2026 Summary of Benefits

Blue Shield 65 Plus (HMO)

Group Medicare Advantage Prescription Drug Plan
for Self-Insured Schools of California

Effective October 1, 2026 - September 30, 2027

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2026 Summary of Benefits
Blue Shield 65 Plus (HMO)

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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 contact your Plan Sponsor or call Blue Shield 65 Plus Customer Service at (800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m., PT, seven days a week.

Blue Shield 65 Plus (HMO) includes Part D coverage, which provides prescription drug coverage, offering you the convenience of having both your medical and prescription drugs covered through one plan.

To join **Blue Shield 65 Plus (HMO),** you must be entitled to Medicare Part A and Part B, meet your plan sponsor's eligibility requirements, permanently live in the plan service area, and be a United States Citizen or lawfully present in the United States. Your Medicare-eligible dependents may also join **Blue Shield 65 Plus (HMO)** if they meet these requirements.

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/medicare-and-you** 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 service area includes the following counties in California:

Alameda County, Contra Costa County*, Kern County, Los Angeles County, Merced County, Nevada County*, Orange County, Riverside County, Santa Barbara County, San Bernardino County, San Diego County, San Francisco County, San Joaquin County, San Luis Obispo County, San Mateo County, Santa Clara County, Santa Cruz County and Stanislaus County.

*Denotes partial county. Refer to the ZIP code listing below for details on the partial county service area coverage.

Partial county service area zip code listing

Contra Costa County, the following ZIP codes only:
94506, 94507, 94526, 94528, 94583

Nevada County, the following ZIP codes only:
95602, 95712, 95924, 95945, 95946, 95949, 95959, 95960, 95975, 95977, 95986

Look up providers, pharmacies, and covered drugs on our website:

- *Provider Directory* – **blueshieldca.com/medicare/providerdirectory**
- *Pharmacy Directory* – **blueshieldca.com/medpharmacy2026**
- *Formulary* (List of covered drugs) – **blueshieldca.com/medformulary2026**

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., PT, seven days a week, or consult the online pharmacy directory at **blueshieldca.com/medpharmacy2026**.

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Blue Shield 65 Plus (HMO)
Self-Insured Schools of California

Premiums and benefits	You pay
Monthly plan premium You must continue to pay your Medicare Part B premium in addition to the plan premium, if applicable.	Your Plan Sponsor is responsible for paying premiums beyond your monthly Medicare Part B premium, Medicare Part A premium (if applicable), and extra amounts (i.e. IRMAA, Part D Late Enrollment Penalties (LEP), etc.). If you are responsible for any contribution to the premiums, your Plan Sponsor will tell you the amount you must contribute to the premium.
Annual maximum out-of-pocket amount Does not include Part D prescription drugs. This is the most you would pay for the year for covered Medicare Parts A and B services.	$1,500
Health plan deductible	$0

* Prior authorization and/or a referral from your provider may be required.
† Services do not apply to the plan's maximum out-of-pocket limit.
For a complete list of services, limitations, or exclusions, please refer to the EOC by logging into your member portal at blueshieldca.com.

Summary of Benefits (cont'd)

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Blue Shield 65 Plus (HMO)
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Benefits	You pay
Ambulance services* Per trip (one way)	$0
Dental services (Medicare-covered) • Performed by your primary care physician (PCP)	$20
• Performed at a specialist's office	$20
Diabetic supplies and services* • ACCU-CHEK® blood glucose monitors • Dexcom and Freestyle Libre continuous glucose monitors	$0
• Blood glucose monitors and continuous glucose monitors from all other manufacturers	20% coinsurance
• Diabetes self-management training, diabetic services, and supplies (excluding blood glucose monitors and continuous glucose monitors)	$0
Diagnostic services, labs, and imaging* • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.)	$0
• Lab services	$0
• Diagnostic tests and procedures	$0
• Outpatient X-rays	$0
• Therapeutic radiology services (such as radiation treatment for cancer)	$0
Doctor visits • Primary care physician (PCP)	$20
• Specialists*	$20
Durable medical equipment (DME) and related supplies (e.g., wheelchairs, oxygen)*	$0
Emergency care • Worldwide coverage† This copay is waived if you are admitted to the hospital within one day for the same condition. $10,000 combined annual limit for covered emergency care and urgently needed services outside the United States and its territories.	$50

* Prior authorization and/or a referral from your provider may be required.
† Services do not apply to the plan's maximum out-of-pocket limit.
For a complete list of services, limitations, or exclusions, please refer to the EOC by logging into your member portal at blueshieldca.com.

Summary of Benefits (cont'd)

Effective October 1, 2026 - September 30, 2027

Blue Shield 65 Plus (HMO)
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Benefits	You pay
Hearing services • Hearing exam (Medicare-covered)	$20
Inpatient hospital care* Copay per admission. Our plan covers an unlimited number of days for each Medicare-covered inpatient hospital stay.	$0
Medicare Part B prescription drugs* Insulin obtained under Part B (when taken with an insulin pump) will not exceed $35 copay for a one-month supply.	$20
Mental health services* • Inpatient services in a psychiatric hospital for days 1 – 150 • For days 151 and over	$0 100% of the cost
• Outpatient group therapy visit	$20
• Outpatient individual therapy visit	$20
Opioid treatment program services*	$0
Outpatient hospital services* Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery. • Emergency room visit Waived if you are admitted to the hospital within one day for the same condition	$50
• Outpatient hospital facility	$0
• Observation services	$0
Outpatient surgery* • Ambulatory surgical center	$0
• Outpatient hospital facility	$0
Podiatry services (foot care) • Foot exams and treatment (Medicare-covered)	$20

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† Services do not apply to the plan's maximum out-of-pocket limit.
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Summary of Benefits (cont'd)

Effective October 1, 2026 - September 30, 2027

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Benefits	You pay
Preventive care Any additional preventive services approved by Medicare during the contract year will be covered.	$0
Prosthetic and orthotic devices and related supplies* • Prosthetic and orthotic devices (e.g., braces, artificial limbs)	$0
• Medical supplies (e.g., splints, casts)	$0
Rehabilitation services*	$20
• Occupational therapy	
• Physical therapy	$20
• Speech language therapy	$20
Skilled nursing facility (SNF) care* Per day for days 1 -100 If you go over the 100-day limit, you will be responsible for all costs.	$0
Urgently needed services • Worldwide coverage† These copays are waived if you are admitted to the hospital within one day for the same condition. $10,000 combined annual limit for covered emergency care and urgently needed services outside the United States and its territories. Services outside the United States and its territories do not apply to the plan's maximum out-of-pocket limit.	
- Network urgent care center within the plan service area	$20
- Urgent care center outside your plan service area but within the United States and its territories	$50
- Emergency room outside your plan service area but within the United States and its territories	$50
- Emergency room or urgent care center that is outside of the United States and its territories	$50

* Prior authorization and/or a referral from your provider may be required.
† Services do not apply to the plan's maximum out-of-pocket limit.
For a complete list of services, limitations, or exclusions, please refer to the EOC by logging into your member portal at blueshieldca.com.

Summary of Benefits (cont'd)

Effective October 1, 2026 - September 30, 2027

Benefits	You pay
Vision services*	
• Exam to diagnose and treat diseases and conditions of the eye Copay for each Medicare-covered visit.	$20
• Yearly glaucoma screening	$0
• Eyeglasses or contact lenses after cataract surgery	$0

* Prior authorization and/or a referral from your provider may be required.
† Services do not apply to the plan's maximum out-of-pocket limit.
For a complete list of services, limitations, or exclusions, please refer to the EOC by logging into your member portal at blueshieldca.com.

Additional benefits included in your plan

Benefits	You pay
Annual physical exam† One exam every 12 months.	$0
Health and wellness programs† • NurseHelp 24/7SM (telephone and online support)†	$0
• LifeReferrals 24/7 – Access to counselors, consultations†, information, and referrals for a wide range of family and personal issues	$0

* Prior authorization and/or a referral from your provider may be required.
† Services do not apply to the plan's maximum out-of-pocket limit.
For a complete list of services, limitations, or exclusions, please refer to the EOC by logging into your member portal at blueshieldca.com.

You pay the following

Part D prescription drug benefit				
Stage 1: Annual deductible	This stage does not apply because there is no deductible.			
Stage 2: Initial coverage	You pay the following until you have paid $2,100 out-of-pocket for Part D drugs.			
	Preferred retail cost-sharing (in-network)		**Standard retail cost-sharing (in-network)^**	
	30-day supply	**100-day supply[NDS]**	**30-day supply**	**100-day supply[NDS]**
Tier 1: Generic drugs	$10	$20	$10	$30
Tier 2: Preferred brand drugs	$30	$60	$30	$90
Tier 2: Covered insulins**	$30	$60	$30	$90
Tier 3: Non-preferred drugs	$50	$100	$50	$150
Tier 4: Injectable drugs	20% coinsurance (up to a $100 copay maximum)	20% coinsurance (up to a $300 copay maximum)	20% coinsurance (up to a $100 copay maximum)	20% coinsurance (up to a $300 copay maximum)
Tier 4: Covered insulins**	The lesser of $35 copay or 20% coinsurance	The lesser of $105 copay or 20% coinsurance	The lesser of $35 copay or 20% coinsurance	The lesser of $105 copay or 20% coinsurance
Tier 5: Specialty tier drugs	20% coinsurance (up to a $100 copay maximum)	Not covered	20% coinsurance (up to a $100 copay maximum)	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").

NDS A long-term (up to a 100- 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. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC.

^ If you reside in a long-term care facility, you pay the same as at an in-network standard retail cost-sharing pharmacy. There are limited situations where you may be able to get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

Part D prescription drug coverage (cont'd)

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Catastrophic coverage stage

After your yearly out-of-pocket costs for covered Part D drugs (including drugs purchased through your retail pharmacy and through home delivery) reaches $2,100, the plan pays the full cost for your covered Part D drugs at no cost to you. For excluded drugs covered under our enhanced benefit, you pay the cost sharing amounts listed in the table shown above.

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

Important message about what you pay for vaccines: Our plan covers most adult Part D vaccines at no cost to you. Call Customer Service for more information.

Home delivery service

Amazon Pharmacy is our prescription home delivery service provider where you can get up to a 100-day supply of maintenance drugs on Tier 1 through Tier 4 at a lower cost share. Your order will be delivered with $0 shipping. If you have questions about this, please contact **Amazon Pharmacy at (856) 208-4665**, 24 hours a day, seven days a week. TTY users call **711**. See plan EOC for more information.

Tier 5 drugs are limited to a 30-day supply by home delivery 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) 276-9637 (TTY: 711)**
- Costco‡ **(800) 955-2292 (TTY: 711)**
- Ralphs‡, Walmart‡, and many more.

‡ Accepts e-prescribing.

You do not have to be a Costco member to use Costco Pharmacies. Other pharmacies are available in our network.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

Blue Shield 65 Plus and NurseHelp 24/7 are service marks of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Amazon Pharmacy is independent of Blue Shield of California and is contracted with Blue Shield to provide home delivery service of prescription medications to Blue Shield members.

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