



**Summary of Benefits for
Blue Shield Medicare Rx Enhanced Plan
and Blue Shield Medicare Rx Plan**
January 1, 2008 through December 31, 2008
State of California

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Contract S2468, Plan 001, Segment 0
Contract S2468, Plan 002, Segment 0

blueshieldca.com

Thank you for your interest in Blue Shield Medicare Rx Plans. Our plans are offered by California Physicians' Service doing business as Blue Shield of California, a Medicare Prescription Drug plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Blue Shield of California and ask for the *Evidence of Coverage*.

You have choices in your Medicare prescription drug coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the Blue Shield Medicare Rx Plans. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Blue Shield Medicare Rx Plans to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are the Blue Shield Medicare Rx Plans available?

The service area for these plans is California. You must live in California to join these plans. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan.

Does my plan cover Medicare Part B or Part D drugs?

Blue Shield Medicare Rx Plans do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where can I get my prescriptions?

Blue Shield Medicare Rx Plans have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Blue Shield of California has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

What is a prescription drug formulary?

Blue Shield Medicare Rx Plans use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at blueshieldca.com/medicarepartdplans/formulary/.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join a Blue Shield Medicare Rx Plan. Get this information before you decide to enroll in this plan.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join a Blue Shield Medicare Rx Plan, Medicare will tell us

how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of a Blue Shield Medicare Rx Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination.

You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

Please call Blue Shield of California for more information about this plan. Visit us at [blueshieldca.com](https://www.blueshieldca.com) or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8 a.m. - 8 p.m. Pacific

Current members should call
(888) 239-6469 or TTY/TDD (888) 239-6482.

Prospective members should call
(800) 488-8000 or TTY/TDD (888) 595-0000.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). Or, visit www.medicare.gov on the Web. TTY users should call (877) 486-2048. You can call 24 hours a day, seven days a week.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Drugs Covered under Medicare Part D – General		
<p>Most drugs not covered (You can add Prescription Drug Coverage to Original Medicare by joining a Medicare prescription drug plan).</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at blueshieldca.com/medicarepartdplans/formulary/ on the Web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service) facilities.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield Medicare Rx Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at blueshieldca.com/medicarepartdplans/formulary/ on the Web.</p> <p>Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities, or have access to Indian/Tribal/Urban (Indian Health Service) facilities.</p> <p>The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield Medicare Rx Plan for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</p>

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Plan Premium		
N/A	You pay \$37.70 each month for your Medicare Part D prescription benefits.	You pay \$42.30 each month for your Medicare Part D prescription benefits.
Deductible – In-Network		
	\$275 yearly deductible	\$0 deductible Some covered drugs don't count toward your out-of-pocket drug costs.
Initial Coverage		
	After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,510.	You pay the following until total yearly drug costs reach \$2,510.
Retail Pharmacy		
	<p>You can get drugs from a preferred pharmacy the following ways:</p> <ul style="list-style-type: none"> • One-month (30-day) supply • Three-month (90-day) supply <p>You can get drugs from a non-preferred pharmacy the following ways:</p> <ul style="list-style-type: none"> • One-month (30-day) supply • Three-month (90-day) supply 	<p>Formulary Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs from a preferred pharmacy • \$20 copay for a three-month (90-day) supply of drugs from a preferred pharmacy • \$10 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy • \$30 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Formulary Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (30-day) supply of drugs from a preferred pharmacy • \$60 copay for a three-month (90-day) supply of drugs from a preferred pharmacy • \$30 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy • \$90 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Retail Pharmacy – continued		
		<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (30-day) supply of drugs from a preferred pharmacy • \$120 copay for a three-month (90-day) supply of drugs from a preferred pharmacy • \$60 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy • \$180 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Injectables</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy • 25% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy <p>Formulary Specialty (Unique High-Cost Drugs)</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy • 25% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy • 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Long-Term Care Pharmacy		
	<p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • One-month (34-day) supply 	<p>Formulary Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (34-day) supply of drugs <p>Formulary Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (34-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (34-day) supply of drugs <p>Injectables</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs <p>Formulary Specialty (Unique High-Cost Drugs)</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs
Mail Order		
	<p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • Three-month (90-day) supply 	<p>Formulary Generic</p> <ul style="list-style-type: none"> • \$20 copay for a three-month (90-day) supply of drugs <p>Formulary Brand</p> <ul style="list-style-type: none"> • \$60 copay for a three-month (90-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$120 copay for a three-month (90-day) supply of drugs <p>Injectables</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs <p>Formulary Specialty (Unique High-Cost Drugs)</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Coverage Gap		
	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.	After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.
Catastrophic Coverage		
	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance 	After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of: <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance
Out-of-Network		
	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.

If you have any questions about this plan's benefit or costs, please contact Blue Shield of California at **(800) 488-8000**.

Original Medicare	Blue Shield Medicare Rx Plan	Blue Shield Medicare Rx Enhanced Plan
Out-of-Network Initial Coverage		
	<p>After you pay your yearly deductible, you pay 25% coinsurance until total yearly drug costs reach \$2,510.</p> <p>Out-of-Network Pharmacy</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • One-month (30-day) supply 	<p>You pay the following until total yearly drug costs reach \$2,510.</p> <p>Out-of-Network Pharmacy</p> <p>Formulary Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (30-day) supply of drugs <p>Formulary Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (30-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (30-day) supply of drugs <p>Injectables</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs <p>Formulary Specialty (Unique High-Cost Drugs)</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs
Out-of-Network Coverage Gap		
	<p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>	<p>After your total yearly drug costs reach \$2,510, you pay 100% until your yearly out-of-pocket drug costs reach \$4,050.</p>
Out-of-Network Catastrophic Coverage		
	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance 	<p>After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.25 copay for generic (including brand drugs treated as generic) and \$5.60 copay for all other drugs, or • 5% coinsurance

Contact us

Enrollment

If you are interested in enrolling in a Blue Shield Medicare Rx Plan, please call us at **(800) 488-8000** or TTY/TDD (888) 595-0000
8 a.m. - 8 p.m., seven days a week.
Or call your local authorized Blue Shield agent.

Member assistance

If you are a member and need assistance,
please call our Member Services representatives at **(888) 239-6469** or TTY/TDD (888) 239-6482
8 a.m. - 8 p.m., seven days a week.