



Important information

About changes to your
Medicare drug and health plan

Blue Shield TotalDual Plan (HMO D-SNP), a Medicare Medi-Cal Plan offered by California Physicians' Service (dba Blue Shield of California)

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at blueshieldca.com/DSNPdocuments2025. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Arabic, Armenian, Cambodian, Simplified Chinese, Traditional Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. This call is free.
 - If you would like to receive your plan materials online, log in to your account at blueshieldca.com/login, click *My profile* on the top right below your initials, scroll down to Communication preferences and select “Electronic Delivery” as your delivery preference. If you do not have an account, go to blueshieldca.com/login and click Create Account and you can select your delivery preference as you create your account.
 - You can make a standing request to get this document in a language other than English or in an alternate format now and in the future. To make a request, please contact Blue Shield TotalDual Plan Customer Service. Your preferred language and format will be kept on file for future communications. To make any updates on your preferences, please contact Blue Shield TotalDual Plan Customer Service.

OMB Approval 0938-1444 (Expires: June 30, 2026)

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



- **Other languages**

You can get this Annual Notice of Change and other plan materials in other languages at no cost to you. Blue Shield TotalDual Plan provides written translations from qualified translators. Call Blue Shield TotalDual Plan Customer Service at 1-800-452-4413 (TTY: 711). The call is free. Refer to your Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

- **Other formats**

You can get this information in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call Blue Shield TotalDual Plan Customer Service at 1-800-452-4413 (TTY: 711). The call is free.

- **Interpreter services**

Blue Shield TotalDual Plan provides oral interpretation services, including sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this Annual Notice of Change in a different language, call Blue Shield TotalDual Plan Customer Service at 1-800-452-4413 (TTY: 711). The call is free.



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: 711). These services are free.

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: 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) հեռախոսահամարով: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-452-4413 (TTY՝ 711) հեռախոսահամարով: 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。

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



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।

ਹਿੰਦੀ ਟੈਗਲਾਈਨ (Hindi) ਧਿਆਨ ਦਿਓ: 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 निःशुल्क हैं।

Nge 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。

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



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 ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mienh 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.



ឃ្លាសំគាល់ភាសាខ្មែរ (Cambodian) ចំណាំ៖

បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ
1-800-452-4413 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ
ដូចជាឯកសារសរសេរជាអក្សរប្រើល សំរាប់ជនពិការភ្នែក
ឬឯកសារជាអក្សរពុម្ពធំៗ ក៏មានដែរ។ ទូរស័ព្ទមកលេខ
1-800-452-4413 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (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 نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه 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). Para las personas con discapacidades, también hay asistencia y servicios gratuitos disponibles, como documentos en braille y letra grande. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.



Tagalog Tagline PAUNAWA: Kung kailangan ninyo ng tulong sa inyong 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 malalaking titik. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyonang 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.

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



Table of Contents

A. Disclaimers.....	9
B. Reviewing your Medicare and Medi-Cal coverage for next year.....	9
B1. Information about Blue Shield TotalDual Plan.....	9
B2. Important things to do.....	10
C. Changes to our network providers and pharmacies.....	11
D. Changes to benefits and costs for next year.....	11
D1. Changes to benefits and costs for medical services.....	11
D2. Changes to prescription drug coverage.....	16
E. Administrative changes.....	20
F. Choosing a plan.....	20
F1. Staying in our plan.....	20
F2. Changing plans.....	20
G. Getting help.....	26
G1. Our plan.....	26
G2. Health Insurance Counseling and Advocacy Program (HICAP).....	26
G3. Ombuds Program.....	26
G4. Medicare.....	27
G5. California Department of Managed Health Care.....	27

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



A. Disclaimers

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.

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 TotalDual Plan.

Medicare approved Blue Shield TotalDual Plan to provide these benefits and lower copayments as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans.

Amazon Pharmacy is independent of Blue Shield of California and is contracted with Blue Shield to provide home delivery of prescription medications to Blue Shield members.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section F** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

B1. Information about Blue Shield TotalDual Plan

- California Physicians’ Service dba Blue Shield of California is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Blue Shield TotalDual Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at

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



www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.

- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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



If you decide to stay with Blue Shield TotalDual Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Blue Shield TotalDual Plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at blueshieldca.com/DSNPdocuments2025. You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

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



	2024 (this year)	2025 (next year)
Annual Out-of-Pocket Maximum	<p>\$8,850</p> <p>Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>If you are eligible for Medicare and Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$9,350</p> <p>Once you have paid \$9,350 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>If you are eligible for Medicare and Medi-Cal (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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



	2024 (this year)	2025 (next year)
Dental services routine (non-Medicare covered)	<p>Routine (non-Medicare covered) preventive and comprehensive dental services <u>are</u> covered.</p> <p>See the <i>Routine Dental Benefits Procedure Chart</i> in Chapter 4 (below the Medical Benefits Chart) of the <i>Member Handbook</i> for more information on covered services and what you pay.</p>	<p>Specific comprehensive dental services <u>are</u> covered. See the <i>Covered Dental Services Procedure Chart</i> in Chapter 4, Section E (below the Medical Benefits Chart) of the <i>Member Handbook</i> for more information on covered services and what you pay.</p>
Hearing aids	<p>You will be reimbursed up to \$2,000 every year for two hearing aids and two hearing aid fitting and evaluations (applies to both ears combined).</p> <p>You may obtain hearing aids at the hearing aid provider of your choice.</p>	<p>You will receive up to a \$1,500 allowance every year for two hearing aids and two hearing aid fitting and evaluations (applies to both ears combined).</p> <p>You will receive a spending card that will be pre-loaded with your \$1,500 per year allowance to help pay for covered items and services.</p> <p>You may obtain these services at the hearing aid provider of your choice.</p>

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



	2024 (this year)	2025 (next year)
Over-the-Counter (OTC Items)	<p>You will receive a \$210 allowance per quarter for covered items</p> <p>You can place two orders per quarter and cannot roll over your unused allowance into the next quarter.</p>	<p>You will receive a \$70 allowance per month for covered items.</p> <p>You can place one order per month and cannot roll over your unused allowance into the next month.</p>
<p>Value Based Insurance Design (VBID)</p> <p>This section is continued on the next page</p>	<p>Value Based Insurance Design (VBID) is not covered.</p> <p>Value Based Insurance Design (VBID) is not covered.</p>	<p>There are two Value Based Insurance Design (VBID) benefits:</p> <p>Healthy Grocery:</p> <p>You will receive a \$50 allowance per month for the purchase of healthy foods at stores in the plan's network. This allowance cannot be rolled over from month to month.</p> <p>You will receive a spending card that will be pre-loaded with your \$50 per month allowance to help pay for covered items.</p> <p>Transportation:</p> <p>You pay a \$0 copay for a combined limit of 48 one-way trips per year for non-medical transportation and VBID non-medical transportation.</p> <p>Transportation may be used to access</p>

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



	2024 (this year)	2025 (next year)
Value Based Insurance Design (VBID) (continued)		<p>non-Medicare covered benefits offered by the plan, such as:</p> <p>Fitness locations in the SilverSneakers network</p> <p>Approved Healthy Grocery store locations</p> <p>Hearing aids at the hearing aid provider of your choice</p> <p>Chiropractic services in the health plan approved network</p> <p>Vision and dental services in health plan approved network</p>
<p>Vision care, non-Medicare covered (obtained from a network provider)*</p> <p>This section is continued on the next page</p>	<p>You pay \$0 for eyeglass frames (priced up to a regular retail value of \$375) every 24 months when you use a network provider. If you choose eyeglass frames priced above \$375, you are responsible for the difference.</p> <p>You pay \$0 for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$375 for contact lens services and</p>	<p>You pay \$0 for eyeglass frames (priced up to a regular retail value of \$200) every 12 months when you use a network provider. If you choose eyeglass frames priced above \$200, you are responsible for the difference.</p> <p>You pay \$0 for either one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$200 for contact lens services and materials) every 12 months when you use a network provider. If the service and materials price above \$200, you are responsible for the difference</p>

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



	2024 (this year)	2025 (next year)
Vision care, non-Medicare covered (obtained from a network provider)* (continued)	materials) every 12 months when you use a network provider. If the service and materials price above \$375, you are responsible for the difference.	

D2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at blueshieldca.com/medpharmacy2025. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.

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



- This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Customer Service at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Customer Service or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Requests for formulary exceptions must be submitted each year to the plan.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost-sharing tier or add new rules or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the

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



original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You may also contact Customer Service at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

We moved some of the drugs on the *Drug List* to a lower or higher drug tier. To find out if your drugs are in a different tier, look them up in the *Drug List*.

The following table shows your costs for drugs in each of our five drug tiers.

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



	2024 (this year)	2025 (next year)
<p>Drugs in Tier 1 (Preferred Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 2 (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0, \$1.55, or \$4.50 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 3 (Preferred Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0, \$4.60, or \$11.20 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 4 (Non-Preferred Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0, \$4.60, or \$11.20 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 5 (Specialty Tier Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0, \$4.60, or \$11.20 per prescription.</p> <p>Your copay for a one-month (30-day) mail service prescription is \$0, \$4.60, or \$11.20 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p> <p>Your copay for a one-month (30-day) home delivery prescription is \$0 per prescription.</p>

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



E. Administrative changes

	2024 (this year)	2025 (next year)
Part D Prescription Drug Claims Processing Mailing Address	Blue Shield of California P.O. Box 52066 Phoenix, AZ 85072-2066	Claims Processing 1606 Ave. Ponce de Leon San Juan, PR 00909-4830
Mail Service Pharmacy Provider Change	CVS Caremark® Mail Service Pharmacy	Amazon Pharmacy
Terminology change	Mail service	Home delivery
Change to the Long-Term Supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs	90-day supply	100-day supply
Timeline requirement to request an appeal	You must make your appeal request within 60 calendar days from the date on the written notice of the coverage decision.	You must make your appeal request within 65 calendar days from the date on the written notice of the coverage decision.
Delivery change for Over-the-Counter (OTC) items	Please allow approximately 14 business days for delivery.	Please allow approximately 7 business days for delivery.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

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



- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

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



1. You can change to:

A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.

Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

OR

Enroll in a new Medi-Medi Plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.



2. You can change to:

Original Medicare with a separate Medicare prescription drug plan

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

OR

Enroll in a new Medicare prescription drug plan.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change unless you request a change.



3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change unless you request a change.



<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



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

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at blueshieldca.com/DSNPdocuments2025. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

Our website

You can visit our website at blueshieldca.com/DSNP2025. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

G3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

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



G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G5. 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)**, 8:00 a.m. to 8:00 p.m., seven days a week 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. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

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





blueshieldca.com/medicare

Blue Shield of California 6300 Canoga Avenue, Woodland Hills, CA 91367-2555