



# Important information

About changes to your  
Medicare drug and health plan

## Blue Shield Inspire (HMO) offered by California Physicians' Service (dba Blue Shield of California)

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Blue Shield Inspire. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [blueshieldca.com/MAPDdocuments2025](https://blueshieldca.com/MAPDdocuments2025). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Blue Shield Inspire.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Blue Shield Inspire.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at (800) 776-4466 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 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](http://blueshieldca.com/login), click *My profile* on the top right under your initials, go to *Communication preferences* and select "Electronic Delivery" as your delivery preference. If you do not have an account, go to [blueshieldca.com/login](http://blueshieldca.com/login) and click *Create account* and you can select your delivery preference as you create your account.
- This information may be available in a different format, including Braille, large print, audio cd, and data cd. Please call Customer Service at the number listed above if you need plan information in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Blue Shield Inspire

- Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.
- Blue Shield of California's pharmacy network includes limited lower-cost, pharmacies with preferred cost sharing in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the

pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost pharmacies with preferred cost sharing in your area, please call Customer Service at (800) 776-4466, (TTY: 711), 8 a.m. to 8 p.m., seven days a week, or consult the online pharmacy directory at [blueshieldca.com/medpharmacy2025](https://blueshieldca.com/medpharmacy2025).

- 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.
- 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 Inspire.

***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Blue Shield Inspire in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$18.50	\$39
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$4,400	\$4,300
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$15 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$15 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>For each Medicare-covered stay in a network hospital you pay:</p> <ul style="list-style-type: none"> <li>\$250 copay per day for days 1 to 5</li> <li>\$0 copay per day for days 6 and over</li> </ul>	<p>For each Medicare-covered stay in a network hospital you pay:</p> <ul style="list-style-type: none"> <li>\$280 copay per day for days 1 to 5</li> <li>\$0 copay per day for days 6 and over</li> </ul>
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 1.5 for details)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (cont'd)</b></p>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or \$5* copay</li> <li>• Drug Tier 2: \$5 or \$12* copay</li> <li>• Drug Tier 3: \$40 or \$47* copay You pay \$30 or \$35* per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$95 or \$100* copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul> <p>*The first copay listed is the amount you will pay if you use a network pharmacy with preferred cost sharing.</p> <p>The second copay listed is the amount you will pay if you use a network pharmacy with standard cost sharing. See Section 1.5 below for more information.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 or \$5* copay</li> <li>• Drug Tier 2: \$5 or \$12* copay</li> <li>• Drug Tier 3: \$40 or \$47* copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$95 or \$100* copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance</li> </ul> <p>*The first copay listed is the amount you will pay if you use a network pharmacy with preferred cost sharing.</p> <p>The second copay listed is the amount you will pay if you use a network pharmacy with standard cost sharing. See Section 1.5 below for more information.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$18.50	\$39
<b>Monthly premium for the optional supplemental Dental HMO plan</b>	\$15	\$16
<b>Monthly premium for the optional supplemental Dental PPO plan</b>	\$45	\$47

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.



Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$4,400	\$4,300
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$4,300 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.

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### Section 1.3 – Changes to the Provider and Pharmacy Networks

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [blueshieldca.com/medicare/providerdirectory](https://blueshieldca.com/medicare/providerdirectory) for Provider Directories and [blueshieldca.com/medpharmacy2025](https://blueshieldca.com/medpharmacy2025) for Pharmacy Directories. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at [blueshieldca.com/medicare/providerdirectory](https://blueshieldca.com/medicare/providerdirectory) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory at [blueshieldca.com/medpharmacy2025](https://blueshieldca.com/medpharmacy2025) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Ambulance services</b>	You pay a \$260 copay per trip (each way) for Medicare-covered ground ambulance services.	You pay a \$275 copay per trip (each way) for Medicare-covered ground ambulance services.
<b>Emergency care</b>	<p>You pay a \$120 copay per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> <p>Worldwide coverage: You pay a \$120 copay for each visit to an emergency room or urgent care center that is outside the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p>	<p>You pay a \$125 copay per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> <p>Worldwide coverage: You pay a \$125 copay for each visit to an emergency room or urgent care center that is outside the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p>
<b>Hearing aids</b>	All technology levels include up to three follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee within 12 months of purchase.	All technology levels include up to two follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee within 12 months of purchase.
<b>Inpatient hospital care</b>	<p>For each Medicare-covered stay in a network hospital you pay a:</p> <ul style="list-style-type: none"> <li>• \$250 copay per day for days 1 to 5</li> <li>• \$0 copay per day for days 6 and over</li> </ul>	<p>For each Medicare-covered stay in a network hospital you pay a:</p> <ul style="list-style-type: none"> <li>• \$280 copay per day for days 1 to 5</li> <li>• \$0 copay per day for days 6 and over</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Optional supplemental Dental HMO plan</b></p>	<p>ADA code D2989 is <u>not</u> covered.</p> <p>This plan is available for an extra monthly premium of \$15. Please refer to Chapter 4, Section 2.2 of the <i>Evidence of Coverage</i> for additional information/details.</p>	<p>You pay an \$8 copay for ADA code D2989.</p> <p>This plan is available for an extra monthly premium of \$16. Please refer to Chapter 4, Section 2.2 of the <i>Evidence of Coverage</i> for additional information/details.</p>
<p><b>Optional supplemental Dental PPO plan</b></p>	<p>ADA code D2989 is <u>not</u> covered.</p> <p>ADA code D6089 is <u>not</u> covered.</p> <p>This plan is available for an extra monthly premium of \$45. Please refer to Chapter 4, Section 2.2 of the <i>Evidence of Coverage</i> for additional information/details.</p>	<p><u>In-network</u> You pay 20% of the total cost for ADA code D2989.</p> <p><u>Out-of-network</u> You pay 30% of the total cost for ADA code D2989.</p> <p><u>In- and Out-of-network</u> You pay 50% of the total cost for ADA code D6089.</p> <p>This plan is available for an extra monthly premium of \$47. Please refer to Chapter 4, Section 2.2 of the <i>Evidence of Coverage</i> for additional information/details.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient diagnostic tests &amp; therapeutic services and supplies</b></p>	<p>You pay a \$70 copay for each diagnostic radiology service. Diagnostic radiology services include, but are not limited to, ultrasound, MRI scans, PET scans, nuclear medicine studies, CT scans, cardiac stress tests, SPECT, myelogram, cystogram, and angiogram. The copay is applicable to the global, technical and professional components of the diagnostic radiology services only.</p>	<p>You pay a \$75 copay for each diagnostic radiology service. Diagnostic radiology services include, but are not limited to, ultrasound, MRI scans, PET scans, nuclear medicine studies, CT scans, cardiac stress tests, SPECT, myelogram, cystogram, and angiogram. The copay is applicable to the global, technical and professional components of the diagnostic radiology services only.</p>
<p><b>Outpatient hospital services</b></p> <p>Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery</p> <p>Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be required without it</p>	<p>You pay a \$120 copay per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> <p>You pay a \$200 copay per visit to an outpatient hospital facility.</p> <p>You pay a \$30 copay per visit for partial-hospitalization program services.</p>	<p>You pay a \$125 copay per visit to an emergency room (waived if you are admitted to the hospital within one day for the same condition).</p> <p>You pay a \$250 copay per visit to an outpatient hospital facility.</p> <p>You pay a \$55 copay per visit for partial-hospitalization program services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b></p>	<p>You pay a \$50 copay per visit to an ambulatory surgical center.</p> <p>You pay a \$200 copay per visit to an outpatient hospital facility.</p>	<p>You pay a \$100 copay per visit to an ambulatory surgical center.</p> <p>You pay a \$250 copay per visit to an outpatient hospital facility.</p>
<p><b>Over-the-Counter (OTC) items</b></p>	<p>You have a \$70 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC items catalog for more information.</p>	<p>You have a \$55 allowance per quarter for covered items. You can place two orders per quarter and cannot roll over your unused allowance into the next quarter. Some limitations may apply. Refer to the OTC items catalog for more information.</p>
<p><b>Partial hospitalization services and Intensive outpatient services (Mental health)</b></p>	<p>You pay a \$30 copay per visit.</p>	<p>You pay a \$55 copay per visit.</p>
<p><b>Services to treat kidney disease</b></p>	<p>You pay 10% of the total cost for each treatment billed by a qualified, Medicare-approved dialysis provider.</p> <p>You pay 10% of the total cost for self-dialysis training.</p>	<p>You pay 20% of the total cost for each treatment billed by a qualified, Medicare-approved dialysis provider.</p> <p>You pay 20% of the total cost for self-dialysis training.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p>For each stay in a Medicare-certified skilled nursing facility, you pay a:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 to 20.</li> <li>• \$145 copay per day for days 21 to 100.</li> </ul> <p>If you go over the 100-day limit, you will be responsible for all costs.</p> <p>When a network provider coordinates your admission, Blue Shield Inspire waives the 3-day hospital stay required by Medicare to qualify for coverage.</p>	<p>For each stay in a Medicare-certified skilled nursing facility, you pay a:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 to 20.</li> <li>• \$200 copay per day for days 21 to 100.</li> </ul> <p>If you go over the 100-day limit, you will be responsible for all costs.</p> <p>When a network provider coordinates your admission, Blue Shield Inspire waives the 3-day hospital stay required by Medicare to qualify for coverage.</p>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b> Independence and Safe Mobility with AAA</p>	<p>You pay a \$0 copay.</p> <p>This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) which requires eligibility determination. You must meet one or more qualifying chronic conditions to receive this benefit. Please see the plan <i>Evidence of Coverage</i> for additional details.</p>	<p>Independence and Safe Mobility with AAA is <u>not</u> covered.</p>

Cost	2024 (this year)	2025 (next year)
<b>Urgently needed services</b>	<p>You pay a \$120 copay for each visit to an emergency room outside of the plan service area but within the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p> <p>Worldwide coverage: You pay a \$120 copay for each visit to an emergency room or urgent care center that is outside the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p>	<p>You pay a \$125 copay for each visit to an emergency room outside of the plan service area but within the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p> <p>Worldwide coverage: You pay a \$125 copay for each visit to an emergency room or urgent care center that is outside the United States and its territories (waived if you are admitted to the hospital within one day for the same condition).</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Vision care, non-Medicare covered (obtained from a network provider)</b></p> <p>Eyeglass frames and eyeglass lenses (including single, lined bifocal, lined trifocal, and lenticular lenses) or contact lenses</p>	<p>You pay a \$0 copay for eyeglass frames (priced up to a maximum plan benefit coverage amount of \$175) every 24 months when you use a network provider. If you choose eyeglass frames priced above \$175, you are responsible for the difference.</p> <p>You pay a \$0 copay for <u>either</u> one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$175 for contact lens services and materials) every 12 months when you use a network provider. If the services and materials price above \$175, you are responsible for the difference.</p>	<p>You pay a \$0 copay for eyeglass frames (priced up to a maximum plan benefit coverage amount of \$195) every 24 months when you use a network provider. If you choose eyeglass frames priced above \$195, you are responsible for the difference.</p> <p>You pay a \$0 copay for <u>either</u> one pair of prescription eyeglass lenses (regardless of size or power) OR for contact lenses (priced up to \$195 for contact lens services and materials) every 12 months when you use a network provider. If the services and materials price above \$195, you are responsible for the difference.</p>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing 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 see if there will be 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 that are allowed by Medicare rules 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 your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Service for more information.

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 restrictions as the brand name drug it replaces. Also, when adding a new generic, 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 restrictions 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 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 *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

## Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Customer Service and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1 Preferred Generic Drugs:</b>  <i>Standard cost sharing:</i> You pay \$5 per prescription.  <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 Generic Drugs:</b>  <i>Standard cost sharing:</i> You pay \$12 per prescription.  <i>Preferred cost sharing:</i> You pay \$5 per prescription.</p> <p><b>Tier 3 Preferred Brand Drugs:</b>  <i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i> You pay \$40 per prescription. You pay \$30 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1 Preferred Generic Drugs:</b>  <i>Standard cost sharing:</i> You pay \$5 per prescription.  <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 Generic Drugs:</b>  <i>Standard cost sharing:</i> You pay \$12 per prescription.  <i>Preferred cost sharing:</i> You pay \$5 per prescription.</p> <p><b>Tier 3 Preferred Brand Drugs:</b>  <i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (cont'd)</b>	<p><b>Tier 4 Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i> You pay \$100 per prescription.  <i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p><b>Tier 5 Specialty Tier Drugs:</b>  <i>Standard cost sharing:</i> You pay 33% of the total cost.  <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 4 Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i> You pay \$100 per prescription.  <i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p><b>Tier 5 Specialty Tier Drugs:</b>  <i>Standard cost sharing:</i> You pay 33% of the total cost.  <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at (833) 696-2087 or visit Medicare.gov.</p>
<b>Part D Prescription Drug Claims Processing Mailing Address</b>	Blue Shield of California P.O. Box 52066 Phoenix, AZ. 85072-2066	Claims Processing 1606 Ave. Ponce de Leon San Juan, PR. 00909-4830
<b>Mail Service Pharmacy Change</b>	CVS Caremark® Mail Service Pharmacy	Amazon Pharmacy
<b>Terminology Change</b>	mail service	home delivery
<b>Change to the Long-term Supply for Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs</b>	You can obtain up to a 90-day supply of covered Tier 2, 3 and 4 drugs at an in-network preferred or standard retail cost sharing pharmacy or through the network mail service pharmacy.	You can obtain up to a 100-day supply of covered Tier 2, 3 and 4 drugs at an in-network preferred or standard retail cost sharing pharmacy or through the network home delivery pharmacy.

Description	2024 (this year)	2025 (next year)
<b>Timeline requirement to request an appeal</b>	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.
<b>Delivery change for Over-the-Counter (OTC) items</b>	Please allow approximately 14 business days for delivery.	Please allow approximately 7 business days for delivery.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Blue Shield Inspire

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Blue Shield Inspire.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, California Physicians' Service (dba Blue Shield of California) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Shield Inspire.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Shield Inspire.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and

answer questions about switching plans. You can call HICAP at 1-800-434-0222. You can learn more about HICAP by visiting their website (<http://www.cahealthadvocates.org/hicap/>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in California. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the California ADAP Call Center at (844) 421-7050, 8 a.m. to 5 p.m., Monday through Friday (excluding holidays), or visit their website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_adap\\_eligibility.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_eligibility.aspx). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at (833) 696-2087 or visit [Medicare.gov](http://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Blue Shield Inspire

Questions? We're here to help. Please call Customer Service at (800) 776-4466. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Blue Shield Inspire. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [blueshieldca.com/MAPDdocuments2025](https://blueshieldca.com/MAPDdocuments2025). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [blueshieldca.com/medicare](https://blueshieldca.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

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

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document 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. If you don't have a copy of this document, you can get it at the Medicare website (<https://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.



[blueshieldca.com/medicare](https://blueshieldca.com/medicare)

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