

# Summary of Benefits

**Blue Shield Medicare Basic Plan (PDP)**

**Blue Shield Medicare Enhanced Plan (PDP)**

January 1, 2017 – December 31, 2017

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## Keep living the life you love

You want a health plan that helps you keep living the life you love. We want to help. We're a California-based health plan that's been serving Californians for more than 75 years, and we're here to help you find the coverage that's right for you.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

### Blue Shield Medicare Basic Plan (PDP) and Blue Shield Medicare Enhanced Plan (PDP) phone numbers and website

- If you are a member of this plan, call toll-free **(888) 239-6469** [TTY: 711].
- If you are not a member of this plan, call toll-free **(800) 488-8000** [TTY: 711].
- Our website:  
**[blueshieldca.com/findamedicareplan](http://blueshieldca.com/findamedicareplan)**

### Hours of operation

- From October 1 to February 14, you can call us seven days a week from 8 a.m. to 8 p.m. Pacific time.
- From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Pacific time.

### Who can join?

To join Blue Shield Medicare Basic Plan or Blue Shield Medicare Enhanced Plan, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in the plan service area.

Our service area includes the following: California.

### Which pharmacies can I use?

We have over 7,500\* pharmacies in our pharmacy network – which includes all major chains and many other retail pharmacies throughout California. You must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

\* As of May 2016.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **(888) 239-6469** (TTY: 711).

Este documento puede estar disponible en otro idioma que no sea el inglés. Para obtener más información, llámenos al **(888) 239-6469** (TTY: 711).

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies:

- CVS Pharmacy
- CVS Pharmacy at Target
- Safeway and Vons
- Albertsons/Sav-on/Osco pharmacies
- Costco (You do not have to be a Costco member to use Costco pharmacies.)
- Ralphs, Walmart and many more!\*

You can see our plan's pharmacy directory at our website [blueshieldca.com/med\\_pharmacy](http://blueshieldca.com/med_pharmacy). Or, call us and we will send you a copy of the pharmacy directory.

### **What drugs are covered?**

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website [blueshieldca.com/med\\_formulary](http://blueshieldca.com/med_formulary). Or, call us and we will send you a copy of the formulary.

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, seven days a week. TTY users should call 1-877-486-2048.

\* Pending regulatory approval.

<b>Blue Shield Medicare Basic Plan</b>	<b>Blue Shield Medicare Enhanced Plan</b>
<b>Monthly premium, deductible and limits on how much you pay for covered services</b>	<b>Monthly premium, deductible and limits on how much you pay for covered services</b>
<b>How much is the monthly premium?</b> \$82.40 per month.	<b>How much is the monthly premium?</b> \$129.30 per month.
<b>How much is the deductible?</b> \$400 per year for Part D prescription drugs, except for drugs listed on Tier 1 which are excluded from the deductible.	<b>How much is the deductible?</b> This plan does not have a deductible.

<b>Prescription drug benefits</b>	<b>Prescription drug benefits</b>
<b>Initial coverage</b> After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.	<b>Initial coverage</b> You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.

<b>Standard retail cost-sharing</b>			<b>Standard retail cost-sharing</b>		
<b>Tier</b>	<b>One-month (30-day) supply</b>	<b>Three-month (90-day) supply</b>	<b>Tier</b>	<b>One-month (30-day) supply</b>	<b>Three-month (90-day) supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$8 copay	\$24 copay	<b>Tier 1 (Preferred Generic)</b>	\$13 copay	\$39 copay
<b>Tier 2 (Generic)</b>	\$14 copay	\$42 copay	<b>Tier 2 (Generic)</b>	\$17 copay	\$51 copay
<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$141 copay	<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$141 copay
<b>Tier 4 (Non-Preferred Brand)</b>	30% coinsurance	30% coinsurance	<b>Tier 4 (Non-Preferred Brand)</b>	29% coinsurance	29% coinsurance
<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance	<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance
<b>Tier 6 (Specialty Tier)</b>	25% coinsurance	Not offered	<b>Tier 6 (Specialty Tier)</b>	33% coinsurance	Not offered

Blue Shield Medicare Basic Plan			Blue Shield Medicare Enhanced Plan		
Preferred retail cost-sharing			Preferred retail cost-sharing		
Tier	One-month (30-day) supply	Three-month (90-day) supply	Tier	One-month (30-day) supply	Three-month (90-day) supply
<b>Tier 1 (Preferred Generic)</b>	\$2 copay	\$4 copay	<b>Tier 1 (Preferred Generic)</b>	\$4 copay	\$8 copay
<b>Tier 2 (Generic)</b>	\$6 copay	\$12 copay	<b>Tier 2 (Generic)</b>	\$10 copay	\$20 copay
<b>Tier 3 (Preferred Brand)</b>	\$40 copay	\$80 copay	<b>Tier 3 (Preferred Brand)</b>	\$40 copay	\$80 copay
<b>Tier 4 (Non-Preferred Brand)</b>	28% coinsurance	28% coinsurance	<b>Tier 4 (Non-Preferred Brand)</b>	27% coinsurance	27% coinsurance
<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance	<b>Tier 5 (Injectable Drugs)</b>	25% coinsurance	25% coinsurance
<b>Tier 6 (Specialty Tier)</b>	25% coinsurance	Not offered	<b>Tier 6 (Specialty Tier)</b>	33% coinsurance	Not offered

Mail service cost-sharing			Mail service cost-sharing		
Tier	One-month (30-day) supply	Three-month (90-day) supply	Tier	One-month (30-day) supply	Three-month (90-day) supply
<b>Tier 1 (Preferred Generic)</b>	Not offered	\$4 copay	<b>Tier 1 (Preferred Generic)</b>	Not offered	\$8 copay
<b>Tier 2 (Generic)</b>	Not offered	\$12 copay	<b>Tier 2 (Generic)</b>	Not offered	\$20 copay
<b>Tier 3 (Preferred Brand)</b>	Not offered	\$80 copay	<b>Tier 3 (Preferred Brand)</b>	Not offered	\$80 copay
<b>Tier 4 (Non-Preferred Brand)</b>	Not offered	28% coinsurance†	<b>Tier 4 (Non-Preferred Brand)</b>	Not offered	27% coinsurance†
<b>Tier 5 (Injectable Drugs)</b>	Not offered	25% coinsurance†	<b>Tier 5 (Injectable Drugs)</b>	Not offered	25% coinsurance†
<b>Tier 6 (Specialty Tier)</b>	25% coinsurance	Not offered	<b>Tier 6 (Specialty Tier)</b>	33% coinsurance	Not offered

If you reside in a long-term care facility, you pay the same as at a standard retail cost-sharing pharmacy.

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

† 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 † in our Drug List.

## Coverage gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.

After you enter the coverage gap, you pay 40% of the plan's cost for covered brand-name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.

## Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:

- 5% of the cost, or
- \$3.30 copay for generic (including brand drugs treated as generic) and an \$8.25 copayment for all other drugs.

Blue Shield of California is a PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Shield of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。