

2021 Summary of Benefits

Blue Shield
Rx Plus (PDP)

Blue Shield
Rx Enhanced
(PDP)

2021 Summary of Benefits

Blue Shield Rx Plus | Blue Shield Rx Enhanced

Effective January 1, 2021 – December 31, 2021

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/PDPdocuments or by calling Customer Care 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/medpharmacy2021.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2021.

Prescription drug coverage Summary of Benefits

January 1, 2021 - December 31, 2021

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: \$59.00

Stage 1: Annual Deductible Stage

\$445 (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	\$39 copay	\$78 copay
Tier 4: Non-Preferred Drugs	41% coinsurance	41% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Preferred Retail Cost-Sharing (in-network)

Monthly plan premium: \$130.40

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 4: Non-Preferred Drugs	33% coinsurance	33% 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. 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)

January 1, 2021 - December 31, 2021

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	\$8 copay	\$24 copay
Tier 2: Generic Drugs	\$15 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$44 copay	\$132 copay
Tier 4: Non-Preferred Drugs	44% coinsurance	44% coinsurance
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 4: Non-Preferred Drugs	35% coinsurance	35% 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 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)

January 1, 2021 - December 31, 2021

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	\$4 copay
Tier 2: Generic Drugs	Not Covered	\$12 copay
Tier 3: Preferred Brand Drugs	Not Covered	\$78 copay
Tier 4: Non-Preferred Drugs	Not Covered	41% coinsurance
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 4: Non-Preferred Drugs	Not Covered	33% 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. 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)

January 1, 2021 - December 31, 2021

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 \$4,130, until your yearly out-of-pocket drug costs reach \$6,550.</p> <p>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 drug costs total \$6,550, 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 \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.70 copay for a generic drug (including brand-name drugs treated as generic) and a \$9.20 copay for all other drugs <p>(This stage protects you from any additional costs once you have paid your yearly out-of-pocket drug costs.)</p>





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 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:

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|---|----------------------------------|---|
| <ul style="list-style-type: none"> • CVS/pharmacy[‡]
(including CVS pharmacy at Target) | <p>(888) 607-4287 [TTY: 711]</p> |  |
| <ul style="list-style-type: none"> • Safeway and Vons pharmacies[‡] | <p>(877) 723-3929 [TTY: 711]</p> |  |
| <ul style="list-style-type: none"> • Albertsons/Sav-on/Osco pharmacies[‡] | <p>(877) 932-7948 [TTY: 711]</p> |  |
| <ul style="list-style-type: none"> • Costco[‡] | <p>(800) 955-2292 [TTY: 711]</p> |  |
- 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, 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.

Blue Shield of California's pharmacy network includes very limited lower-cost, preferred pharmacies in 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 preferred pharmacies in your area, please call (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 or consult the online pharmacy directory at blueshieldca.com/medpharmacy2021.

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。