

2023 Summary of Benefits

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 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 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.

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

Prescription drug coverage

Summary of benefits

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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: \$96.50		
Stage 1: Annual Deductible Stage		
\$505 (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	\$1 copay	\$2 copay
Tier 2: Generic Drugs	\$12 copay	\$24 copay
Tier 3: Preferred Brand Drugs	\$43 copay	\$86 copay
Tier 4: Non-Preferred Drugs	47% coinsurance	47% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	Not Covered

Blue Shield Rx Enhanced

Preferred Retail Cost-Sharing (in-network)		
Monthly plan premium: \$172.50		
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	42% coinsurance	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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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	\$19 copay	\$57 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay
Tier 4: Non-Preferred Drugs	50% coinsurance	50% 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	45% coinsurance	45% 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.

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Prescription drug coverage

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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	\$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 ^{*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	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.

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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 \$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>
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 \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for a generic drug (including brand-name drugs treated as generic) and a \$10.35 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:

- 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.

CVS/pharmacy[®]

VONS | Pharmacy



COSTCO
PHARMACY

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 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.

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