2027 Summary of Benefits

Blue Shield of California Medicare Rx Plan (PDP)

Group Medicare Prescription Drug Plan for CalPERS

Effective January 1, 2027 - December 31, 2027

blueshieldca.com/calpers

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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 of California Medicare Rx Plan Customer Service** at **(888) 802-4599 (TTY: 711)**, 7 a.m. to 8 p.m. PT, seven days a week.

To join **Blue Shield of California Medicare Rx Plan (PDP)**, you must have Medicare Part A and/or Part B, meet your Plan Sponsor's eligibility requirements, permanently live in the plan service area, and be a United States citizen or national, or an eligible noncitizen. Your Medicare-eligible dependents may also join Blue Shield of California Medicare Rx Plan if they meet these requirements.

Our service area includes all 50 states, the District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

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**.

Look up pharmacies and covered drugs on our website:
- *Pharmacy Directory* - **blueshieldca.com/medpharmacy2027**
- *Formulary* (List of covered drugs) **blueshieldca.com/medformulary2027**

Blue Shield of California's pharmacy network includes limited lower-cost pharmacies with preferred cost sharing. 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) 802-4599 (TTY: 711)**, 7 a.m. to 8 p.m. PT, seven days a week or consult the online pharmacy directory at **blueshieldca.com/medpharmacy2027**.

Prescription drug coverage Summary of Benefits

Effective January 1, 2027 - December 31, 2027

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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

Part D prescription drug benefit		
Monthly plan premium	Your Plan Sponsor is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any part of the premium, your benefits administrator will tell you the amount you and your Plan Sponsor contribute to the premium.	
Annual home delivery service out-of-pocket maximum	Once you have paid $1,000 for Tier 1, Tier 2 and Tier 4 formulary drugs through the plan's home delivery service, you will pay $0 for Tier 1, Tier 2, and Tier 4 formulary home delivery service drugs.	
Stage 1: Annual deductible stage	This stage does not apply because there is no deductible.	
Stage 2: Initial coverage stage	During this stage, the plan pays its share of your drug costs and you pay your share.	
	Preferred retail cost-sharing (in-network)	
What you pay:	**30-day supply**	**90-day supply[NDS]**
Tier 1: Generic drugs	$5	$10
Tier 2: Preferred brand drugs	$20	$40
Tier 2: Covered insulins**	$20	$40
Tier 3: Non-preferred drugs	$50	$100
Tier 3: Covered insulins**	$35	$100
Tier 4: Specialty tier drugs	$20	Not covered

Prescription drug coverage (cont'd)
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What you pay:	Standard retail cost-sharing (in-network)^ 30-day supply	90-day supply[NDS]
Tier 1: Generic drugs	$5	$15
Tier 2: Preferred brand drugs	$20	$60
Tier 2: Covered insulins**	$20	$60
Tier 3: Non-preferred drugs	$50	$150
Tier 3: Covered insulins**	$35	$105
Tier 4: Specialty tier drugs	$20	Not covered

What you pay:	Home delivery cost-sharing 30-day supply	90-day supply[NDS]
Tier 1: Generic drugs	Home delivery is not available for drugs in Tier 1.	$10[NDS]
Tier 2: Preferred brand drugs	Home delivery is not available for drugs in Tier 2.	$40[NDS]
Tier 2: Covered insulins**	Home delivery is not available for drugs in Tier 2.	$40[NDS]
Tier 3: Non-preferred drugs	Home delivery is not available for drugs in Tier 3.	$100[NDS]
Tier 3: Covered insulins**	Home delivery is not available for drugs in Tier 3.	$100[NDS]
Tier 4: Specialty tier drugs	$20[NDS]	Home delivery is not available for drugs in Tier 4.

* 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 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.

^ 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 drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

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 $2,400, the plan pays the full cost for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay the cost sharing amounts listed in the tables 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 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 a 90-day supply of maintenance drugs on Tier 1 through Tier 3 at a lower cost share. Your order will be delivered with $0 shipping. See the plan EOC for more information.

Tier 4 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 at **blueshieldca.com/calpers**.

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

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

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California is an independent member of the Blue Shield Association