

# Summary of Benefits

Blue Shield  
Rx Plus (PDP)

Blue Shield Rx  
Enhanced (PDP)

# We all have the right to live a healthy, limitless life

We're a California-based health plan that's been serving Californians since 1939. We understand how unique your drug coverage needs are, and what it takes to provide you with affordable access to care. That's why we offer a variety of quality coverage options and will help you find the Medicare prescription drug plan that's right for your specific drug coverage needs. We strive to provide Medicare beneficiaries with affordable and comprehensive benefits in the marketplace, and the highest level of customer service. And we will continue to be a leading voice for access to affordable, quality care for all Californians.

we never stop working for you.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

## Blue Shield Rx Plus (PDP) and Blue Shield Rx Enhanced (PDP) phone numbers and website

- If you are a member of one of these plans, call toll-free **(888) 239-6469** [TTY: **711**].
- If you are not a member of one of these plans, call toll-free **(800) 488-8000** [TTY: **711**].
- Our website: **[blueshieldca.com/findamedicareplan](https://www.blueshieldca.com/findamedicareplan)**

## Hours of operation

- From October 1 to February 14, you can call us seven days a week from 8 a.m. to 8 p.m. Pacific time.
- From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Pacific time.

This document is available in other formats such as Braille and large print.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **(888) 239-6469** (TTY: 711).

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al **(888) 239-6469** (TTY: 711).

## Who can join?

To join Blue Shield Rx Plus or Blue Shield Rx Enhanced, you must have Medicare Part A and/or Part B and permanently live in the plan service area. Our service area includes the following: California.

## Which pharmacies can I use?

We have over 6,000\* pharmacies in our pharmacy network – which includes all major chains and many other retail pharmacies throughout California. You must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies:

- CVS Pharmacy
- CVS Pharmacy at Target
- Safeway and Vons
- Albertsons/Sav-on/Osco pharmacies
- Costco (You do not have to be a Costco member to use Costco pharmacies.)
- Ralphs, Walmart and many more!

Other pharmacies are available in our network. You can see our plan's pharmacy directory at our website [blueshieldca.com/med\\_pharmacy](https://www.blueshieldca.com/med_pharmacy).

Or, call us and we will send you a copy of the pharmacy directory.

## What drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website [blueshieldca.com/med\\_formulary](https://www.blueshieldca.com/med_formulary). Or, call us and we will send you a copy of the formulary.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

\* As of June 2017.

## Blue Shield Rx Plus

### Monthly premium, deductible and limits on how much you pay for covered services

#### How much is the monthly premium?

\$82.50 per month.

#### How much is the deductible?

\$405 per year for Part D prescription drugs, except for drugs listed on Tier 1 which are excluded from the deductible.

### Prescription drug benefits

#### Initial coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and through our mail service pharmacy.

### Standard retail cost-sharing (in-network)

Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
<b>Tier 1 (Preferred Generic Drugs)</b>	\$8 copay	\$24 copay
<b>Tier 2 (Generic Drugs)</b>	\$14 copay	\$42 copay
<b>Tier 3 (Preferred Brand Drugs)</b>	\$38 copay	\$114 copay
<b>Tier 4 (Non-Preferred Drugs)</b>	27% coinsurance	27% coinsurance
<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance
<b>Tier 6 (Specialty Tier Drugs)</b>	25% coinsurance	Not offered

## Blue Shield Rx Enhanced

### Monthly premium, deductible and limits on how much you pay for covered services

#### How much is the monthly premium?

\$111.30 per month.

#### How much is the deductible?

This plan does not have a deductible.

### Prescription drug benefits

#### Initial coverage

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and through our mail service pharmacy.

### Standard retail cost-sharing (in-network)

Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
<b>Tier 1 (Preferred Generic Drugs)</b>	\$13 copay	\$39 copay
<b>Tier 2 (Generic Drugs)</b>	\$17 copay	\$51 copay
<b>Tier 3 (Preferred Brand Drugs)</b>	\$47 copay	\$141 copay
<b>Tier 4 (Non-Preferred Drugs)</b>	29% coinsurance	29% coinsurance
<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance
<b>Tier 6 (Specialty Tier Drugs)</b>	33% coinsurance	Not offered

## Blue Shield Rx Plus

Preferred retail cost-sharing		
Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic Drugs)	\$2 copay	\$4 copay
Tier 2 (Generic Drugs)	\$6 copay	\$12 copay
Tier 3 (Preferred Brand Drugs)	\$31 copay	\$62 copay
Tier 4 (Non-Preferred Drugs)	25% coinsurance	25% coinsurance
Tier 5 (Injectable Drugs)	25% coinsurance	25% coinsurance
Tier 6 (Specialty Tier Drugs)	25% coinsurance	Not offered

### Mail service cost-sharing

Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic Drugs)	Not offered	\$4 copay
Tier 2 (Generic Drugs)	Not offered	\$12 copay
Tier 3 (Preferred Brand Drugs)	Not offered	\$62 copay
Tier 4 (Non-Preferred Drugs)	Not offered	25% coinsurance <sup>†</sup>
Tier 5 (Injectable Drugs)	Not offered	25% coinsurance <sup>†</sup>
Tier 6 (Specialty Tier Drugs)	25% coinsurance	Not offered

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

## Blue Shield Rx Enhanced

Preferred retail cost-sharing		
Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay
Tier 2 (Generic Drugs)	\$10 copay	\$20 copay
Tier 3 (Preferred Brand Drugs)	\$40 copay	\$80 copay
Tier 4 (Non-Preferred Drugs)	27% coinsurance	27% coinsurance
Tier 5 (Injectable Drugs)	25% coinsurance	25% coinsurance
Tier 6 (Specialty Tier Drugs)	33% coinsurance	Not offered

### Mail service cost-sharing

Tier Number/Name	One-month (30-day) supply	Three-month (90-day) supply
Tier 1 (Preferred Generic Drugs)	Not offered	\$8 copay
Tier 2 (Generic Drugs)	Not offered	\$20 copay
Tier 3 (Preferred Brand Drugs)	Not offered	\$80 copay
Tier 4 (Non-Preferred Drugs)	Not offered	27% coinsurance <sup>†</sup>
Tier 5 (Injectable Drugs)	Not offered	25% coinsurance <sup>†</sup>
Tier 6 (Specialty Tier Drugs)	33% coinsurance	Not offered

<sup>†</sup> A long-term (up to a 90-day) supply is not available for select drugs. The drugs that are not available for a long-term supply are marked with the symbol † in our Drug List.

## Coverage gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.

After you enter the coverage gap, you pay 35% of the plan's cost for covered brand-name drugs (plus a portion of the dispensing fee) and 44% of the plan's cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copay for a generic drug (including brand drugs treated as generic) and a \$8.35 copay for all other drugs.

Blue Shield of California is a PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Shield of California 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。