



**Summary of Benefits for
Blue Shield Medicare Basic Plan (PDP)
Blue Shield Medicare Enhanced Plan (PDP)
Blue Shield Medicare Premium Plan (PDP)**

January 1, 2012 – December 31, 2012

State of California

S2468

Section I – Introduction to Summary of Benefits

Thank you for your interest in Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP) and Blue Shield Medicare Premium Plan (PDP). Our plans are offered by CA PHYSICIANS' SERVICE DBA BLUE SHIELD OF CA/Blue Shield of California, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP) and ask for the "Evidence of Coverage."

You have choices in your Medicare prescription drug coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) available?

The service area for these plans includes: California. You must live in one of these areas to join these plans.

Who is eligible to join?

You can join one of these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where can I get my prescriptions?

Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time.

You can ask for a Pharmacy Directory or visit us at

<https://www.blueshieldca.com/medicarepartdplans/>

[pharmacydirectory/](https://www.blueshieldca.com/medicarepartdplans/pharmacydirectory/). Our customer service number is

listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP) and Blue Shield Medicare Premium Plan (PDP) do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What is a prescription drug formulary?

Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <https://www.blueshieldca.com/medicarepartdplans/formulary/>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP). Get this information before you decide to enroll in one of these plans.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/seven days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare and You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP), you have the right to request a coverage

determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP) for more details.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for our plans. Our Customer Service number is listed below.

Please call Blue Shield of California for more information about Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP).

Visit us at www.blueshieldca.com/findamedicareplan, or call us:

Customer Service hours

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7 a.m. – 8 p.m. Pacific

Current members should call toll-free **(888) 239-6469**

[TTY (888) 239-6482]

Prospective members should call toll-free **(800) 488-8000**

[TTY (888) 595-0000]

Current members should call locally **(888) 239-6469**

[TTY (888) 239-6482]

Prospective members should call locally **(800) 488-8000**

[TTY (888) 595-0000]

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en braille, en letra grande o en otros formatos alternativos.

Este documento puede estar disponible en otro idioma que no sea el inglés. Para obtener información adicional, llame a servicio al cliente, al número de teléfono que figura arriba.

Section II – Summary of Benefits

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
Outpatient Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.blueshieldca.com/medicarepartdplans/formulary/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long-term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>\$41.10 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.blueshieldca.com/medicarepartdplans/formulary/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long-term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>\$55.60 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://www.blueshieldca.com/medicarepartdplans/formulary/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long-term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>\$108.20 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>

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Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield Medicare Basic Plan (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield Medicare Enhanced Plan (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield Medicare Premium Plan (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

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Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Shield Medicare Basic Plan (PDP) approves the exception, you will pay Tier 4: Injectable Drugs cost sharing for that drug.</p>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Shield Medicare Enhanced Plan (PDP) approves the exception, you will pay Tier 4: Injectable Drugs cost sharing for that drug.</p>	<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Shield Medicare Premium Plan (PDP) approves the exception, you will pay Tier 4: Injectable Drugs cost sharing for that drug.</p>
		<p>In-Network \$320 annual deductible.</p>	<p>In-Network \$0 deductible.</p>	<p>In-Network \$0 deductible.</p>
				<p>Supplemental drugs don't count toward your out-of-pocket drug costs.</p>
		<p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p>	<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p>

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Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$8 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$4 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$12 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$14 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$14 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$7 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$35 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$70 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$35 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$105 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$90 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$45 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$90 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$45 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Retail Pharmacy (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$150 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$150 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – \$150 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

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Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Retail Pharmacy (cont.)</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy (cont.)</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Retail Pharmacy (cont.)</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy – 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy – 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Long-Term Care Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$4 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$35 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (34-day) supply of drugs in this tier 	<p>Long-Term Care Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (34-day) supply of drugs in this tier 	<p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$75 copay for a one-month (34-day) supply of drugs in this tier

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Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Long-Term Care Pharmacy (cont.)</p> <p>Tier 4: Injectable Drugs – 25% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 25% coinsurance for a one-month (34-day) supply of drugs in this tier</p>	<p>Long-Term Care Pharmacy (cont.)</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p>	<p>Long-Term Care Pharmacy (cont.)</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a one-month (34-day) supply of drugs in this tier</p>
		<p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs – \$8 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs – \$70 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs – \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 25% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 25% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs – \$14 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs – \$90 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs – \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p>Mail Order</p> <p>Tier 1: Generic Drugs – \$14 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs – \$90 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs – \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
			<p>Additional Coverage Gap</p> <p>The plan covers many formulary generics (65%–99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy – \$14 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred pharmacy – \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy 	<p>Additional Coverage Gap</p> <p>The plan covers many formulary generics (65%–99% of formulary generic drugs), some formulary brands (10%–64% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy – \$14 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred pharmacy – \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
				<p>Retail Pharmacy (cont.)</p> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy – \$90 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy – \$45 copay for a one-month (30-day) supply of all drugs covered in this tier from a non-preferred pharmacy – \$135 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy
			<p>Long-Term Care Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (34-day) supply of all drugs covered in this tier 	<p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (34-day) supply of all drugs covered in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (34-day) supply of all drugs covered in this tier

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
			<p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$14 copay for a three-month (90-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Mail Order</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$14 copay for a three-month (90-day) supply of drugs covered in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$90 copay for a three-month (90-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>
		<p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>		
		<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Shield Medicare Basic Plan (PDP).</p>	<p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Shield Medicare Enhanced Plan (PDP).</p>	<p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Shield Medicare Premium Plan (PDP).</p>
		<p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$4 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$35 copay for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> – \$7 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of drugs in this tier

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
		<p>Out-of-Network Initial Coverage (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs – \$75 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 25% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 25% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Initial Coverage (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs – \$75 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>Out-of-Network Initial Coverage (cont.)</p> <p>Tier 3: Non-Preferred Brand Drugs – \$75 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs – 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs – 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>
		<p>Additional Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand-name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Additional Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's costs of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier</p>	<p>Additional Out-of-Network Coverage Gap</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the plan's costs of the drug minus the following:</p> <p>Tier 1: Generic Drugs – \$7 copay for a one-month (30-day) supply of all drugs covered in this tier</p>

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
			<p>Additional Out-of-Network Coverage Gap (cont.)</p> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. 	<p>Additional Out-of-Network Coverage Gap (cont.)</p> <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> – \$45 copay for a one-month (30-day) supply of all drugs covered in this tier
			<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased until total yearly out-of-pocket drug costs reach \$4,700. 	<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> – You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased until total yearly out-of-pocket drug costs reach \$4,700.
			<p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> – You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. 	<p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none"> – You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Benefit	Original Medicare	Blue Shield Medicare Basic Plan (PDP)	Blue Shield Medicare Enhanced Plan (PDP)	Blue Shield Medicare Premium Plan (PDP)
			<p>Additional Out-of-Network Coverage Gap (cont.)</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. 	<p>Additional Out-of-Network Coverage Gap (cont.)</p> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.
		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

SECTION III - Additional Information

Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), and Blue Shield Medicare Premium Plan (PDP) Exceptions, Appeals, & Grievance Processes

Exceptions

If you learn that your plan does not cover your drug you, your physician or other prescriber, or your appointed representative can ask us to make an exception to our coverage rules. There are several types of exceptions you can request.

- You can ask us to cover your drug if it is not on our Formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover additional quantities.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drugs tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drugs tier instead. This would lower the amount you must pay for your drug.

Please note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty Drugs tier.

Generally, an exception request is approved for coverage if the drug is necessary to treat your medical condition and the alternative drugs included on the plan's formulary or alternative drugs in a lower tier would not be as effective or appropriate in treating your condition and/or would cause you to have adverse medical effects.

If you or your appointed representative requests an exception, your physician or other prescriber must also submit a statement of medical need to support your request.

Call us to request a Blue Shield Prescription Coverage Request Form. You and your physician or other prescriber must complete the form and send it to us:

By fax: (888) 697-8122

By mail: Blue Shield of California Pharmacy Services Department
P.O. Box 7168
San Francisco, CA 94120-7168

Your physician or other prescriber may also contact us directly to request an exception by calling Pharmacy Services at **(800) 535-9481**, 8 a.m. to 6 p.m., weekdays, excluding holidays.

For **more information** regarding the exception process, please call Member Services:

(888) 239-6469 [TTY: (888) 239-6482] between 7 a.m. to 8 p.m., seven days a week.

To **inquire about the status** of an exception request, please have your physician or other prescriber call Pharmacy Services 8 a.m. to 6 p.m., weekdays, excluding holidays:

Phone: (800) 535-9481

To **appoint a representative** or authorize someone to act on your behalf, you and your representative must first sign and date a statement that gives this person legal permission to act as your authorized representative. This form must be completed and submitted before exception requests from your appointed representative can be reviewed.

By fax: (818) 228-5116

By mail: Blue Shield of California Medicare Appeals & Grievances
P.O. Box 927
Woodland Hills CA 91365-9856

You can call Member Services to request a copy of the Blue Shield Appointment of Representative Form at **(888) 239-6469 [TTY: (888) 239-6482]**, 7 a.m. to 8 p.m., seven days a week.

Appeals and Grievances

As a member of Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP), you are guaranteed your right to file a complaint if you have concerns or problems with any part of your care. The Medicare program has helped set the rules about what you need to do to make a complaint and what we are required to do when we receive a complaint. If you make a complaint, we must be fair in how we handle it. You cannot be disenrolled or penalized in any way for filing a complaint.

We encourage you to let us know right away if you have questions, concerns, or problems related to your prescription drug coverage, covered services, or the care you receive. Comments are utilized to help improve the services provided to you.

There are two types of complaints you can make. The type of complaint you file depends on your situation.

1. An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about what services and/or drugs are covered for you or how much we will pay for a service and/or drug.

You must file the appeal request within 60 calendar days from the date included on the notice of our Coverage Determination. We may give you more time if you have a good reason for missing the deadline.

To ask for a **standard** appeal, you or your appointed representative may send a written appeal request to the address listed below. We will give you our decision within seven calendar days after receiving the request. We will give you the decision sooner if your health condition requires us to. If we do not give you our decision within seven calendar days, your request will automatically be forwarded to an independent organization that will review your case.

To ask for a **fast** appeal, you and/or your doctor will need to call, fax, or write to us at the numbers or address listed below. We will give you our decision within 72 hours after receiving the request. We will give you the decision sooner if your health

condition requires us to. If we do not give you our decision within 72 hours, your request will automatically be forwarded to an independent organization that will review your case.

2. A **grievance** is the type of complaint you make if you have any other type of problem with Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP) or one of our providers.

Filing a Grievance with Our Plans

If you have a complaint, please call:

(888) 239-6469 [TTY (888) 239-6482] between 7 a.m. to 8 p.m., seven days a week.

We will try to resolve your complaint over the phone. If you ask for a written response, we will respond in writing to you.

If we cannot resolve your complaint over the phone, we have a formal procedure to review your complaints.

Our Grievance Process consists of two steps:

Step 1: File a Grievance

To begin the process, call a Member Services representative within 60 days of the event and ask to file a Grievance. You may also file a Grievance in writing within 60 days of the event by sending it to us:

Blue Shield of California
Appeals & Grievances
P.O. Box 927
Woodland Hills, CA 91365-9856
FAX: (818) 228-5116

If contacting us by fax or by mail, please call us to request a Blue Shield of California Appeals & Grievance Form.

We will let you know that we received the notice of your concern within five days and give you the name of the person who is working on it. We will normally resolve it within 30 days.

If you ask for a “Fast Grievance” because we decided not to give you a “Fast Decision” or “Fast Appeal” or because we asked for an extension on our Initial Decision or Fast Appeal, we will forward your request to a Medical Director who was not involved in our original decision. We may ask if you have additional information that was not available at the time you requested a “Fast Initial Decision” or “Fast Appeal.”

The Medical Director will review your request and decide if our original decision was appropriate. We will send you a letter with our decision within 24 hours of your request for a “Fast Grievance.”

Step 2: Grievance Hearing

If you are not satisfied with this resolution, you may make a written request to Blue Shield of California Appeals & Grievances for a Grievance hearing. Within 31 days of your written request, we will assemble a panel to hear your case. You will be invited to attend the hearing, which includes an uninvolved physician and a representative from the Appeals & Grievance Resolution Department. You may attend in person or by teleconference. After the hearing, we will send you a final resolution letter.

We must address your Grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your complaint. We may extend the time frame by up to 14 days if you ask for the extension, or if we justify a need for additional information and the delay is in your best interest.

Additional Information

For more detailed information on how the exceptions, appeals, and grievance processes work, please read the *Evidence of Coverage* chapters that describe this process in more detail.

To obtain an aggregate number of grievances, appeals, and exceptions filed with Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP), call Member Services at:

(888) 239-6469 [TTY (888) 239-6482] between 7 a.m. to 8 p.m., seven days a week.

contact us

Enrollment

If you are interested in enrolling in Blue Shield Medicare Basic Plan (PDP), Blue Shield Medicare Enhanced Plan (PDP), or Blue Shield Medicare Premium Plan (PDP), please call us at:

(800) 488-8000

(888) 595-0000 (TTY)

8 a.m. to 8 p.m., seven days a week from October 15, 2011 through February 14, 2012. After February 14, your call will be answered by our automated phone system on weekends and holidays (with a call back no more than one business day later).

Or call your local authorized Blue Shield agent.

Member assistance

If you are a member and need assistance, please call our Member Services representatives at:

(888) 239-6469

(888) 239-6482 (TTY)

7 a.m. to 8 p.m., seven days a week, from October 15, 2011 through February 14, 2012. After February 14, your call will be handled by our automated phone system on weekends and holidays.