



2024 Summary of Benefits

Blue Shield of California Medicare Rx Plan (PDP)

Group Medicare Prescription Drug Plan for Upland Unified School District

Effective October 1, 2024 – September 30, 2025

2024 Summary of Benefits

Blue Shield of California Medicare Rx Plan

October 1, 2024 – September 30, 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 **(888) 239-6469** [TTY: **711**], 8 a.m. to 8 p.m., 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 live in the plan service area (United States of America). 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 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/medpharmacy2024.

To get the most complete and current information about which drugs are covered, you can visit our website at blueshieldca.com/medformulary2024.

Prescription Drug Coverage Summary of Benefits

Effective October 1, 2024 – September 30, 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)	
Monthly plan premium	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.
Annual Deductible Stage	This stage does not apply because there is no deductible.
Initial Coverage Stage	You pay the following until your total yearly out-of-pocket drug costs reach \$8,000.

You may purchase your drugs at network retail pharmacies and our mail service pharmacy.

What you pay:	Preferred retail cost-sharing (in-network)	
	30-day supply	90-day supply ^{NDS}
Tier 1: Generic Drugs	\$10 copay	\$20 copay
Tier 2: Preferred Brand Drugs	\$30 copay	\$60 copay
Tier 3: Non-Preferred Drugs	\$50 copay	\$100 copay
Tier 3: Covered Insulins**	\$35 copay	\$100 copay
Tier 4: Injectable Drugs	30% coinsurance (up to a \$200 copay maximum)	30% coinsurance (up to a \$400 copay maximum)
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	30% coinsurance (up to a \$200 copay maximum)	Not covered

What you pay:	Standard retail cost-sharing (in-network)^	
	30-day supply	90-day supply ^{NDS}
Tier 1: Generic Drugs	\$10 copay	\$20 copay ^{NDS}
Tier 2: Preferred Brand Drugs	\$30 copay	\$60 copay ^{NDS}
Tier 3: Non-Preferred Drugs	\$50 copay	\$100 copay ^{NDS}
Tier 3: Covered Insulins**	\$35 copay	\$100 copay
Tier 4: Injectable Drugs	30% coinsurance (up to a \$200 copay maximum)	30% coinsurance ^{NDS} (up to a \$400 copay maximum)
Tier 4: Covered Insulins**	\$35 copay	\$105 copay
Tier 5: Specialty Tier Drugs	30% coinsurance (up to a \$200 copay maximum)	Not covered

What you pay:	Mail service cost-sharing	
	30-day supply	90-day supply ^{*NDS}
Tier 1: Generic Drugs	Not covered	\$20 copay ^{NDS}
Tier 2: Preferred Brand Drugs	Not covered	\$60 copay ^{NDS}
Tier 3: Non-Preferred Drugs	Not covered	\$100 copay ^{NDS}
Tier 3: Covered Insulins**	Not covered	\$100 copay
Tier 4: Injectable Drugs	Not covered	30% coinsurance ^{NDS} (up to a \$400 copay maximum)
Tier 4: Covered Insulins**	Not covered	\$105 copay
Tier 5: Specialty Tier Drugs	30% coinsurance (up to a \$200 copay maximum)	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").

^{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.

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

Coverage Gap Stage

Because there is no coverage gap for the plan, this payment stage does not apply to you.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs you bought through your retail pharmacy and through mail service) reach \$8,000, 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 table 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.

Mail Service Pharmacy

CVS Caremark® is our network mail service pharmacy where you can get a 90-day supply of maintenance drugs at a lower cost share. Your order will be delivered to your home or office with no charge for standard shipping. See plan EOC for more information.

Tier 5 drugs are limited to a 30-day supply by mail 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) 932-7948 [TTY: 711]
Costco[‡] (You do not have to be a member to use the pharmacy.)	(800) 955-2292 [TTY: 711]

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 Customer Service at **(888) 239-6469** [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 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.

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 the phone number listed on your id card, (TTY: 711), 8 a.m. to 8 p.m., seven days a week, or consult the online pharmacy directory at blueshieldca.com/medpharmacy2024.

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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