

Choosing your Medicare Advantage plan is now easier than ever.

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for instant online quotes 

We get it. Medicare, with all its Parts can get confusing. And, when it comes to choosing a Medicare Advantage plan that's right for you, the possibilities can seem endless. Blue Cross of California can help. You've got questions. We're happy to help. Here's what people are asking...

What's a Medicare Advantage plan?

There was a time when people with Medicare only had one choice — Original Medicare through the government agency – Centers for Medicare & Medicaid Services (CMS). Now, CMS allows private insurers such as Blue Cross of California to administer all your Medicare benefits. This is a Medicare Advantage plan.

What's the Advantage?

Convenience

You have one plan that takes care of you. It's all here, so you won't have to worry about all the collective Parts; you have one plan, one card and one company.

Preventive Care and Wellness

Preventive care programs, wellness information, case management and care coordination services, all designed to help achieve optimal health outcomes for our members that encourage and reward you for taking good care of your health.

What's the main difference between Blue Cross of California's Medicare Advantage plans and Original Medicare?

That's a great question. Original Medicare will cover your medical and hospital costs, depending on whether you have Part A or Part B or both.* That's it.

**Co-insurance may apply*

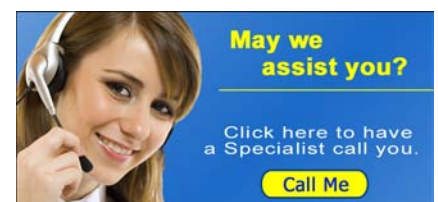
With Blue Cross of California's HMO you're getting a full plan with more savings (lower medical and pharmacy out-of-pocket costs), and access to premier hospitals and doctors. And, as one of our members, you can also take advantage of our inventory of programs and services. And, best of all you can rest assured knowing that you're getting the strength and stability of Blue Cross of California.

For a list of benefits, see your Summary of Benefits. The Summary also provides information about co-payments, coinsurance and premiums.

Why Blue Cross of California's HMO?

It's really important to us that you're confident in your decision. That's one of the reasons we created Blue Cross Senior Secure, because we want our members to know they're in good hands.

That's our history. When you're with us, you know you're getting over 70 years experience. And today we belong to a family of companies that serves millions of members across the country.¹ Our mission is to improve the lives of the people we serve. We believe one way to help ensure good health is to offer benefits that cover immunizations, well visits, and health screenings.



We treat you like one of the family. Because you are.

Did you know that nearly one in three Americans carries a Blue Cross and Blue Shield card?* And for good reason. Blue Cross of California has provided families and businesses with access to quality, affordable health insurance for more than 70 years.¹ When you join Blue Cross of California, you're becoming part of one of the most recognized names in health care. And we make sure you're treated with the recognition you deserve.

**According to BCBS.com. The Blue Cross and Blue Shield Association is an association of independently licensed Blue Cross and Blue Shield plans.*

¹www.bluecrossca.com

What about Medicare Part D — Prescription Drug Coverage?

You're Covered. As a member of Blue Cross Senior Secure, you are automatically enrolled in Medicare Part D, Medicare's new prescription drug coverage that became effective Jan. 1, 2006. You don't need to enroll in a separate Part D plan. In fact, if you enroll in a separate Part D plan while you are a member of Blue Cross Senior Secure, you will automatically be disenrolled from the Blue Cross Senior Secure. You must receive your Medicare Part D drug benefits through the plan.

And here's the best part.

You get unlimited formulary generic drugs covered right through the Part D Coverage gap. That means that even if you hit your initial coverage limit on Part D, we'll take over and provide coverage for generic drugs*.

Not only that, with access to thousands of network pharmacies including national chains**, you can get your prescriptions filled almost anywhere. And think of the savings:

- You'll save money on all covered brand-name prescription drugs

- You'll save time and money by using our mail-order pharmacy

**copayment may apply*

***www.bluecrossca.com*

Keeping you healthy, it's part of our plan.

What if you could look and feel good, lower your risk for Alzheimer's, heart disease, diabetes, colon cancer, high blood pressure, and obesity...and it wouldn't cost you a dime?

You can and it won't. Regular physical activity can do all of the above and more. Exercise can also help you maintain your mobility and independence, it can keep bones and muscles strong, and it promotes good balance and combats frailty. That's why we offer you a gym membership at a nearby fitness center.

A gym membership at no additional cost to you!

As a Blue Cross of California member, you get a gym membership to one of the nation's leading fitness programs designed specifically for older adults — at no additional cost. You can take advantage of:

- Health education seminars and special events
- An advisor on staff for assistance and guidance

Whether you've been exercising all your life, or feel this might be a good time to start, we've got a variety of programs for all fitness levels.

What would you say to having a personal manager for your health?

You've got one in your primary care physician.

What a relief it is to have a personal health advocate and care manager with your best health in mind. That's your primary care physician (PCP) who'll be the key player when it comes to managing your care and carefully coordinating the professionals treating you. You can count on your PCP to be your trusted advisor when making necessary health decisions.

We have a network of contracted doctors, and upon enrollment you can choose your PCP from among them. Some services will require a referral from your PCP.

Members must use network providers. If you obtain routine care from out-of-plan providers neither Medicare nor the plan will be responsible for the costs. Refer to your Summary of Benefits for more information.

One Plan, One Card

Assistance for those with limited resources

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

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call, 1-800-325-0778; or
- Your State Medicaid Office.

Need a hand? Call us for full information on the plan, we're here to help.

- Call your local agent or a Blue Cross of California representative at 1-888-211-9813 (TTY/TDD: 1-800-297-1538) 8 a.m. - 8 p.m., 7 days a week.
- Visit us online at www.bluecrossca.com
- Or, for basic questions about how Medicare works, you can also call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day, 7 days a week.

Q&A

You can count on us to answer your questions.

We're glad that we can help. Here are some frequently asked questions that we've received from our members. We hope they'll answer some of yours.

What happens after my application is received by Blue Cross of California?

1. Shortly after we receive your application, we will send you a letter confirming receipt. The letter will include your proposed effective date. You may use the letter as proof of membership until your Blue Cross Senior Secure member identification (ID) card arrives.
2. Blue Cross Senior Secure will send your application to the Centers for Medicare and Medicaid Services (CMS) for approval.
3. When approved you will receive a welcome letter confirming your effective date with Blue Cross of California. You will also receive additional mailings that include your membership contract, called the Evidence of Coverage, your Blue Cross of California member identification (ID) card and other new member materials.

When can I change Medicare plans?

The Medicare program limits when and how often you can change the way you get Medicare, or switch health plans. Switching from one Blue Cross of California plan to another Blue Cross of California plan counts as making a change.

Annual Coordinated Election Period

From November 15 through December 31, anyone with Medicare will have an opportunity to switch from one way of getting Medicare to another.

Open Enrollment Period

Medicare Advantage eligible individuals may make one Medicare Advantage Open Enrollment Period election from January 1st through March 31st. However, you are limited in the type of plan you can join. You can't join or leave Medicare prescription drug coverage at this time. For example, if you have Medicare prescription drug coverage, you can only choose to join another plan that offers Medicare prescription drug coverage, or choose to return to the Original Medicare Plan and join a Medicare Prescription Drug Plan. If you don't have Medicare prescription drug coverage, you can't use this chance to get it.

Special Election Period

Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you move out of the plan's service area, enter or leave a long term care facility or if you have Medicaid coverage. Later in the year, from November 15 to December 31, anyone with Medicare can switch to another plan for the following benefit year.



How do I make sure I'm enrolled in the Medicare Part D Prescription Drug Benefit?

Members of Blue Cross of California will be automatically enrolled in Medicare Part D coverage. These plans are also known as Medicare Advantage Prescription Drug (MAPD) Plans.

How do I know if I am eligible for MAPD coverage?

If you are entitled to Medicare Part A and enrolled in Medicare Part B, live in our service area, and you enroll during one of the enrollment periods, you're eligible to join a MAPD plan.

Can I go back to Original Medicare and get a Medicare Supplement (Medigap) policy?

Yes, but keep in mind that you can only join or leave a plan at certain times during the year.

Please keep in mind

As an Blue Cross of California member, if you inadvertently sign up for Medicare Part D prescription drug coverage from any other plan, you will be automatically disenrolled from your Blue Cross of California plan.

I have heard about Medicare's deductible for prescription drugs. If I join Blue Cross of California, do I have to pay the deductible before I can get any help?

No. Blue Cross of California is pleased to let you know that with our HMO, there is no deductible for Medicare Part D coverage. From the first day of coverage, you can go to the pharmacy and only pay your co-payment or coinsurance.

How do I know if my pharmacy is part of the Blue Cross of California pharmacy network?

With thousands of pharmacies nationwide, we have a robust network for you to choose from. Most major pharmacy chains are included in our network. Included in this kit is a listing of the national chains in our network.

The types of pharmacies included in our network are:

- Retail pharmacies
- Mail-order pharmacies
- Long-term care pharmacies
- Home infusion pharmacies

With few exceptions, you must use network pharmacies to get your prescription drugs covered.

For more information about our mail-order or other network pharmacies, please call 1-888-211-9813, TTY 1-800-297-1538 seven days a week, 8 a.m. to 8 p.m.

What if there is a change between Blue Cross of California and Medicare?

Blue Cross of California renews its contract with Medicare (the federal government) each year on January 1. Premiums and benefits may change at that time, but not during the year unless the change is to your advantage. If we do not renew our contract we'll tell you at least 90 days in advance. You may then switch to a standard Medigap plan (A, B, C, F, K or L) that won't deny coverage because of a pre-existing condition. It will normally go into effect the day after your Medicare Advantage membership ends.

What if I have a complaint or don't agree with a decision regarding my coverage?

We will do our best to give you all the information you need and listen to your concerns. That's why we have both appeals and grievance procedures.

We review complaints about quality of care (grievances) within 30 days. Issues about payment for services (appeals) will be addressed within 60 days. If the appeal is for a denied service, the reconsideration, decision must be made no later than 30 days after receipt. However, if your health is at stake, we are required to respond to the appeal within 72 hours.

Did you know?

If you use network pharmacies you can minimize your out-of-pocket expenses.

Remember, you can call us with your questions anytime for full information on the plan.

1-888-211-9813 and 1-800-297-1538 (TTY/TDD), both available 8:00 a.m. – 8:00 p.m., seven days a week. Or contact us at www.bluecrossca.com, 24/7. Or call your local agent.

GLOSSARY

Be in the know

Here is a list of useful words and terms to have handy when reviewing your Medicare Advantage options.

Annual Coordinated Election Period

The period between Nov 15 and December 31, when any Medicare beneficiary can enroll in a Medicare Advantage or Medicare Advantage Prescription Drug plan.

Centers for Medicare and Medicaid Services (CMS)

The federal agency that runs the Medicare program.

Co-payment

The fee you pay at the time of service, in accordance with the terms of your coverage.

Formulary

A list of prescription drugs that have been reviewed and selected for medical and cost-effectiveness. Includes brand-name and generic drugs, all of which are FDA (Food and Drug Administration) approved.

Deductible

Dollar amount that an insured person must pay each year before an insurer will assume any liability for the remaining costs of covered services. (Blue Cross of California does not charge a deductible for Part D Prescription Drug Coverage.)

Exclusions

Specific conditions or circumstances that are not covered under your benefit agreement. It is very important to consult your benefit contract to understand what services are not covered benefits.

Medicaid

A joint federal/state medical assistance program established by the Social Security Act for those who meet the income requirement. As a Medicare beneficiary, you may also be eligible for Medicaid. Medicaid can cover all or part of your Medicare premiums and/or deductibles and coinsurance. If you think you qualify, you should inquire about Medicaid and related programs by calling your state Medicaid agency.

Medicare (also called “original” Medicare, “traditional” Medicare or “fee-for-service” Medicare)

A plan that is available to seniors everywhere in the U.S. It is the national pay-per-visit program that lets you go to any doctor, hospital or healthcare provider who accepts Medicare. Medicare pays its share of the Medicare-approved amount and you pay your share. You must pay the deductible.

Medicare Part A

Medicare’s hospital insurance program. Helps pay for inpatient hospital care, skilled nursing care following a hospital stay, home healthcare and hospice care. Part A is financed in part by the Social Security payroll withholding tax and the Self-Employment tax. If you qualify for benefits under the Social Security or Railroad Retirement systems or through government employment, you also qualify for premium-free Part A benefits.

Medicare Part B

Optional supplementary medical insurance that requires a monthly premium. Covers physician services in hospital and non-hospital settings, and services furnished by certain non-physician practitioners. Coverage also includes lab testing, Durable Medical Equipment, diagnostic tests, ambulance services, prescription drugs that can’t be self-administered, some self-administered anticancer drugs, and other therapies. Health services and blood services not covered by Medicare Part A.

Medicare Part C

The program that offers Medicare beneficiaries the option of enrolling in a managed care plan to receive their Medicare benefits (both medical and drug coverage). The program replaces the Medicare + Choice (M+C) program under Part C in Medicare and is also referred to as Medicare Advantage.

Open Enrollment Period

A limited time period when enrollment applications for coverage or changes in your coverage may be made. The open enrollment period is January 1, to March 31.

Provider

The general term used for doctors, other healthcare professionals, hospitals and other healthcare facilities that are licensed or certified by the State to provide healthcare services.

Primary Care Physician (PCP)

The healthcare professional you select to provide your routine medical care. Your PCP also coordinates other covered services you receive as a plan member, including referrals to specialists, laboratory tests, x-rays, prescription medications, hospital admissions and follow-up care. Using a PCP helps control out-of-pocket medical costs. All members of HMO plans must choose a PCP, who may be a Family Practitioner, General Practitioner or an Internist.

Service area

A CMS-approved geographic area where you may enroll in a Medicare Advantage Plan. This is the area where you generally must get non-emergency and urgently needed services other than dialysis.

Enrolling is easy, here's how:

- ☑ Complete the enrollment form in blue or black ink. Make sure your information is accurate and easy to read so we can process it smoothly. Remember to select a Primary Care Physician on your application. We've included two applications in this booklet, so feel free to pass on the second copy to your spouse.
- ☑ Check your Medicare card to be sure that your name reads exactly the same on the enrollment form as it does on your Medicare card.
- ☑ Tell us the best time to reach you at your home telephone number. A Blue Cross of California representative may be calling you to go over the plan information and to make sure that the information on your enrollment form is accurate.
- ☑ Carefully review your enrollment form, sign it, date it and mail all four pages of the form in the envelope provided. Remember to keep the Member copy for your records.

Blue Cross Senior Secure is an HMO with a Medicare contract. Materials may be available in alternative formats.

Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material. M0013_08_014 07/2007

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.