

2020 Summary of Benefits

Blue Shield Rx Plus (PDP)		Blue Shield Rx Enhanced (PDP)
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2020 Summary of Benefits

Blue Shield Rx Plus | Blue Shield Rx Enhanced

January 1, 2020 – December 31, 2020

The information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the *Evidence of Coverage* (EOC) at blueshieldca.com/medPDP2020 or by calling Member Services at **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30. **Note:** The EOC will be available on our website by October 15.

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

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 <http://www.medicare.gov> or get a copy 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.

Our plan Pharmacy Directory is located on our website at blueshieldca.com/med_pharmacy2020.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/med_formulary2020.

Prescription Drug Coverage Summary of Benefits

Effective January 1 through December 31, 2020

Monthly premium, deductible and limits on how much you pay for covered Part D prescription drugs.

You pay the following:

Blue Shield Rx Plus

Preferred Retail Cost-Sharing
(in-network)

Monthly plan premium: \$40.70

Stage 1: Annual Deductible

\$435 (except for drugs listed on Tier 1 which are excluded from the deductible)

Stage 2: Initial Coverage Stage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	\$2 copay	\$4 copay
Tier 2: Generic Drugs	\$6 copay	\$12 copay
Tier 3: Preferred Brand Drugs	\$35 copay	\$70 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Preferred Retail Cost-Sharing
(in-network)

Monthly plan premium: \$118.40

Stage 1: Annual Deductible

This stage does not apply because there is no deductible for this plan.

Stage 2: Initial Coverage Stage

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	\$2 copay	\$4 copay
Tier 2: Generic Drugs	\$7 copay	\$14 copay
Tier 3: Preferred Brand Drugs	\$40 copay	\$80 copay
Tier 4: Non-Preferred Drugs	27% coinsurance	27% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

NDS A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount select drugs that can be filled at one time for **your protection**. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

Blue Shield Rx Plus

Standard Retail Cost-Sharing (in-network)

Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	\$8 copay	\$24 copay
Tier 2: Generic Drugs	\$15 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$42 copay	\$126 copay
Tier 4: Non-Preferred Drugs	43% coinsurance	43% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Standard Retail Cost-Sharing (in-network)

Stage 2: Initial Coverage

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	\$11 copay	\$33 copay
Tier 2: Generic Drugs	\$14 copay	\$42 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay
Tier 4: Non-Preferred Drugs	29% coinsurance	29% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

NDS A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount select drugs that can be filled at one time for **your protection**. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

Blue Shield Rx Plus

Mail service

Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	Not Covered	\$4 copay
Tier 2: Generic Drugs	Not Covered	\$12 copay
Tier 3: Preferred Brand Drugs	Not Covered	\$70 copay
Tier 4: Non-Preferred Drugs	Not Covered	40% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Mail service

Stage 2: Initial Coverage

	30-day supply	90-day supply ^{NDS}
Tier 1: Preferred Generic Drugs	Not Covered	\$4 copay
Tier 2: Generic Drugs	Not Covered	\$14 copay
Tier 3: Preferred Brand Drugs	Not Covered	\$80 copay
Tier 4: Non-Preferred Drugs	Not Covered	27% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy for up to a 31-day supply of a covered drug.

There are limited situations where you may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

NDS A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount select drugs can be filled at one time **for your protection**. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

Stage 3: Coverage Gap

Coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$4,020, until your yearly out-of-pocket drug costs reach \$6,350

When you are in the Coverage Gap stage, you pay 25% of the cost for brand-name drugs (plus a portion of the dispensing fee) and 25% of the cost for generic drugs until your year-to-date out-of-pocket costs total \$6,350, which is the end of the coverage gap.

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$6,350, you pay the greater of:

- 5% of the cost, or
- \$3.60 copay for a generic drug (including brand drugs treated as generic) and an \$8.95 copay for all other drugs

(This stage **protects** you from any additional costs once you have paid your yearly out-of-pocket drug costs.)

Mail Service Pharmacy

CVS Caremark is our network mail service pharmacy where you may obtain a 90-day supply of maintenance drugs at a lower cost. They will be delivered to your home or office with no charge for shipping or delivery. Sign up at caremark.com or call (866) 346-7200 [TTY: 711].

Tier 5 drugs are limited to a 30-day supply for mail service.

Network pharmacies that offer preferred cost-sharing

You may pay less when you visit one of our network pharmacies that offer preferred cost-sharing. Here's just a few:

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|--|---------------------------|---|
| • CVS/pharmacy
(including CVS pharmacy at Target) | (888) 607-4287 [TTY: 711] |  |
| • Safeway and Vons pharmacies | (877) 723-3929 [TTY: 711] |  |
| • Albertsons/Sav-on/Osco pharmacies | (877) 932-7948 [TTY: 711] |  |
| • Costco | (800) 955-2292 [TTY: 711] |  |
- Ralphs, Walmart and many more.

You do not have to be a Costco member to use Costco Pharmacies.

Other pharmacies are available in our network.

We're here to help

Contact Blue Shield at **(888) 292-7591** [TTY: **711**]

8 a.m. to 8 p.m., seven days a week, from October 1 through March 31,
and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

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. Call **(888) 239-6469** [TTY: **711**] for more information.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。