

# 2019 Summary of Benefits

---

Blue Shield Rx Plus (PDP)		Blue Shield Rx Enhanced (PDP)
------------------------------	--	----------------------------------

# 2019 Summary of Benefits

## Blue Shield Rx Plus | Blue Shield Rx Enhanced

January 1, 2019 – December 31, 2019

The 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/medPDP](http://blueshieldca.com/medPDP) or by calling Member Services at **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday), from April 1 through September 30.

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 <http://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/med\\_pharmacy](http://blueshieldca.com/med_pharmacy).

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

# Prescription Drug Coverage Summary of Benefits

Effective January 1 through December 31, 2019

Monthly premium, deductible and limits on how much you pay for covered services.

You pay the following:

## Blue Shield Rx Plus

### Preferred Retail

**Monthly plan premium:** \$81.10

#### Stage 1: Annual Prescription Deductible

\$415 (except for drugs listed on Tier 1 which are excluded from the deductible)

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$2 copay	\$4 copay
<b>Tier 2: Generic Drugs</b>	\$6 copay	\$12 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$31 copay	\$62 copay
<b>Tier 4: Non-Preferred Drugs</b>	31% coinsurance	31% coinsurance
<b>Tier 5: Injectable Drugs</b>	25% coinsurance	25% coinsurance
<b>Tier 6: Specialty Tier Drugs</b>	25% coinsurance	Not offered

## Blue Shield Rx Enhanced

### Preferred Retail

**Monthly plan premium:** \$117.80

#### Stage 1: Annual Prescription Deductible

This stage does not apply because there is no deductible.

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$4 copay	\$8 copay
<b>Tier 2: Generic Drugs</b>	\$10 copay	\$20 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$40 copay	\$80 copay
<b>Tier 4: Non-Preferred Drugs</b>	27% coinsurance	27% coinsurance
<b>Tier 5: Injectable Drugs</b>	25% coinsurance	25% coinsurance
<b>Tier 6: Specialty Tier Drugs</b>	33% coinsurance	Not offered

## Blue Shield Rx Plus

### Standard retail

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$8 copay	\$24 copay
<b>Tier 2: Generic Drugs</b>	\$15 copay	\$45 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$38 copay	\$114 copay
<b>Tier 4: Non-Preferred Drugs</b>	33% coinsurance	33% coinsurance
<b>Tier 5: Injectable Drugs</b>	25% coinsurance	25% coinsurance
<b>Tier 6: Specialty Tier Drugs</b>	25% coinsurance	Not offered

## Blue Shield Rx Enhanced

### Standard retail

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$13 copay	\$39 copay
<b>Tier 2: Generic Drugs</b>	\$17 copay	\$51 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	29% coinsurance	29% coinsurance
<b>Tier 5: Injectable Drugs</b>	25% coinsurance	25% coinsurance
<b>Tier 6: Specialty Tier Drugs</b>	33% coinsurance	Not offered

## Blue Shield Rx Plus

### Mail service

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	Not offered	\$4 copay
<b>Tier 2: Generic Drugs</b>	Not offered	\$12 copay
<b>Tier 3: Preferred Brand Drugs</b>	Not offered	\$62 copay
<b>Tier 4: Non-Preferred Drugs</b>	Not offered	31% coinsurance <sup>NDS</sup>
<b>Tier 5: Injectable Drugs</b>	Not offered	25% coinsurance <sup>NDS</sup>
<b>Tier 6: Specialty Tier Drugs</b>	25% coinsurance	Not offered

## Blue Shield Rx Enhanced

### Mail service

#### Stage 2: Initial Coverage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply
<b>Tier 1: Preferred Generic Drugs</b>	Not offered	\$8 copay
<b>Tier 2: Generic Drugs</b>	Not offered	\$20 copay
<b>Tier 3: Preferred Brand Drugs</b>	Not offered	\$80 copay
<b>Tier 4: Non-Preferred Drugs</b>	Not offered	27% coinsurance <sup>NDS</sup>
<b>Tier 5: Injectable Drugs</b>	Not offered	25% coinsurance <sup>NDS</sup>
<b>Tier 6: Specialty Tier Drugs</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.

There are limited situations where you may get drugs from an out-of-network pharmacy at the same cost as an in network standard retail cost sharing pharmacy.

NDS A long-term (up to a 90-day) supply is not available for select drugs. We limit the amount select drugs can be filled at one time **for your protection**. The drugs that are not available for a long-term supply are marked with the symbol NDS in our Drug List.

### Stage 3: Coverage Gap

Coverage for outpatient prescription drugs after the total yearly drug costs paid by both you and Blue Shield reach \$3,820, until your yearly out-of-pocket drug costs reach \$5,100

You pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs until your costs total \$5,100, which is the end of the coverage gap. Whether a drug is considered generic or brand can be determined using the plan formulary.

### Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for a generic drug (including brand drugs treated as generic) and an \$8.50 copay for all other drugs

(This stage **protects** you from any additional costs once you have paid your yearly out-of-pocket drug costs.)

### 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.

You do not have to be a Costco member to use Costco Pharmacies.

<sup>†</sup> Accepts e-prescribing.

## We're here to help

Contact Blue Shield at **(800) 488-8000** [TTY: **711**]

8 a.m. to 8 p.m., seven days a week, from October 1 through March 31,  
and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

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. Call **(888) 239-6469** [TTY: **711**] for more information.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **(888) 239-6469** (TTY: **711**).

ATENCIÓN: Si no habla inglés, tiene a su disposición gratis el servicio de asistencia en idiomas. Llame al **(888) 239-6469** (TTY: **711**).

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。