blue CALIFORNIA

2027 Summary of Benefits

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP)

Medicare Advantage Prescription Drug Plan
for Los Angeles and San Diego Counties

Effective January 1, 2027 - December 31, 2027

blueshieldca.com/medicare

H2819_26_126A_PRO_001_M Approved 08212026

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP), a Medi-Medi Plan | 2027 Summary of Benefits

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

Introduction

This document is a brief summary of the benefits and services covered by Blue Shield Medicare + Medi-Cal Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Blue Shield Medicare + Medi-Cal Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers 3

B. Frequently asked questions (FAQ) 13

C. List of covered services 17

D. Benefits covered outside of Blue Shield Medicare + Medi-Cal Plan 38

E. Services that Blue Shield Medicare + Medi-Cal Plan, Medicare, and Medi-Cal don't cover 41

F. Your rights as a member of the plan 41

G. How to file a complaint or appeal a denied, delayed, or modified service 43

H. What to do if you suspect fraud 43

A. Disclaimers



This is a summary of health services covered by Blue Shield Medicare + Medi-Cal Plan for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. 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 *Member Handbook* at blueshieldca.com/DSNPdocuments2027 or by calling Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week. The call is free. Note: The *Member Handbook* will be available on our website by October 15, 2026.

- Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.
- Blue Shield Medicare + Medi-Cal Plan 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 Medicare + Medi-Cal Plan, you must have both Medicare Part A and Medicare Part B, be eligible for Medi-Cal (Medicaid), and live in our service area. Our service area includes Los Angeles and San Diego counties.
- The Food and Produce benefit mentioned is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all plan members will qualify. Eligibility depends on meeting the definition of a "chronically ill enrollee". Qualifying chronic conditions include but are not limited to: Cardiovascular disorders; Chronic heart failure; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; and Chronic lung disorders. Please refer to the Plan's *Member Handbook* for a complete list of qualifying chronic conditions and eligibility requirements.
- Our plan *Provider Directory* is located on our website at blueshieldca.com/medicare/providerdirectory.
- Our plan *Pharmacy Directory* is located on our website at blueshieldca.com/medpharmacy2027.
- To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2027.
- Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of

Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m.

- The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯 邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年 齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- When this document says “we, “us,” or “our,” it means California Physicians’ Service (dba Blue Shield of California). When it says “plan” or “our plan,” it means Blue Shield Medicare + Medi-Cal Plan.

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

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

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-452-4413**

(TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-800-452-4413**

(TTY:711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

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

简体中文标语 (Chinese)

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

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ **(Punjabi)**

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

हिंदी टैगलाइन **(Hindi)**

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

Nqe Lus Hmoob Cob (Hmong)

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

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-452-4413** (TTY: 711)へお電話ください。

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

한국어 태그라인 (Korean)

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

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-800-452-4413**

(TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-800-452-4413** (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

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

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

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

مطلب به زبان فارسی ((Persian (Farsi)

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

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-452-4413** (линия TTY: 711).

Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-800-452-4413** (линия TTY: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

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

Tagalog Tagline (Tagalog)

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

แท็กไลน์ภาษาไทย (Thai)

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

Примітка українською (Ukrainian)

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

Khẩu hiệu tiếng Việt (Vietnamese)

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

❖ This document is available for free in Arabic, Armenian, Cambodian, Chinese-Traditional, Chinese-Simplified, Farsi, Korean, Russian, Spanish or Spanish Creole, Tagalog, and Vietnamese.

- You can make a standing request to get this document and future required communications in a language other than English or in an alternate format (large print, braille, audio, etc.). You can contact Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week to make this request. Customer Service will keep your preferred language and format on file until such time you wish to make updates.
- To make a change to a standing request to receive required communications in a preferred language or in an alternate format, please contact Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Care Coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Blue Shield Medicare + Medi-Cal Plan that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Blue Shield Medicare + Medi-Cal Plan. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Blue Shield Medicare + Medi-Cal Plan, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Blue Shield Medicare + Medi-Cal Plan doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Blue Shield Medicare + Medi-Cal Plan to cover your drug if medically necessary. For more information, call Customer Service at 1-800-452-4413 (TTY: 711).

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Blue Shield Medicare + Medi-Cal Plan and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Blue Shield Medicare + Medi-Cal Plan's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Shield Medicare + Medi-Cal Plan's plan. • If you're currently under treatment with a provider that's out of Blue Shield Medicare + Medi-Cal Plan's network, or have an established relationship with a provider that's out of Blue Shield Medicare + Medi-Cal Plan's network, call Customer Service to check about staying connected and ask for continuity of care. You, your authorized representative, or your provider can ask for continuity of care with an out-of-network provider if: o You have had a non-emergency visit to a primary or specialty care provider once during the last 12 months prior to your enrollment into our plan, you and your provider can request Continuity of Care. o Your provider is willing to accept our plan's payment rates and does not have any documented quality issues that prevent us from paying them, then you can continue to receive care from this primary or specialty care provider for an additional 12 months after enrolling into our plan. To find out if your doctors are in the plan's network, call Customer Service at 1-800-452-4413 (TTY: 711) or read Blue Shield Medicare + Medi-Cal Plan's *Provider Directory* on the plan's website at blueshieldca.com/medicare/providerdirectory. If Blue Shield Medicare + Medi-Cal Plan is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.

Frequently Asked Questions	Answers
What's a Blue Shield Medicare + Medi-Cal Plan Care Coordinator?	A Blue Shield Medicare + Medi-Cal Plan Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Care Coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Blue Shield Medicare + Medi-Cal Plan's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Blue Shield Medicare + Medi-Cal Plan will pay for the cost of an out-of-network provider.
Where's Blue Shield Medicare + Medi-Cal Plan available?	The service area for this plan includes: Los Angeles and San Diego Counties, California. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Blue Shield Medicare + Medi-Cal Plan to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Blue Shield Medicare + Medi-Cal Plan may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Blue Shield Medicare + Medi-Cal Plan can provide you or your provider with a list of services or procedures that require you to get prior authorization from Blue Shield Medicare + Medi-Cal Plan before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at 1-800-452-4413 (TTY: 711) for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Blue Shield Medicare + Medi-Cal Plan may not cover the services. Blue Shield Medicare + Medi-Cal Plan can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Blue Shield Medicare + Medi-Cal Plan?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Blue Shield Medicare + Medi-Cal Plan?	No. You don't pay deductibles in Blue Shield Medicare + Medi-Cal Plan.

Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Blue Shield Medicare + Medi-Cal Plan?	There's no cost-sharing for medical services in Blue Shield Medicare + Medi-Cal Plan, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	Blue Shield Medicare + Medi-Cal Plan covers an unlimited number of days for an inpatient hospital stay. Authorization rules may apply. Referral requirements may apply.
	Doctor or surgeon care	$0	Doctor and surgeon care is provided as part of your hospital stay.
	Outpatient hospital services, including observation	$0	Authorization rules may apply. Referral requirements may apply.
	Ambulatory surgical center (ASC) services	$0	Authorization rules may apply. Referral requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).
	Specialist care	$0	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for network hospitals and specialists (for certain benefits).
	Wellness visits, such as a physical	$0	You must go to network doctors, specialists, and hospitals.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Applies to all preventive services covered under Original Medicare or Medi-Cal.
	"Welcome to Medicare" (preventive visit one time only)	$0	The visit includes: • A review of your health, • Education and counseling about the preventive services you need (including screenings and shots), and • Referrals for other care if you need it. Note: We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	You may go to any emergency room if you reasonably believe you need emergency care. You may access emergency room services out of Blue Shield Medicare + Medi-Cal Plan's network and without prior authorization.
	Urgent care	$0	This is NOT emergency care. Urgent care is when a condition, illness, or injury is not life threatening, but medical care is needed right away. You may access urgent care services out of Blue Shield Medicare + Medi-Cal Plan's network and without prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Authorization rules may apply. Referral requirements may apply.
	Lab tests and diagnostic procedures, such as blood work	$0	Authorization rules may apply. Referral requirements may apply.
You need hearing/auditory services (continued on the next page)	Hearing screenings	$0	Exam to diagnose and treat hearing and balance issues. Referral requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing services (non-Medicare covered)	$0	You have a $1,500 allowance per year for one routine (non-Medicare covered) hearing exam and up to two hearing aids (applies to both ears combined) and two hearing aid fittings and evaluations. This allowance cannot be rolled over from year to year. You may obtain these services from the hearing aid provider of your choice. You will receive a Flex Card in the mail that will be preloaded with your allowance to help pay for covered hearing services.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	Blue Shield Medicare + Medi-Cal Plan provides dental services that are not included in the Medi-Cal Dental Program, refer to Chapter 4 of the *Member Handbook.* Medi-Cal covers dental checkups and preventive dental care for all members. For a complete list of services covered by the Medi-Cal Dental Program, call 1-800-322-6384 (TTY 1-800-735-2922) or visit Smile, California at https://smilecalifornia.org. These resources can also help you find a Medi-Cal Dental provider and assist with filing a grievance or complaint related to Medi-Cal Dental Program services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	$0	Blue Shield Medicare + Medi-Cal Plan provides dental services that are not covered by the Medi-Cal Dental Program. For more information on what Blue Shield Medicare + Medi-Cal Plan covers and how it coordinates with the Medi-Cal Dental Program, refer to Chapter 4 of the *Member Handbook*. Medi-Cal covers “restorative” and emergency dental care for all members. For a complete list of services covered by the Medi-Cal Dental Program, call 1-800-322-6384 (TTY 1-800-735-2922) or visit Smile, California at https://smilecalifornia.org. These resources can also help you find a Medi-Cal Dental provider and assist with filing a grievance or complaint for Medi-Cal Dental Program services.
You need eye care (continued on the next page)	Eye exams	$0	A referral from your doctor may be required for an eye exam to diagnose and treat diseases or conditions affecting the eye.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	$0	Our plan pays for one pair of eyeglass frames (priced up to a regular retail value of $500) every year when you use a network provider. If you choose eyeglass frames priced above $500, you are responsible for the difference. Our plan pays for either one pair of prescription eyeglass lenses (regardless of size or power) **OR** for contact lenses (priced up to $500 for contacts lens service and materials) every year when you use a network provider. If the services and materials price above $500, you are responsible for the difference.
You need mental health services (continued on the next page)	Mental health services	$0	Blue Shield Medicare + Medi-Cal Plan covers most Medicare and Medi-Cal mental health services, but some specialty mental health and substance use disorder services are provided outside of the plan through state or county agencies. For more information on these services, refer to Section D in this document. Authorization rules may apply. Referral requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Covered services include mental health care services that require a hospital stay. If you need inpatient services in a freestanding psychiatric hospital, we pay for the first 190 days. After that, the local county mental health agency pays for medically necessary inpatient psychiatric services. Authorization for care beyond the 190 days is coordinated with the local county mental health agency. The 190-day limit **doesn't** apply to inpatient mental health services provided in a psychiatric unit of a general hospital. If you're 65 years or older, we pay for services you get in an Institute for Mental Diseases (IMD). Some specialty mental health and substance use disorder services are provided outside of the plan through state or county agencies. For more information on these services refer to Section D in this document. Authorization rules may apply. Referral requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	We will pay for the following services, and maybe other services not listed here: • Alcohol misuse screening and counseling • Treatment of drug abuse • Group or individual counseling by a qualified clinician • Subacute detoxification in a residential addiction program • Alcohol and/or drug services in an intensive outpatient treatment center • Extended-release Naltrexone (vivitrol) treatment Your county agency also provides Medi-Cal covered substance use disorder services to members who meet medical necessity rules. For more information on these services, refer to Section D in this document. Authorization rules may apply. Referral requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Blue Shield Medicare + Medi-Cal Plan covers an unlimited number of days in a Skilled Nursing Facility (SNF). Authorization rules may apply. Referral requirements may apply.
	Nursing home care	$0	Authorization rules may apply. Referral requirements may apply.
	Adult Foster Care and Group Adult Foster Care	$0	Authorization rules may apply. Referral requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Authorization rules may apply. Referral requirements may apply.
You need help getting to health services	Ambulance services	$0	Authorization rules may apply. Referral requirements may apply.
	Emergency transportation	$0	Authorization rules may apply.
	Transportation to medical appointments and services	$0	Blue Shield Medicare + Medi-Cal Plan covers up to a combined limit of 24 one-way trips to plan-approved health-related locations per year for non-emergency medical transportation and non-medical transportation. Each trip may not exceed 70 miles. Medi-Cal covers unlimited trips to approved locations after your 24 one-way trips have been used. Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Authorization rules may apply.
	Medicare Part D drugs Tier 1: Preferred Generic Drugs (includes preferred generic drugs)	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to Blue Shield Medicare + Medi-Cal Plan's *List of Covered Drugs* (*Drug List*) for more information.
	Tier 2: Generic Drugs (includes generic drugs and biosimilars)	$0 for a 30-day supply.	Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. For drugs on Tiers 1, 2, 3 and 4, extended day supplies are available at network retail and home delivery pharmacy locations. The cost-sharing amount for these extended-day supplies is the same as for a one-month supply. Drugs on Tier 5 are not available for an extended day supply. Please contact the plan for more information. You may get your drugs at a network retail or home delivery pharmacy.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Tier 3: Preferred Brand Drugs (includes preferred brand name drugs, biosimilars, and some generic drugs)	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • $0.00 or • $1.65 or • $5.80 For all other covered drugs, either: • $0.00 or • $5.00 or • $14.40 If you receive Extra Help, you pay $0.00 - $14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of $35.00 per month supply, $70 per 2-month supply, or $105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Tier 4: Non-Preferred Drugs (includes non-preferred brand name drugs, biosimilars, and some generic drugs)	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • $0.00 or • $1.65 or • $5.80 For all other covered drugs, either: • $0.00 or • $5.00 or • $14.40 If you receive Extra Help, you pay $0.00 - $14.40 per month supply of each covered insulin product on this tier. If you do not qualify for Extra Help, you won't pay more than the lesser of $35.00 per month supply, $70 per 2-month supply, or $105 per 3-month supply of each covered insulin product on this tier, or 17% coinsurance for each covered non-insulin product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 5: Specialty Tier Drugs (includes very high-cost brand name drugs, biosimilars, and generic drugs which may require special handling and/or close monitoring)	If you receive Extra Help, you pay: For covered generic drugs (including brand drugs treated as generic), either: • $0.00 or • $1.65 or • $5.80 For all other covered drugs, either: • $0.00 or • $5.00 or • $14.40 If you do not qualify for Extra Help, you won't pay more than 25% coinsurance for each covered product on this tier. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	Covered services include: physical therapy, occupational therapy, and speech language therapy. Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Authorization rules may apply. Referral requirements may apply.
	Medical equipment for home care	$0	Authorization rules may apply.
	Dialysis services	$0	Authorization rules may apply.
You need foot care	Podiatry services	$0	Referral requirements may apply.
	Orthotic services	$0	Authorization rules may apply.
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the *Member Handbook*.**	Wheelchairs, crutches, and walkers	$0	Authorization rules may apply.
	Nebulizers	$0	Authorization rules may apply.
	Oxygen equipment and supplies	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Home health services	$0	Authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	If you need additional assistance at home, contact our Blue Shield Medicare + Medi-Cal Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you to In-Home Supportive Services and Community Supports that can provide you with more services to keep you safe and healthy at home.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	If you need adult day health or CBAS services, contact our Blue Shield Medicare + Medi-Cal Plan Care Coordinators using the phone number on your ID card. They will work with you to connect you to what you need.
	Day habilitation services	$0	
	Services to help you live on your own (home health care services or personal care attendant services)	$0	If you need home health care or personal care services, contact your Blue Shield Medicare + Medi-Cal Plan Care Coordinator using the phone number on your ID card. They can help connect you to these services and assist with the application process.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Chiropractic services	$0	Limited to 12 visits per year. Covered services include: • Initial and subsequent examinations • Chiropractic adjustments • Adjunctive therapies • X-rays (chiropractic only) Non-Medicare covered services are provided through American Specialty Health Plans of California, Inc. (ASH Plans) participating providers. Covered services must be determined as medically necessary by ASH Plans. For more information, or to locate an ASH Plans participating provider you may call ASH Plans at (800) 678-9133 TTY: 711, Monday through Friday, 5 a.m. to 8 p.m. PT, April 1st through September 30th and Sunday through Saturday, 8 a.m. to 8 p.m. PT, October 1st through March 31st. You can also call Blue Shield Medicare + Medi-Cal Plan Customer Service or go to blueshieldca.com/find-a-doctor to locate an ASH Plans participating provider.
	Diabetes supplies and services	$0	Show your provider or pharmacist both your Blue Shield Medicare + Medi-Cal Plan and Medi-Cal Beneficiary ID cards. Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Prosthetic services	$0	Authorization rules may apply.
	Radiation therapy	$0	Referral requirements may apply.
	Services to help manage your disease	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	California Integrated Care Management (CICM)	$0	Your Blue Shield Medicare + Medi-Cal Plan Care Coordinators can help determine if you are eligible for CICM. CICM is a state-specific program that requires integrated care coordination for certain vulnerable populations including: • Adults Experiencing Homelessness • Adults at Risk for Avoidable Hospital or Emergency Department visits • Adults with Serious Mental Health and/or Substance Use Disorders • Adults Transitioning from Incarceration • Adults Living in the Community and At Risk for Long-Term Care • Adults Nursing Facility Residents Transitioning to the Community • Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities • Adults with Documented Dementia Needs To learn if you are eligible for one of these CICM populations and receive enhanced support, call your Care Coordinator using the phone number on your ID card.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Special Supplemental Benefits for the Chronically Ill: Food and Produce	$0	You have a combined allowance of $240 per quarter for the purchase of healthy and nutritious food and produce (if qualifying conditions are met) and Over-the-Counter (OTC) Items. This allowance cannot be rolled over from quarter to quarter. If you qualify, you can purchase eligible food and produce from local participating retailers. You will receive a Flex Card in the mail that will be preloaded with your allowance to help pay for covered food and produce. The Food and Produce benefit is a Special Supplemental Benefit for the Chronically Ill (SSBCI). Not all members will qualify. Eligibility depends on meeting the definition of a "chronically ill enrollee" and you must have one or more qualifying conditions to receive this benefit. The Plan will find out if you are eligible for the Food and Produce benefit by using information from your doctor or by contacting your doctor for a signed statement about your qualifying chronic condition(s). Please refer to the Plan's *Member Handbook* for additional details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Home meal delivery	$0	Upon discharge from an inpatient hospital or skilled nursing facility stay, we cover: • 22 meals and 10 snacks per discharge • Meals and snacks will be divided into up to two separate deliveries as needed • Coverage is limited to two discharges per year
	NurseHelp 24/7	$0	Have a confidential one-on-one online dialogue with a registered nurse, 24 hours a day. When you have a medical concern, one call to our toll-free hotline puts you in touch with a registered nurse who will listen to your concerns and help you toward a solution. Call 1-877-304-0504 (TTY: 711) 24 hours a day, 7 days a week.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Items		You have a combined allowance of $240 per quarter for the purchase of eligible OTC items and Food and Produce (if qualifying conditions are met). This allowance cannot be rolled over from quarter to quarter. Items for health-related use such as aspirin, vitamins, cold and cough medicines, and bandages are covered under this benefit. This benefit does not cover OTC items for non-health-related use. You can purchase eligible OTC items by phone, online, or at participating retail locations. You will receive a Flex Card in the mail that will be preloaded with your allowance to help pay for covered OTC items.
	SilverSneakers	$0	
	Worldwide Emergency/Urgent coverage	20% coinsurance	The 20% coinsurance is waived if you are admitted to the hospital within one day for the same condition. There is no combined annual limit for covered emergency care or urgently needed care services outside the United States and its territories.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Blue Shield Medicare + Medi-Cal Plan *Member Handbook*. If you don't have a *Member Handbook*, call Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711) to get one. If you have questions, you can also call Customer Service or visit blueshieldca.com/medicare.

D. Benefits covered outside of Blue Shield Medicare + Medi-Cal Plan

There are some services that you can get that aren't covered by Blue Shield Medicare + Medi-Cal Plan but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Customer Service at 1-800-452-4413 (TTY: 711) to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Assisted Living Waiver (ALW) The Assisted Living Waiver (ALW) is a Home and Community-Based Service (HCBS) waiver created for beneficiaries eligible for full scope Medi-Cal, with no share of cost, who require nursing facility level of care and wish to live in a residential care setting or in a publicly funded senior and/or disabled housing. To be eligible to receive services, ALW participants must meet the following eligibility criteria: • Age 21 or older; • Have full-scope Medi-Cal eligibility with zero share of cost; • Have care needs equal to those of Medi-Cal funded residents living and receiving care in nursing facilities; • Willing to live in an assisted living setting as an alternative to a nursing facility; • Able to reside safely in an assisted living facility or public subsidized housing; Willing to live in an assisted living setting located in one of the following counties providing ALW services: **Los Angeles and San Diego** counties.	ALW participants must have sufficient funds to pay for their room and board, with some funds remaining to meet personal and incidental needs. In determining eligibility, institutional and spousal impoverished prevention rules are applied.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
In-Home Supportive Services (IHSS) The IHSS Program will help pay for services provided to you so that you can remain safely in your own home. To be eligible, you must be 65 years of age and over, or disabled, or blind. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Contact Blue Shield Medicare + Medi-Cal Plan Customer Service or Care Coordinators to see if you're eligible for these services and to get connected.	$0
Multipurpose Senior Services Program (MSSP) The Multipurpose Senior Services Program (MSSP) Waiver provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes. Contact Blue Shield Medicare + Medi-Cal Plan Customer Service or Care Coordinators to see if you're eligible for these services and to get connected.	$0
Prescriptions covered by Medi-Cal RX Some prescription drugs given by a pharmacy or provider are covered by Medi-Cal Rx, a Medi-Cal FFS program. Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide on these requests within 24 hours. To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711) or visit the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home.	$0
Regional Centers Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide local resources to help find and access the many services available to individuals and their families. California has 21 regional centers with more than 40 offices located throughout the state that serve individuals with developmental disabilities and their families. To access the Directory of Regional Centers, go to this website: www.dds.ca.gov.	$0

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Specialty mental health (SMH) Some mental health services are provided by county mental health plans instead of Blue Shield Medicare + Medi-Cal Plan. These include specialty mental health services (SMHS) for Medi-Cal members who meet medical necessity rules. To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, visit dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.	$0
Substance Use Disorder Services (SUD) The county provides substance use disorder services to Medi-Cal members who meet medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit https://dhcs.ca.gov/individuals/Pages/SUDCountyAccessLines.aspx.	$0
Certain dental services Dental Managed Care (Dental MC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at www.smilecalifornia.org or www.sonriecalifornia.org.	$0
Certain hospice care services covered outside of Blue Shield Medicare + Medi-Cal Plan	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0

E. Services that Blue Shield Medicare + Medi-Cal Plan, Medicare, and Medi-Cal don't cover

This isn't a complete list. Call Customer Service at 1-800-452-4413 (TTY: 711) to find out about other excluded services.

Services Blue Shield Medicare + Medi-Cal Plan, Medicare, and Medi-Cal don't cover	
Services considered not "reasonable and medically necessary," according to Medicare and Medi-Cal standards, unless we list these as covered services.	Experimental medical and surgical treatments, items, or drugs are generally not covered unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to Chapter 3 of your *Member Handbook* for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.
Private duty nurses	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.

F. Your rights as a member of the plan

As a member of Blue Shield Medicare + Medi-Cal Plan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Blue Shield Medicare + Medi-Cal Plan will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private

- **You have the right to file a complaint or appeal a denied, delayed, or modified service. Please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711).

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Blue Shield Medicare + Medi-Cal Plan improperly denied, delayed, or modified a service, call Customer Service at 1-800-452-4413 (TTY: 711). You may also submit a complaint in writing to Blue Shield Medicare + Medi-Cal Plan, P.O. Box 927, Woodland Hills, CA 91365-9856. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook.* You can also call Blue Shield Medicare + Medi-Cal Plan Customer Service at 1-800-452-4413 (TTY: 711).

Help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-452-4413 (TTY: 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Blue Shield Medicare + Medi-Cal Plan Customer Service. Phone numbers are 1-800-452-4413 (TTY: 711).
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Blue Shield Medicare + Medi-Cal Plan Customer Service:
1-800-452-4413
Calls to this number are free. 8:00 a.m. to 8:00 p.m. PT, seven days a week.
Customer Service also has free language interpreter services available for non-English speakers.
TTY: 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free. 8:00 a.m. to 8:00 p.m. PT, seven days a week.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call Blue Shield of California Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* convenience care, urgent care, emergency room). The numbers for the Blue Shield of California Nurse Advice Line are:
(877) 304-0504
Calls to this number are free. 24 hours a day, 7 days a week.
Blue Shield Medicare + Medi-Cal Plan also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care in Los Angeles County, please call the Los Angeles County Access and Crisis Line:
1-800-854-7771
Calls to this number are free. 24 hours a day, 7 days a week.
Blue Shield Medicare + Medi-Cal Plan also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care in San Diego County, please call the San Diego County Access and Crisis Line:
1-888-724-7240
Calls to this number are free. 24 hours a day, 7 days a week.
Blue Shield Medicare + Medi-Cal Plan also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

We're here to help

Contact Blue Shield at **(800) 452-4413 (TTY: 711)**

8 a.m. to 8 p.m. PT, seven days a week.

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

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP) 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.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊 、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

We're here to help

Contact Blue Shield at **(800) 452-4413 (TTY: 711)**

8 a.m. to 8 p.m. PT, seven days a week.

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

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.

Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP) 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.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公 司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊 、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對 待他人。

DSN-SOB-LASD-1026