



2025 Summary of Benefits

Blue Shield Rx Plus (PDP)

Blue Shield Rx Enhanced (PDP)

Effective January 1, 2025 – December 31, 2025

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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 refer to the ***Evidence of Coverage (EOC)*** at blueshieldca.com/PDPdocuments2025 or by calling Customer Service at **(888) 239-6469 (TTY: 711)**, 8 a.m. to 8 p.m., seven days a week. **Note: The EOC will be available on our website by October 15, 2024.**

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: State of 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/medicare-and-you 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**.

Our plan ***Pharmacy Directory*** is located on our website at blueshieldca.com/medpharmacy2025.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2025.

Prescription drug coverage Summary of Benefits

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State of California

Effective January 1, 2025 - December 31, 2025

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: \$161.70

Stage 1: Annual deductible stage

\$590 (The deductible doesn't apply to drugs listed on Tier 1, covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.)

Stage 2: Initial coverage stage

(After you pay our deductible, if applicable)

	30-day supply	90-day supply ^{*NDS}
Tier 1: Preferred generic drugs	\$3 copay	\$7.50 copay
Tier 2: Generic drugs	\$14 copay	\$35 copay
Tier 3: Preferred brand drugs	18% coinsurance	18% coinsurance
Tier 3: Covered insulins**	\$35 copay	\$105 copay
Tier 4: Non-preferred drugs	47% coinsurance	47% coinsurance
Tier 4: Covered insulins**	\$35 copay	\$105 copay
Tier 5: Specialty tier drugs	25% coinsurance	Not covered

Blue Shield Rx Enhanced

Preferred retail cost-sharing (in-network)

Monthly plan premium: \$183.50

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	\$129 copay
Tier 3: Covered insulins**	\$35 copay	\$105 copay
Tier 4: Non-preferred drugs	47% coinsurance	47% coinsurance
Tier 4: Covered insulins**	\$35 copay	\$105 copay
Tier 5: Specialty tier drugs	33% coinsurance	Not Covered

** 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").

* 90-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

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)

Blue Shield Rx Plus (PDP) |
Blue Shield Rx Enhanced (PDP)
State of California

Effective January 1, 2025 - December 31, 2025

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	\$20 copay	\$60 copay
Tier 3: Preferred brand drugs	20% coinsurance	20% coinsurance
Tier 3: Covered insulins**	\$35 copay	\$105 copay
Tier 4: Non-preferred drugs	50% coinsurance	50% coinsurance
Tier 4: Covered insulins**	\$35 copay	\$105 copay
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 3: Covered insulins**	\$35 copay	\$105 copay
Tier 4: Non-preferred drugs	50% coinsurance	50% coinsurance
Tier 4: Covered insulins**	\$35 copay	\$105 copay
Tier 5: Specialty tier drugs	33% coinsurance	Not covered

** 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").

^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.

* 90-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

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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Blue Shield Rx Plus

Home delivery 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	\$7.50 copay
Tier 2: Generic drugs	Not covered	\$35 copay
Tier 3: Preferred brand drugs	Not covered	18% coinsurance
Tier 3: Covered insulins**	Not covered	\$105 copay
Tier 4: Non-preferred drugs	Not covered	47% coinsurance
Tier 4: Covered insulins**	Not covered	\$105 copay
Tier 5: Specialty tier drugs	25% coinsurance	Not covered

Blue Shield Rx Enhanced

Home delivery 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 3: Covered insulins**	Not covered	\$86 copay
Tier 4: Non-preferred drugs	Not covered	47% coinsurance
Tier 4: Covered insulins**	Not covered	\$105 copay
Tier 5: Specialty tier drugs	33% coinsurance	Not covered

** 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").

* 90-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

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

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Stage 3: Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through home delivery service) reach \$2,000, the plan pays the full cost for your covered Part D drugs.

(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 adult Part D vaccines at no cost to you. Call Customer Service for more information.

Home delivery service

Amazon Pharmacy is our network home delivery service where you can get a 90-day supply of maintenance drugs. Your order will be delivered with \$0 shipping. See 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[‡] (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.

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 limited lower-cost, pharmacies with preferred cost sharing in certain counties within 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 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., seven days a week, or consult the online pharmacy directory at blueshieldca.com/medpharmacy2025.

Amazon Pharmacy is independent of Blue Shield of California and is contracted with Blue Shield to provide home delivery service 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。