



2024 Summary of Benefits

Blue Shield Rx Plus (PDP)

Blue Shield Rx Enhanced (PDP)

Effective January 1, 2024 – December 31, 2024

2024 Summary of Benefits

Blue Shield Rx Plus | Blue Shield Rx Enhanced

Effective January 1, 2024 - December 31, 2024

The benefit 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/PDPdocuments2024 or by calling Customer Service at **(888) 239-6469** [TTY: 711], 8 a.m. to 8 p.m., seven days a week. **Note: The EOC will be available on our website by October 15, 2023.**

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: State of 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 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/medpharmacy2024.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2024.

Prescription drug coverage Summary of benefits

Blue Shield Rx Plus | Blue Shield Rx Enhanced
State of California

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Monthly plan 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: \$168.90

Stage 1: Annual Deductible Stage

\$545 (The deductible doesn't apply to drugs listed on Tier 1, covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.)

Stage 2: Initial Coverage Stage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{*NDS}
Tier 1: Preferred Generic Drugs	\$1 copay	\$2 copay
Tier 2: Generic Drugs	\$14 copay	\$28 copay
Tier 3: Preferred Brand Drugs	\$45 copay	\$90 copay
Tier 3: Covered Insulins**	\$35 copay	\$90 copay
Tier 4: Non-Preferred Drugs	47% coinsurance	47% coinsurance
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Preferred Retail Cost-Sharing (in-network)

Monthly plan premium: \$188.40

Stage 1: Annual Deductible Stage

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	\$43 copay	\$86 copay
Tier 3: Covered Insulins**	\$35 copay	\$86 copay
Tier 4: Non-Preferred Drugs	47% coinsurance	47% coinsurance
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

** Covered Insulins are marked with the symbol INS on the drug list. This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").

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

There are limited situations where you may be able to get up to a 30-day supply of a covered drug from an out-of-network pharmacy at the same cost as from an in-network standard retail cost-sharing pharmacy.

NDS 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 NDS in our Drug List.

Prescription drug coverage Summary of benefits (cont'd)

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Blue Shield Rx Plus | Blue Shield Rx Enhanced
State of California

Blue Shield Rx Plus

Standard Retail Cost-Sharing (in-network)^

Stage 2: Initial Coverage Stage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{*NDS}
Tier 1: Preferred Generic Drugs	\$9 copay	\$27 copay
Tier 2: Generic Drugs	\$20 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay
Tier 3: Covered Insulins**	\$35 copay	\$105 copay
Tier 4: Non-Preferred Drugs	50% coinsurance	50% coinsurance
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Standard Retail Cost-Sharing (in-network)^

Stage 2: Initial Coverage Stage

	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 3: Covered Insulins**	\$35 copay	\$105 copay
Tier 4: Non-Preferred Drugs	50% coinsurance	50% coinsurance
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

** Covered Insulins are marked with the symbol INS on the drug list. This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").

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

There are limited situations where you may be able to get up to a 30-day supply of a covered drug from an out-of-network pharmacy at the same cost as from an in-network standard retail cost-sharing pharmacy.

NDS 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 NDS in our Drug List.

Prescription drug coverage Summary of benefits (cont'd)

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State of California

Blue Shield Rx Plus

Mail service

Stage 2: Initial Coverage Stage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{*NDS}
Tier 1: Preferred Generic Drugs	Not Covered	\$2 copay
Tier 2: Generic Drugs	Not Covered	\$28 copay
Tier 3: Preferred Brand Drugs	Not Covered	\$90 copay
Tier 3: Covered Insulins**	Not Covered	\$90 copay
Tier 4: Non-Preferred Drugs	Not Covered	47% coinsurance
Tier 4: Covered Insulins**	Not Covered	\$105 copay
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Mail service

Stage 2: Initial Coverage Stage

	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	\$86 copay
Tier 3: Covered Insulins**	Not Covered	\$86 copay
Tier 4: Non-Preferred Drugs	Not Covered	47% coinsurance
Tier 4: Covered Insulins**	Not Covered	\$105 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	Not Covered

** Covered Insulins are marked with the symbol INS on the drug list. This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").

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

There are limited situations where you may be able to get up to a 30-day supply of a covered drug from an out-of-network pharmacy at the same cost as from an in-network standard retail cost-sharing pharmacy.

NDS 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 NDS in our Drug List.

Prescription drug coverage

Summary of benefits (cont'd)

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Stage 3: Coverage Gap Stage	<p>Coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$5,030, until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>When you are in the Coverage Gap Stage, Tier 3: Covered Insulins and Tier 4: Covered Insulins are covered at the copays described above.</p> <p>For all other covered prescription drugs, 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 drug costs total \$8,000, which is the end of the coverage gap stage.</p>
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$8,000, the plan pays the full cost for your covered Part D drugs.</p> <p>(This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.)</p>

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Mail Service Pharmacy

CVS Caremark® is our network mail service pharmacy where you can get a 90- or 100-day supply of maintenance drugs at a lower cost share. Your order will be delivered to your home or office with no charge for standard shipping. See plan EOC for more information.

Tier 5 drugs are limited to a 30-day supply by 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:

- 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.

[‡]Accepts e-prescribing

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.

Blue Shield of California is a PDP 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 **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, or consult the online pharmacy directory at **blueshieldca.com/medpharmacy2024**.

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