

# 2023 Summary of Benefits

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Blue Shield  
Rx Plus  
(PDP)

Blue Shield  
Rx Enhanced  
(PDP)

# 2023 Summary of Benefits

## Blue Shield Rx Plus | Blue Shield Rx Enhanced

Effective January 1, 2023 - December 31, 2023

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/PDPdocuments2023](https://blueshieldca.com/PDPdocuments2023) or by calling Customer Care at **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, year round. **Note: The EOC will be available on our website by October 15, 2022.**

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 [www.medicare.gov](https://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/medpharmacy2023](https://blueshieldca.com/medpharmacy2023).

To get the most complete and current information about which drugs are covered, you can visit our website at [blueshieldca.com/medformulary2023](https://blueshieldca.com/medformulary2023).

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

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

You may pay up to 20% coinsurance for select Medicare Part B drugs, which can change each quarter as established by CMS. Beginning April 1, 2023, coinsurance for select Part B rebatable drugs will be reduced, if the drug's price has increased at a rate faster than the rate of inflation. The list of Part B rebatable drugs as well as the coinsurance amount for those drugs could change each quarter, as established by CMS.

# Prescription drug coverage

## Summary of benefits

Blue Shield Rx Plus | Blue Shield Rx Enhanced  
California

Effective January 1, 2023 - December 31, 2023

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: \$96.50		
<b>Stage 1: Annual Deductible Stage</b>		
\$505 (except for drugs listed on Tier 1, which are excluded from the deductible)		
<b>Stage 2: Initial Coverage Stage</b>		
(After you pay our deductible, if applicable)		
	30-day supply	90-day supply <sup>*NDS</sup>
<b>Tier 1: Preferred Generic Drugs</b>	\$1 copay	\$2 copay
<b>Tier 2: Generic Drugs</b>	\$12 copay	\$24 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$43 copay	\$86 copay
<b>Tier 4: Non-Preferred Drugs</b>	47% coinsurance	47% coinsurance
<b>Tier 5: Specialty Tier Drugs</b>	25% coinsurance	Not Covered

#### Blue Shield Rx Enhanced

Preferred Retail Cost Sharing (in-network)		
Monthly plan premium: \$172.50		
<b>Stage 1: Annual Deductible Stage</b>		
This stage does not apply because there is no deductible for this plan.		
<b>Stage 2: Initial Coverage Stage</b>		
	30-day supply	90-day supply <sup>*NDS</sup>
<b>Tier 1: Preferred Generic Drugs</b>	\$2 copay	\$4 copay
<b>Tier 2: Generic Drugs</b>	\$7 copay	\$14 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$43 copay	\$86 copay
<b>Tier 4: Non-Preferred Drugs</b>	42% coinsurance	42% coinsurance
<b>Tier 5: Specialty Tier Drugs</b>	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)

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Blue Shield Rx Plus | Blue Shield Rx Enhanced  
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 <sup>*NDS</sup>
<b>Tier 1: Preferred Generic Drugs</b>	\$9 copay	\$27 copay
<b>Tier 2: Generic Drugs</b>	\$19 copay	\$57 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	50% coinsurance	50% coinsurance
<b>Tier 5: Specialty Tier Drugs</b>	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 <sup>*NDS</sup>
<b>Tier 1: Preferred Generic Drugs</b>	\$11 copay	\$33 copay
<b>Tier 2: Generic Drugs</b>	\$14 copay	\$42 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	45% coinsurance	45% coinsurance
<b>Tier 5: Specialty Tier Drugs</b>	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)

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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 <sup>*NDS</sup>
Tier 1: Preferred Generic Drugs	Not Covered	\$2 copay
Tier 2: Generic Drugs	Not Covered	\$24 copay
Tier 3: Preferred Brand Drugs	Not Covered	\$86 copay
Tier 4: Non-Preferred Drugs	Not Covered	47% 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 <sup>*NDS</sup>
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	42% 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)

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<b>Stage 3: Coverage Gap Stage</b>	<p>Coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$4,660, until your yearly out-of-pocket drug costs reach \$7,400.</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 \$7,400, which is the end of the coverage gap stage.</p>
<b>Stage 4: Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$4.15 copay for a generic drug (including brand-name drugs treated as generic) and a \$10.35 copay for all other drugs</li> </ul> <p>(This stage <b>protects</b> 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 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. After enrolling in your Blue Shield Medicare plan, you can log in to your Blue Shield of California member account at [blueshieldca.com/login](https://blueshieldca.com/login).

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

**CVS/pharmacy**<sup>®</sup>

**VONS** | Pharmacy

**Albertsons  
Sav-on**

**COSTCO**  
PHARMACY

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

<sup>‡</sup>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 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, year round or consult the online pharmacy directory at [blueshieldca.com/medpharmacy2023](https://blueshieldca.com/medpharmacy2023).

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