

Medicare plans that meet your needs.  
From a company that shares your values.

Choice Plan  
Los Angeles (partial)/Orange counties



# Blue Shield 65 Plus Choice Plan (HMO) benefit overview

Medicare Advantage Prescription Drug Plan  
Effective January 1 through December 31, 2015

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blue  of california

[blueshieldca.com](http://blueshieldca.com)



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## **Fairness, equality, compassion, accountability ...**

These are the values you grew up with and still hold dear. At Blue Shield, we share those values. With 75 years of putting care before profit, our aim is to provide Medicare beneficiaries with the most affordable and comprehensive benefits in the marketplace, along with the highest level of care, customer service, and ethical business practices. We're a leading voice on affordable care for everyone in California.

for care, not profit<sup>SM</sup>

what's inside

1. why choose Blue Shield
2. summary of 2015 medical benefits
3. summary of 2015 prescription drug coverage
4. dental coverage
5. SilverSneakers Fitness program
6. how to enroll
7. what to expect

## Blue Shield 65 Plus<sup>SM</sup> Choice Plan is available in Orange County and select areas of Los Angeles County.\*

Blue Shield 65 Plus Choice Plan members can select network physicians from the following physician groups:†

Alamitos IPA  
AppleCare Medical Group  
Brookshire IPA  
Family Care Specialists  
Hoag Affiliated Physicians  
Lakewood IPA  
Mission Internal Medical Group  
Mission Hospital Affiliated Physicians  
Pacific IPA  
Pioneer Provider Network  
Primary Care Associates of California  
St. Joseph Heritage Medical Group  
St. Joseph Hospital Affiliated Physicians  
St. Jude Affiliated Physicians  
St. Jude Heritage Medical Group  
St. Mary IPA



\* Refer to the Summary of Benefits for a complete description of the service area.

† List of network physician groups is as of August 2014. See the Blue Shield 65 Plus Choice Plan *Provider Directory* for more information about network physicians and facilities.

# 1. why choose Blue Shield

You may be asking yourself what to look for when picking a health plan. Or maybe you're trying to decide between two plans that appear similar. Here are some of the things we think you should consider before enrolling.

## 1. Costs

Use this brochure and our Summary of Benefits to compare what you will pay with our plan versus the other plan.

## 2. Formulary

If you currently take medications, be sure you confirm that your medications, or an acceptable alternative, are on our comprehensive formulary (list of drugs).

## 3. Reputation

This is where we feel our plan really stands out from the competition. Why?

- **Blue Shield puts care first, not profit.** Blue Shield is a not-for-profit company that's been serving Californians for more than 75 years.
- We strive to uphold high standards of ethical business practices in our programs and products. In fact, we have been recognized as **one of the World's Most Ethical Companies** for three years in a row by Ethisphere Institute.\*

## 4. Service

- You may go to any specialist within your doctor's physician group in the following specialties without a referral from your doctor for the initial visit: cardiology, gastroenterology, urology, ophthalmology, gynecology, orthopedics, and podiatry.
- Get a 90-day supply of drugs for only two 30-day copays when you visit one of our network pharmacies that offer preferred cost-sharing, or order through our mail service pharmacy.

## 5. Network

We have a large network of primary care physicians and specialists, so chances are you can keep seeing your doctor. Or, if you're ready to switch doctors, we can help you find a physician who is convenient for you.

Here's the bottom line: Over 205,000<sup>#</sup> Medicare beneficiaries in California have trusted their healthcare coverage to Blue Shield of California. We know California, and our mission is to ensure high-quality health care at an affordable price, a tradition we have been building on for more than 75 years.

\* March 2014. For more about Ethisphere, the World's Most Ethical ranking methodology, and the complete list of the World's Most Ethical Companies, visit <http://www.ethisphere.com>.

# Blue Shield Medicare Advantage HMO and Medicare Supplement plan membership reporting as of June 2014.

# 2. summary of 2015 medical benefits

Effective January 1 through December 31, 2015

Available in select areas of Los Angeles County and all of Orange County\*

<b>Benefit</b>	<b>With Blue Shield 65 Plus Choice Plan, you pay:</b>
<b>Monthly plan premium</b> (you must continue to pay Medicare Part B premium)	\$0
<b>Annual out-of-pocket maximum</b> (this is the most you would pay in a year for Medicare Parts A and B covered services)	\$2,000
<b>Primary care physician visits</b>	\$0 copay
<b>"Welcome to Medicare" preventive visit and Annual Wellness Visit</b>	\$0 copay
<b>Specialist office visits</b> (with primary care physician referral)	\$0 copay
<b>Inpatient hospital care</b>	\$0 copay
<b>Outpatient surgery</b> (when performed at an ambulatory surgical center)	\$0 copay
<b>Basic outpatient diagnostic tests, EKGs, basic X-rays, and lab services</b> (according to Medicare guidelines; prior authorization required)	\$0 copay
<b>MRI scans, CT scans, and other complex diagnostic radiology services</b>	\$0 copay
<b>Diabetic test strips and lancets</b> (see the plan's <i>Evidence of Coverage</i> for a full list of what's covered)	\$0 copay
<b>Vision care – routine eye exam and refraction</b> (once every 12-month period through network providers) Some coverage at non-network providers included	\$10 copay
<b>Ambulance services</b>	\$100 copay per trip, one way
<b>Non-emergency transportation</b> (such as to and from medical appointments)	\$0 copay for 24 one-way trips per year
<b>Routine podiatry</b> (one visit per month; 12 visits per year)	\$0 copay
<b>Basic gym membership/fitness program</b>	\$0 copay; see Section 5
<b>Urgently needed care<sup>†</sup></b>	\$0 copay
<b>Emergency care<sup>†</sup></b>	\$65 copay
<b>Skilled nursing facility care</b> (100 days per benefit period <sup>‡</sup> ; no prior hospitalization required with network providers)	\$0/day for days 1 to 20 \$50/day for days 21 to 100
<b>NurseHelp 24/7<sup>SM</sup></b> (telephone and online support)	\$0 copay

\* Refer to the Summary of Benefits for a complete description of the service area.

† Worldwide coverage. \$65 copay and \$10,000 annual limit for emergency care and urgently needed care outside the U.S.

‡ 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.

# 3. summary of 2015 prescription drug coverage

Available in select areas of Los Angeles County and all of Orange County\*

## Part D prescription drug benefit (using network pharmacies)

With Blue Shield 65 Plus Choice Plan, you pay:

Deductible	With Blue Shield 65 Plus Choice Plan, you pay:	
	One-month (30-day) supply from a network pharmacy	Three-month (90-day) supply from a network pharmacy that offers preferred cost-sharing or through mail service
<b>Tier 1: Preferred Generic Drugs</b> (includes preferred brand insulin)	\$0 copay/\$3 copay <sup>†</sup>	\$0 copay
<b>Tier 2: Non-Preferred Generic Drugs</b>	\$3 copay/\$7 copay <sup>†</sup>	\$6 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$30 copay/\$35 copay <sup>†</sup>	\$60 copay
<b>Tier 4: Non-Preferred Brand Drugs</b>	\$65 copay/\$70 copay <sup>†</sup>	\$130 copay
<b>Tier 5: Injectable Drugs</b>	25% of Blue Shield's contracted rate	25% of Blue Shield's contracted rate
<b>Tier 6: Specialty Tier Drugs</b>	33% of Blue Shield's contracted rate	33% of Blue Shield's contracted rate
<b>Coverage gap</b> (coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$2,960 until your yearly out-of-pocket drug costs reach \$4,700)	Tier 1: Preferred Generic Drugs, Tier 2: Non-Preferred Generic Drugs, and non-preferred generic drugs found in tier 3 are covered at the copays described above. For brand drugs in tier 3, and for tiers 4-6, you pay 45% for brand drugs, and you pay 65% for generic drugs. Whether a drug is considered generic or brand can be determined using the plan formulary.	

### Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing.

- CVS/pharmacy<sup>‡</sup> (800) 865-6647 [TTY: 711]
- Safeway/Vons<sup>‡</sup> (877) 723-3929 [TTY: 711]
- Costco<sup>‡</sup> (800) 607-6861 [TTY: 711]

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

**CVS/pharmacy**<sup>®</sup>

**VONS** | Pharmacy

**COSTCO**  
PHARMACY

\* Refer to your Summary of Benefits for a complete description of the service area.

† The first copay shown is for covered drugs you get at a pharmacy that offers **preferred** cost-sharing. The second copay shown is for covered drugs you get at a pharmacy that offers **standard** cost-sharing. Refer to your Summary of Benefits for a complete description of cost-sharing.

‡ Accepts e-prescribing.

# 4. dental coverage

Blue Shield 65 Plus Choice Plan offers dental coverage for many common dental procedures, such as checkups, cleanings, gum care, and more – all included as part of your health plan!

Simply choose a network dentist who will provide and coordinate all your dental care.

## Key features:

- Comprehensive dental benefits, including diagnostic, restorative, and preventive services – with low copays
- Access to a network of general care dentists
- Virtually no claim forms
- Emergency dental coverage included

In addition, if you're looking for a more comprehensive dental plan, we have an optional supplemental dental HMO plan available for a **low monthly premium of \$12.20**.

## Dental plan highlights

The following is a side-by-side comparison of a summarized list of services and supplies covered by Blue Shield 65 Plus Choice Plan and by the optional supplemental dental HMO plan.

For a complete list of the benefits, exclusions, and limitations, please refer to the *Evidence of Coverage*.

ADA code	Procedure	Blue Shield 65 Plus Choice Plan member copayment	Optional supplemental dental HMO member copayment (\$12.20 monthly premium)
<b>Adjunctive</b>			
D9430	Office visit, in addition to all other copayments	\$10	\$3
D9215	Local anesthesia	\$0	\$0
<b>Diagnostic</b>			
D0120	Periodic oral evaluation – established patient	\$5	\$0
D0210	Intraoral X-rays – complete (including bitewings), up to one visit each 24 months*	\$5	\$0
D0220	Intraoral X-rays – periapical, first film	\$0	\$0
D0230	Intraoral X-rays – periapical, each additional film	\$0	\$0
<b>Preventive</b>			
D1110	Prophylaxis, adult (1 visit every 6 months, up to 2 visits every calendar year) <sup>†</sup>	\$20	\$5
<b>Basic Restorative</b>			
D2140	Amalgam – 1 surface, primary or permanent	\$25	\$8
D2150	Amalgam – 2 surfaces, primary or permanent	\$30	\$10
D2160	Amalgam – 3 surfaces, primary or permanent	\$40	\$15
<b>Major Restorative</b>			
D2740	Crown – porcelain/ceramic substrate	\$335	\$275
D2750	Crown – porcelain fused to high noble metal <sup>#, ‡</sup>	\$430	\$275
D2790	Crown – full cast high noble metal <sup>#, ‡</sup>	\$430	\$275

ADA code	Procedure	Blue Shield 65 Plus Choice Plan member copayment	Optional supplemental dental HMO member copayment (\$12.20 monthly premium)
<b>Endodontic</b>			
D3310	Root canal therapy, anterior (no final restoration)	\$240	\$195/268**
D3320	Root canal therapy, bicuspid (no final restoration)	\$297	\$250/332**
D3330	Root canal therapy, molar (no final restoration)	\$373	\$335/425**
<b>Periodontic</b>			
D4341	Perio scaling & root planing, 4+ teeth†	\$80	\$45
<b>Removable Prosthodontics</b>			
D5110	Complete denture, maxillary (upper)	\$475	\$285
D5120	Complete denture, mandibular (lower)	\$475	\$285
D5211	Maxillary partial denture, resin base	\$340	\$149
D5212	Mandibular partial denture, resin base	\$340	\$149
D5213	Maxillary partial denture, cast metal frame	\$525	\$310
D5214	Mandibular partial denture, cast metal frame	\$525	\$185
D5410	Adjust complete denture, maxillary	\$28	\$10
D5411	Adjust complete denture, mandibular	\$28	\$10
D5421	Adjust partial denture, maxillary	\$28	\$10
D5422	Adjust partial denture, mandibular	\$28	\$10
D5510	Repair broken complete denture base	\$45	\$21
D5520	Replace missing/broken teeth, complete denture, per tooth	\$30	\$21
D5640	Replace broken teeth, per tooth	\$45	\$27
D5750	Reline complete maxillary denture, lab	\$150	\$59
D5751	Reline complete mandibular denture, lab	\$150	\$59
D5760	Reline maxillary partial denture, lab	\$140	\$59
D5761	Reline mandibular partial denture, lab	\$140	\$59
<b>Oral Surgery</b>			
D7140	Extraction, erupted tooth or exposed root	\$35	\$15
D7210	Surgical removal of erupted tooth, requiring removal of bone	\$60	\$30

ADA code: The standard code assigned to dental services by the American Dental Association. Federal law requires the use of ADA codes to report dental procedures. Procedure codes may be revised from time to time by the American Dental Association. The plan may revise this code list as required by law.

\* Since Blue Shield of California contracts with Medicare each year, this benefit may not be available next year.

† Members who have not kept up with their routine dental appointments (once every 6 months) may find that they require service involving periodontal scaling and root planing or full-mouth debridement before routine care such as regular cleanings can or will be provided.

‡ Not a covered benefit for molar teeth.

# The member is responsible for applicable copayment and the cost of precious and semi-precious metals.

\*\* You pay the lower amount if the benefit is provided by a general dentist. You pay the higher amount if the benefit is provided by a specialist.



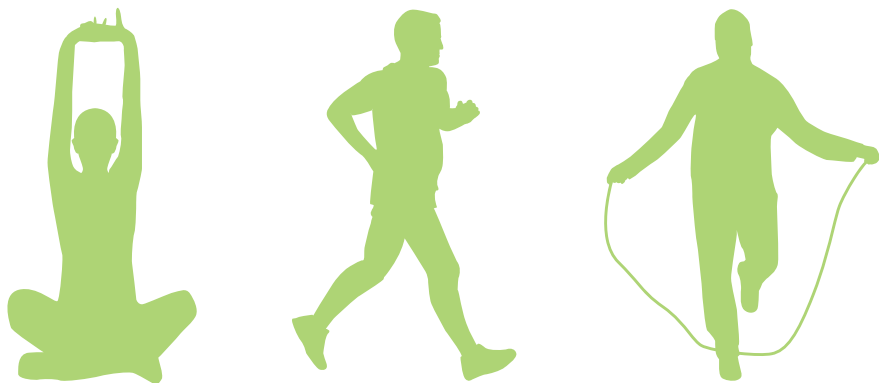
# 5. SilverSneakers Fitness program

Exercise, education, and social activities are very important to your health and well-being, which is why Blue Shield of California offers the **Healthways SilverSneakers® Fitness** program at no additional cost!

## SilverSneakers includes the following:

- A fitness membership with access to more than 11,000 locations\* nationwide (including women-only locations) where you can use equipment and take group exercise classes
- SilverSneakers FLEX™ with classes including tai chi, yoga, dance, and walking groups offered in your favorite neighborhood locations such as parks, recreation centers, and adult-living communities
- SilverSneakers Steps®, which includes a choice of four kits – general fitness, strength, walking, and yoga – for you to use at home or when you travel
- Fun social activities and events, plus health education seminars

To find your closest SilverSneakers location and FLEX classes, order a SilverSneakers Steps kit, or get additional information, visit [silversneakers.com](http://silversneakers.com). Remember, when you travel you can use any SilverSneakers location in the nation! Enroll today and be one step closer to a healthier lifestyle.



\*As of July 2014, [silversneakers.com](http://silversneakers.com).

# 6. how to enroll

## Applying is easy

You have two options:

1. Work with your broker to use our online plan comparison tool, and immediately **enroll online**.
2. While enrolling online is faster and easier, you can also choose to fill out the **paper application** in this booklet instead.

Here's how:

- Tear out the application.
- Fill it out completely.
- Be sure to sign where indicated.
- Fax it to us at **(877) 251-3660**. You may also mail it to the address listed at the top of page 1 of the application.

Speak with your authorized Blue Shield broker to enroll in Blue Shield 65 Plus Choice Plan and activate your new benefits for 2015.

# 7. what to expect once you enroll

1. Acknowledgement letter: We will notify you that we received your completed enrollment form and are waiting for Medicare to approve your enrollment. The letter will include a copy of your enrollment form for your records.
2. Confirmation letter: Confirmation that Medicare has approved your enrollment in our plan.
3. New-member verification call: We will call you to verify that you understand that you've been enrolled in our plan and how the plan works. If we don't reach you by phone, we'll follow up with a letter.
4. Other health insurance survey: Allows us to tell Medicare whether you have other insurance in addition to our plan.
5. Welcome kit: A full explanation of how to use your new plan. Be sure to read the *Member Handbook* and the *Evidence of Coverage*.
6. Plan ID card: Present this card every time you receive healthcare services or prescription drugs.
7. Health survey: Your answers can help us provide you and your doctor with information that may help you manage your health more effectively.

The *Member Handbook* in your welcome kit will give you more details about what to expect as a member of Blue Shield 65 Plus Choice Plan. We hope to welcome you to our plan!

Blue Shield has been dedicated to offering quality healthcare coverage and member service since 1939 – an ongoing tradition you can trust.

We hope this booklet made our health plan information easy to understand. It's one of the ways we're working to make your health plan selection simple.

### **Need help?**

Contact your authorized Blue Shield broker.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, provider network, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Blue Shield and the Shield symbol are registered marks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

SilverSneakers is a registered mark of Healthways, Inc., independent companies that do not provide Blue Shield of California products or services.

This information is available for free in other languages. Please contact Member Services at (800) 776-4466 [TTY: 711] from 7 a.m. to 8 p.m., seven days a week, for additional information.

Esta información está disponible de forma gratuita en varios idiomas. Por favor, llame a Servicios para Miembros al (800) 776-4466 [TTY: 711] de 7 a.m. a 8 p.m., siete días a la semana para información adicional.