

summary of benefits

Blue Shield of California Medicare Rx Plan (PDP)

**An employer-sponsored Medicare Prescription Drug Plan for
City and County of San Francisco retirees, spouses and eligible
dependents**

July 1, 2011 – June 30, 2012
State of California

Group H12054

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Section I – Introduction to Summary of Benefits

Hello, City and County of San Francisco retiree, spouse, or eligible dependent!

Thank you for your interest in the Blue Shield of California Medicare Rx Plan (PDP). Our plan is offered by CA PHYSICIANS' SERVICE DBA BLUE SHIELD OF CA/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 plan. 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 Medicare Rx Plan (PDP) 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 Blue Shield of California Medicare Rx Plan (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You may have other options offered by your employer or union group. You make the choice. However, this Blue Shield of California Medicare Rx Plan (PDP) is offered as part of your employer or union group's medical plan and if you decide you don't want this drug coverage, check with your Benefits Administrator to understand how that decision impacts your retiree benefits coverage.

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 of California Medicare Rx Plan (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS BLUE SHIELD OF CALIFORNIA MEDICARE RX PLAN AVAILABLE?

This plan is available in all counties in all 50 states. You must live in the U.S. to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, meet your group's eligibility requirements and live in the service area. Your Medicare-eligible dependants may also join this plan if they meet these requirements. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

WHERE CAN I GET MY PRESCRIPTIONS?

Blue Shield of California Medicare Rx Plan (PDP) has 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. At an “other network pharmacy” 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 visit us at <https://www.blueshieldca.com/medicarepartdplans/pharmacydirectory/>. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue Shield of California Medicare Rx Plan (PDP) does 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.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Blue Shield of California Medicare Rx Plan (PDP) uses 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 <https://www.blueshieldca.com/medicarepartdplans/formulary/>. Be sure to select the formulary titled “PDP Formulary (employer group only).”

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.

HOW CAN I GET HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare and You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

* Your State Medicaid Office.

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 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 of California Medicare Rx Plan (PDP), 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we 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. Contact Blue Shield of California Medicare Rx Plan (PDP) for more details.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Service number is listed below.

CONTACT US

Please call your Benefits Administrator or Blue Shield of California for more information about this plan.

Visit us at www.blueshieldca.com or, call us:

Enrollment

For more information about enrolling in Blue Shield of California Medicare Rx Plan (PDP), please contact your Benefits Administrator.

Member Services

(888) 239-6469 [TTY/TDD: (888) 239-6482]

7:00 a.m. – 8:00 p.m., seven days a week

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in other formats. For additional information, call Member Services at the phone number listed above.

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Section II - Summary of Benefits for Blue Shield of California Medicare Rx Plan (PDP), an employer-sponsored Medicare Prescription Drug Plan for retirees, spouses, and their eligible dependents.

Prepared for: City and County of San Francisco

Effective: July 1, 2011

Original Medicare	Blue Shield of California Medicare Rx Plan (PDP)
Drugs Covered under Medicare Part D – General	
<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at https://www.blueshieldca.com/medicarepartdplans/formulary/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service). <p>Your Group is responsible for paying premiums beyond your monthly Medicare Part B premium. If you are responsible for any contribution to the premiums, your benefits administrator will tell you the amount and how to pay your Group.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing 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.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

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	<p>Some drugs have quantity limits. Your provider must get prior authorization from Blue Shield of California Medicare Rx Plan (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue Shield Medicare Rx Plan (PDP) approves the exception, you will pay Tier 4: Injectable Drugs cost sharing for that drug.</p>
<p>Deductible – In-Network</p>	
	<p>\$0 yearly deductible.</p>
<p>Initial Coverage</p>	
	<p>You pay the following until total yearly drug costs reach \$2,840.</p>
<p>Retail Pharmacy</p>	
	<p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$5 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - \$10 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - \$5 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy - \$15 copay for a three-month (90-day) supply of drugs in this tier from an other network pharmacy <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy - \$40 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy - \$20 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

<i>Retail Pharmacy, continued</i>	
	<ul style="list-style-type: none">- \$60 copay for a three-month (90-day) supply of drugs in this tier from an other network pharmacy <p>Tier 3 - Non-Preferred Brand Drugs</p> <ul style="list-style-type: none">- \$45 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy- \$90 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy- \$45 copay for a one-month (30-day) supply of drugs in this tier from an other network pharmacy- \$135 copay for a three-month (90-day) supply of drugs in this tier from an other network pharmacy <p>Tier 4: Injectable Drugs</p> <ul style="list-style-type: none">- 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy- 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy- 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier from an other network pharmacy- 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier from an other network pharmacy <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none">- 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy- 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy- 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier from an other network pharmacy- 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier from an other network pharmacy

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

Long Term Care Pharmacy	
	<p>Tier 1: Preferred Generic Drugs - \$5 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$20 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs - \$45 copay for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs - 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (34-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (34-day) supply of drugs in this tier</p>
Mail Order	
	<p>Tier 1: Preferred Generic Drugs - \$10 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$40 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs - \$90 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs - 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 20% coinsurance; up to a \$300 copayment maximum per prescription for a three-month (90-day) supply of drugs in this tier</p>
Coverage Gap	
	<p>The plan covers all Preferred Generic Drugs, Preferred Brand Drugs, Non-Preferred Brand Drugs, Injectable Drugs and Specialty Tier Drugs through the coverage gap. After your total yearly drug costs reach \$2,840, you pay the cost sharing listed above until your yearly out-of-pocket drug costs reach \$4,550.</p>
Catastrophic Coverage	
	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the lower of:</p> <ul style="list-style-type: none"> - the applicable drug tier copay, or - 5% coinsurance.

If you have any questions about these plans' benefits or costs, please contact Blue Shield of California for details.

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 have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Shield of California Medicare Rx Plan (PDP).
Out-of-Network Initial Coverage	
	<p>You will be reimbursed up to the full cost of the cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Preferred Generic Drugs - \$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$20 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Injectable Drugs - 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 20% coinsurance; up to a \$100 copayment maximum per prescription for a one-month (30-day) supply of drugs in this tier</p>
Additional Out-of-Network Coverage Gap	
	The plan covers Preferred Generic Drugs, Preferred Brand Drugs, Non-Preferred Brand Drugs, Injectable Drugs and Specialty Tier Drugs through the gap. After your total yearly drug costs reach \$2,840, you will be reimbursed the cost sharing listed above for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550.
Out-of-Network Catastrophic Coverage	
	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the lower of the following:</p> <ul style="list-style-type: none"> - the applicable drug tier copay, or - 5% coinsurance.