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# 2025 Summary of Benefits

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

Group Medicare Prescription Drug Plan for San Francisco Health Service System

Effective January 1, 2025 – December 31, 2025

## 2025 Summary of Benefits

### **Blue Shield of California Medicare Rx Plan**

January 1, 2025 – December 31, 2025

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 former employer group/union or call Blue Shield of California Medicare Rx Plan Customer Service at **(800) 370-8852** [TTY: **711**], 8 a.m. to 8 p.m. PT, seven days a week.

To join **Blue Shield of California Medicare Rx Plan**, you must be entitled to Medicare Part A and/or Part B, meet your former employer group/union's eligibility requirements, and permanently live in the plan service area. Our service area includes all 50 states and the District of Columbia. Your Medicare-eligible spouse and dependents may also join Blue Shield of California Medicare Rx Plan if they meet these requirements.

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 - [myoptions.blueshieldca.com/sfhss\\_partbppo](http://myoptions.blueshieldca.com/sfhss_partbppo)
- Formulary (List of covered drugs) - [myoptions.blueshieldca.com/sfhss\\_partbppo](http://myoptions.blueshieldca.com/sfhss_partbppo)

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 **(800) 370-8852** [TTY: **711**], 8 a.m. to 8 p.m. PT, seven days a week or consult the online pharmacy directory at [myoptions.blueshieldca.com/sfhss\\_partbppo](http://myoptions.blueshieldca.com/sfhss_partbppo).

# Prescription Drug Coverage Summary of Benefits

Blue Shield of California Medicare Rx Plan (PDP)

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 of California Medicare Rx Plan (PDP)	
<b>Monthly plan premium</b>	Your former employer group/union 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 former employer group/union contribute to the premium.
<b>Annual Deductible Stage</b>	This stage does not apply because there is no deductible.
<b>Initial Coverage Stage</b>	During this stage, the plan pays its share of your drug costs and you pay your share

You may purchase your drugs at network retail pharmacies and our home delivery service.

What you pay:	Preferred retail cost-sharing (in-network)^		
	30-day supply	90-day supply <sup>*NDS</sup>	100-day supply <sup>*NDS</sup>
<b>Tier 1: Generic Drugs</b>	\$5 copay	Not covered	\$10 copay
<b>Tier 2: Preferred Brand Drugs</b>	\$20 copay	Not covered	\$40 copay
<b>Tier 2: Covered Insulins**</b>	\$20 copay	Not covered	\$40 copay
<b>Tier 3: Non-Preferred Drugs</b>	\$45 copay	Not covered	\$90 copay
<b>Tier 4: Injectable Drugs</b>	\$45 copay	Not covered	\$90 copay
<b>Tier 4: Covered Insulins**</b>	\$35 copay	Not covered	\$90 copay
<b>Tier 5: Specialty Tier Drugs</b>	\$20 copay	\$40 copay <sup>NDS</sup>	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- and 100-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

<sup>NDS</sup>A long-term (up to a 90- or 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.

^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.

# Prescription Drug Coverage Summary of Benefits

Blue Shield of California Medicare Rx Plan (PDP)

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What you pay:	Standard retail cost-sharing (in-network)^		
	30-day supply	90-day supply <sup>*NDS</sup>	100-day supply <sup>*NDS</sup>
Tier 1: Generic Drugs	\$5 copay	Not covered	\$15 copay <sup>NDS</sup>
Tier 2: Preferred Brand Drugs	\$20 copay	Not covered	\$60 copay <sup>NDS</sup>
Tier 2: Covered Insulins**	\$20 copay	Not covered	\$60 copay <sup>NDS</sup>
Tier 3: Non-Preferred Drugs	\$45 copay	Not covered	\$135 copay <sup>NDS</sup>
Tier 4: Injectable Drugs	\$45 copay	Not covered	\$135 copay <sup>NDS</sup>
Tier 4: Covered Insulins**	\$35 copay	Not covered	\$105 copay <sup>NDS</sup>
Tier 5: Specialty Tier Drugs	\$20 copay	\$60 copay <sup>NDS</sup>	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- or 100-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

<sup>NDS</sup> A long-term (up to a 90- or 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.

^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.

# Prescription Drug Coverage Summary of Benefits

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What you pay:	Home delivery cost-sharing	
	90-day supply <sup>*NDS</sup>	100-day supply <sup>*NDS</sup>
Tier 1: Generic Drugs	Not covered	\$10 copay <sup>NDS</sup>
Tier 2: Preferred Brand Drugs	Not covered	\$40 copay <sup>NDS</sup>
Tier 2: Covered Insulins**	Not covered	\$40 copay <sup>NDS</sup>
Tier 3: Non-Preferred Drugs	Not covered	\$90 copay <sup>NDS</sup>
Tier 4: Injectable Drugs	Not covered	\$90 copay <sup>NDS</sup>
Tier 4: Covered Insulins**	Not covered	\$90 copay <sup>NDS</sup>
Tier 5: Specialty Tier Drugs	\$40 copay <sup>NDS</sup>	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- or 100-day supply cost-sharing also applies to Amazon Pharmacy home delivery service.

<sup>NDS</sup> A long-term (up to a 90- or 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.

^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.

# Prescription Drug Coverage Summary of Benefits

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## Catastrophic Coverage Stage

After your yearly out-of-pocket costs for covered Part D drugs (including drugs you bought through your retail pharmacy and through home delivery) reach \$2,000, the plan pays the full cost for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay the Tier 1: Generic Drugs copayments 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 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 pharmacy where you can get a 90- or 100-day supply of maintenance drugs at a lower cost share. Your order will be delivered with \$0 shipping. If you have questions about this, please contact Amazon Pharmacy at (856) 208-4665, 24 hours a day, 7 days a week. TTY users call 711. See plan EOC for more information.

## 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:

<b>CVS/pharmacy<sup>‡</sup></b> (including CVS pharmacy at Target)	<b>(888) 607-4287 [TTY: 711]</b>
<b>Safeway and Vons pharmacies<sup>‡</sup></b>	<b>(877) 723-3929 [TTY: 711]</b>
<b>Albertsons/Sav-on/Osco pharmacies<sup>‡</sup></b>	<b>(877) 276-9637 [TTY: 711]</b>
<b>Costco<sup>‡</sup></b> (You do not have to be a member to use the pharmacy.)	<b>(800) 955-2292 [TTY: 711]</b>

Other pharmacies are available in our network.

<sup>‡</sup>Accepts e-prescribing

## We're here to help

Contact Customer Service at **(800) 370-8852 [TTY: 711]** 8 a.m. to 8 p.m. PT, 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 offers individual and employer group retiree plans to Medicare beneficiaries who have Part A and/or Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan's specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan's specific service area. Individual and employer group retiree plans have different service areas and benefits.

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  
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