input type="text"/> / <input type="text"/>

If you're the authorized representative, sign above and fill out these fields

Name

Street Address

City

State

ZIP code

Phone Number

Relationship to Enrollee

Paying your plan premiums:

You can pay your monthly plan premium (including any late enrollment penalty you currently have or may owe) by mail each month. If your plan has a premium due, you will receive a monthly bill including the amount and the date of when your next payment is due, or you may choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

To learn more about your payment options, visit us at blueshieldca.com/medicarewaystopay or call Customer Care at **(800) 776-4466 TTY: 711**.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Blue Shield of California the Part D-IRMAA.

Producer information: Producer name and ID or NPN is required.

Agency name: _____
(please print appointed agency name)

Agency ID #: _____
(please print agency tax ID)

Producer (writing agent) name (required): _____
(please print writing agent name)

Producer ID #: _____
(please print agent tax ID number)

Producer (writing agent) NPN or TIN (one required): _____
(please print NPN or TIN number)

Producer phone number: _____

Producer email address: _____

Date application received by producer: _____

Producer signature: _____

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm that the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary, on behalf of Blue Shield of California, has complied with these rules.

Blue Shield of California is an HMO and an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
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- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date).

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- I recently was released from incarceration. I was released on (insert date).

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- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).

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- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date).

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- I recently left a PACE program on (insert date).

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- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).

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- I am leaving employer or union coverage on (insert date).

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