



---

# 2026 Summary of Benefits

## Blue Shield of California Medicare Rx Plan (PDP)

Group Medicare Prescription Drug Plan for Stanford University  
Effective January 1, 2026 - December 31, 2026

# 2026 Summary of Benefits Blue Shield of California Medicare Rx Plan (PDP)

Effective January 1, 2026 - December 31, 2026

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) 239-6469 [TTY: 711], 8 a.m. to 8 p.m. PT, seven days a week.**

To join **Blue Shield of California Medicare Rx Plan (PDP)**, you must be entitled to 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 lawfully present in the United States. 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 and the District of Columbia.

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](http://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/stanford](http://blueshieldca.com/stanford)**
- *Formulary* (List of covered drugs) - **[blueshieldca.com/stanford](http://blueshieldca.com/stanford)**

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) 239-6469 (TTY: 711)**, 8 a.m. to 8 p.m. PT, or consult the online pharmacy directory at **[blueshieldca.com/stanford](http://blueshieldca.com/stanford)**.

# Prescription drug coverage

## Summary of Benefits

Effective January 1, 2026 - December 31, 2026

Blue Shield of California  
Medicare Rx Plan (PDP)

Stanford University

Monthly plan premium, deductible and limits on how much you pay for covered Part D prescription drugs.

### You pay the following

<b>Part D prescription drug benefit</b>		
<b>Monthly plan premium</b>	Your Plan Sponsor is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premium, your Plan Sponsor will tell you the amount you must contribute to the premium.	
<b>Stage 1: Annual deductible</b>	This stage does not apply because there is no deductible.	
<b>Stage 2: Initial coverage stage</b>	During this stage, the plan pays its share of your drug costs and you pay your share.	
	<b>Preferred retail cost-sharing (in-network)</b>	
<b>What you pay:</b>	<b>30-day supply</b>	<b>100-day supply<sup>NDS</sup></b>
<b>Tier 1: Generic drugs</b>	\$10	\$20
<b>Tier 2: Preferred brand drugs</b>	\$30	\$60
<b>Tier 2: Covered insulins**</b>	\$30	\$60
<b>Tier 3: Non-preferred drugs</b>	\$75	\$150
<b>Tier 4: Injectable drugs</b>	\$75	\$150
<b>Tier 4: Covered insulins**</b>	\$35	\$105
<b>Tier 5: Specialty tier drugs</b>	\$30	Not covered

# Prescription drug coverage

## Summary of Benefits

Effective January 1, 2026 - December 31, 2026

Blue Shield of California  
Medicare Rx Plan (PDP)

Stanford University

What you pay:	Standard retail cost-sharing (in-network)^	
	30-day supply	100-day supply <sup>NDS</sup>
<b>Tier 1: Generic drugs</b>	\$10	\$30
<b>Tier 2: Preferred brand drugs</b>	\$30	\$90
<b>Tier 2: Covered insulins**</b>	\$30	\$90
<b>Tier 3: Non-preferred drugs</b>	\$75	\$225
<b>Tier 4: Injectable drugs</b>	\$75	\$225
<b>Tier 4: Covered insulins**</b>	\$35	\$105
<b>Tier 5: Specialty tier drugs</b>	\$30	Not covered

What you pay:	Home delivery cost-sharing	
	30-day supply	100-day supply <sup>NDS</sup>
<b>Tier 1: Generic drugs</b>	Home delivery is not available for drugs in Tier 1.	\$20 <sup>NDS</sup>
<b>Tier 2: Preferred brand drugs</b>	Home delivery is not available for drugs in Tier 2.	\$60 <sup>NDS</sup>
<b>Tier 2: Covered insulins**</b>	Home delivery is not available for drugs in Tier 2.	\$60 <sup>NDS</sup>
<b>Tier 3: Non-preferred drugs</b>	Home delivery is not available for drugs in Tier 3.	\$150 <sup>NDS</sup>
<b>Tier 4: Injectable drugs</b>	Home delivery is not available for drugs in Tier 4.	\$150 <sup>NDS</sup>
<b>Tier 4: Covered insulins**</b>	Home delivery is not available for drugs in Tier 4.	\$105 <sup>NDS</sup>

# Prescription drug coverage

## Summary of Benefits

Effective January 1, 2026 - December 31, 2026

What you pay:	Home delivery cost-sharing	
	30-day supply	100-day supply <sup>NDS</sup>
Tier 5: Specialty tier drugs	\$30	A long-term supply is not available for drugs in Tier 5.

\*\*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”).

<sup>NDS</sup> 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.

<sup>^</sup> 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.

# Prescription drug coverage

## Summary of Benefits

Effective January 1, 2026 - December 31, 2026

### 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. 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 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. See the 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<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) 276-9637 (TTY: 711)
- Costco<sup>‡</sup> (800) 955-2292 (TTY: 711)
- Ralphs<sup>‡</sup>, Walmart<sup>‡</sup>, and many more.

<sup>‡</sup> Accepts e-prescribing.

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

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

MG00007-Stanford University (PPO)-GPDP\_1025