

Blue Shield Medicare Basic Plan (PDP)

Blue Shield Medicare Enhanced Plan (PDP)

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$7 copay	\$14 copay	\$21 copay
Tier 2 (Generic)	\$14 copay	\$28 copay	\$42 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	35% of the cost	35% of the cost	35% of the cost
Tier 5 (Injectable Drugs)	25% of the cost	25% of the cost	25% of the cost
Tier 6 (Specialty Tier)	25% of the cost	Not Offered	Not Offered

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$13 copay	\$26 copay	\$39 copay
Tier 2 (Generic)	\$17 copay	\$34 copay	\$51 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	40% of the cost	40% of the cost	40% of the cost
Tier 5 (Injectable Drugs)	25% of the cost	25% of the cost	25% of the cost
Tier 6 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$6 copay	\$12 copay	\$12 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$80 copay
Tier 4 (Non-Preferred Brand)	33% of the cost	33% of the cost	33% of the cost
Tier 5 (Injectable Drugs)	25% of the cost	25% of the cost	25% of the cost
Tier 6 (Specialty Tier)	25% of the cost	Not Offered	Not Offered

Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$8 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$20 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$80 copay
Tier 4 (Non-Preferred Brand)	38% of the cost	38% of the cost	38% of the cost
Tier 5 (Injectable Drugs)	25% of the cost	25% of the cost	25% of the cost
Tier 6 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Blue Shield Medicare Basic Plan (PDP)**Blue Shield Medicare Enhanced Plan (PDP)****Standard Mail Order Cost-Sharing**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	\$0
Tier 2 (Generic)	Not Offered	\$12 copay
Tier 3 (Preferred Brand)	Not Offered	\$80 copay
Tier 4 (Non-Preferred Brand)	Not Offered	33% of the cost
Tier 5 (Injectable Drugs)	Not Offered	25% of the cost
Tier 6 (Specialty Tier)	25% of the cost	Not Offered

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

You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered	\$8 copay
Tier 2 (Generic)	Not Offered	\$20 copay
Tier 3 (Preferred Brand)	Not Offered	\$80 copay
Tier 4 (Non-Preferred Brand)	Not Offered	38% of the cost
Tier 5 (Injectable Drugs)	Not Offered	25% of the cost
Tier 6 (Specialty Tier)	33% of the cost	Not Offered

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

You may get drugs from an out-of-network pharmacy at the same cost as an in-network standard retail cost-sharing pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

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<p>Catastrophic Coverage After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.