blue CALIFORNIA

2027 Summary of Benefits

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

Effective January 1, 2027 - December 31, 2027

blueshieldca.com/medicare

S2468_26_136A_PRO_003_004_M Accepted 08272026

2027 Summary of Benefits
Blue Shield Rx Plus (PDP) | Blue Shield Rx Enhanced (PDP)

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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/PDPdocuments2027** or by calling Customer Service at **(888) 239-6469 (TTY: 711)**, 8 a.m. to 8 p.m. PT, seven days a week. **Note: The EOC will be available on our website by October 15, 2026.**

To join **Blue Shield Rx Plus** or **Blue Shield Rx Enhanced**, you must have Medicare Part A and/or Part B, permanently live in the plan service area, and be a United States citizen or national, or an eligible noncitizen. **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/medpharmacy2027**.

To get the most complete and current information about which drugs are covered, you can visit our website at **blueshieldca.com/medformulary2027**.

Prescription drug coverage

Effective January 1, 2027 - December 31, 2027

Blue Shield Rx Plus (PDP)
State of California

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

Part D prescription drug benefit				
Monthly plan premium: $210.00				
Stage 1: Annual deductible	$700 (The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.)			
Stage 2: Initial coverage (After you pay our deductible, if applicable)	**Preferred retail cost-sharing (in-network)**		**Standard retail cost-sharing (in-network)^**	
	30-day supply	**90-day supply[NDS]**	**30-day supply**	**90-day supply[NDS]**
Tier 1: Preferred generic drugs	$5	$12.50	$9	$27
Tier 2: Generic drugs	$9	$22.50	$20	$60
Tier 3: Preferred brand drugs	19% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance
Tier 3: Covered insulins*	The lesser of $35 or 19% coinsurance	The lesser of $105 or 19% coinsurance	The lesser of $35 or 19% coinsurance	The lesser of $105 or 19% coinsurance
Tier 4: Non-preferred drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 4: Covered insulins*	The lesser of $35 or 25% coinsurance	The lesser of $105 or 25% coinsurance	The lesser of $35 or 25% coinsurance	The lesser of $105 or 25% coinsurance
Tier 5: Specialty tier drugs	25% coinsurance	Not covered	25% 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. There are limited situations where you may be able to 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. The drugs that are not available for a long-term supply are marked with the symbol **NDS** in our drug list.

Monthly plan premium, deductible, and limits on how much you pay for covered Part D prescription drugs.

You pay the following

Blue Shield Rx Enhanced

Part D prescription drug benefit				
Monthly plan premium: $252.60				
Stage 1: Annual deductible	$200 (The deductible doesn't apply to Tier 1 and Tier 2, covered insulin products, and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.)			
Stage 2: Initial coverage	**Preferred retail cost-sharing (in-network)**		**Standard retail cost-sharing (in-network)^**	
	30-day supply	**90-day supply[NDS]**	**30-day supply**	**90-day supply[NDS]**
Tier 1: Preferred generic drugs	$0	$0	$11	$33
Tier 2: Generic drugs	$7	$14	$14	$42
Tier 3: Preferred brand drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Tier 3: Covered insulins*	The lesser of $35 or 20% coinsurance	The lesser of $105 or 20% coinsurance	The lesser of $35 or 20% coinsurance	The lesser of $105 or 20% coinsurance
Tier 4: Non-preferred drugs	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 4: Covered insulins*	The lesser of $35 or 25% coinsurance	The lesser of $105 or 25% coinsurance	The lesser of $35 or 25% coinsurance	The lesser of $105 or 25% coinsurance
Tier 5: Specialty tier drugs	31% coinsurance	Not covered	31% 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. There are limited situations where you may be able to get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

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Prescription drug coverage

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

Blue Shield Rx Plus

Home delivery service

Stage 2: Initial coverage
(After you pay your deductible, if applicable)

	30-day supply	90-day supply[NDS]
Tier 1: Preferred generic drugs	Not covered	$12.50
Tier 2: Generic drugs	Not covered	$22.50
Tier 3: Preferred brand drugs	Not covered	19% co-insurance
Tier 3: Covered insulins*	Not covered	The lesser of $105 or 19% co-insurance
Tier 4: Non-preferred drugs	Not covered	40% co-insurance
Tier 4: Covered insulins*	Not covered	The lesser of $105 or 25% co-insurance
Tier 5: Specialty tier drugs	25% co-insurance	Not covered

Blue Shield Rx Enhanced

Home delivery service

Stage 2: Initial coverage
(After you pay your deductible, if applicable)

	30-day supply	90-day supply[NDS]
Tier 1: Preferred generic drugs	Not covered	$0
Tier 2: Generic drugs	Not covered	$14
Tier 3: Preferred brand drugs	Not covered	20% co-insurance
Tier 3: Covered insulins*	Not covered	The lesser of $105 or 20% co-insurance
Tier 4: Non-preferred drugs	Not covered	30% co-insurance
Tier 4: Covered insulins*	Not covered	The lesser of $105 or 25% co-insurance
Tier 5: Specialty tier drugs	31% co-insurance	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.

Part D prescription drug benefit

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 $2,400, 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 Part D vaccines at no cost to you. Call Customer Service for more information.

Home delivery service

Amazon Pharmacy is our prescription home delivery service provider where you can get a 90-day supply of maintenance drugs on Tier 1 through Tier 4 at a lower cost share. Your order will be delivered with $0 shipping. See the 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.

‡ Accepts e-prescribing.

You do not have to be a Costco member to use Costco pharmacies. Other pharmacies are available in our network.

For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please refer to the plan EOC at **blueshieldca.com/PDPdocuments2027**.

We're here to help

Contact Blue Shield at **(888) 292-7591 (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'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. PT, seven days a week, or consult the online pharmacy directory at **blueshieldca.com/medpharmacy2027**.

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

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 PDP0304-SOB-1026