CareFirst Medicare RX

2025 Summary of Benefits

CareFirst BlueCross BlueShield Group Medicare Rx 4 (PDP)

Postal Service Health Benefits Program

S0375-801

January 1, 2025 - December 31, 2025

- Call Pharmacy Member Services (Rx benefit and claims inquiries) at 833-840-7962 (TTY: 711), 24 hours a day, 7 days a week
- Call CareFirst Member Services (enrollment and eligibility inquiries) at 833-489-1316 (TTY: 711), 8am-12pm and 1pm-6pm Monday - Friday

www.carefirst.com/pshbp

2025 Summary of Benefits

CareFirst BlueCross BlueShield Group Medicare Rx 4 (PDP)

This is a summary of drug services covered by CareFirst BlueCross BlueShield Group Medicare Rx 4 (PDP) plan from January 1, 2025 – December 31, 2025.

CareFirst BlueCross BlueShield Group Prescription Drug Plan is a PDP with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Group Medicare Rx depends upon contract renewal.

The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of CareFirst BlueCross BlueShield Group Medicare Rx 4 benefits. To request a printed copy of your "Evidence of Coverage" document, which is a complete listing of your benefits, please call the phone number in the section below labeled "Want more information?".

If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third party.

To join CareFirst BlueCross BlueShield Group Medicare Rx 4, you must be enrolled in Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), live in our service area, and not have other drug coverage (creditable coverage). Our service area includes The District of Columbia; the State of Maryland; in Virginia, the cities of Alexandria and Fairfax, Arlington County, the town of Vienna and the area of Fairfax and Prince William Counties in Virginia lying east of route 123.

This document is available in other formats such as Spanish, braille or large print.

Pharmacy

You must generally use network pharmacies to fill your prescriptions for covered Part D or enhanced drugs. You can see our plan's pharmacy directory on our website (**www.carefirst.com/pshbp**). Or, call us and we will send you a copy of the pharmacy directory.

Want more information?

For more information about your prescription drug benefits, please call us at 833-840-7962 (TTY users should call 711) or visit us at **www.carefirst.com/pshbp**.

Your plan offers coverage for prescription drugs on a Medicare formulary (drug list). This is considered your Primary / Medicare Prescription Drug Coverage. If your drug is not covered on the Medicare formulary, your plan offers secondary coverage as well. Your plan includes additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan.

Search this plan's Medicare formulary at **www.carefirst.com/pshbp** and use the Part D tables below to determine your coverage. If your prescription drug is not covered on the Medicare formulary, follow the instructions below.

The PDP Employer Group Waiver Plan (EGWP) Catastrophic Maximum of $2,000 is the most you would need to spend each year on medications covered by your plan before you reach the Catastrophic Coverage Stage. The amounts you spend on your primary and secondary prescription drug benefits count toward this maximum. These amounts will also count towards your Maximum Out of Pocket (also known as Catastrophic Protection Out of Pocket Maximum).

Part D

Prescription Drug Benefits	
Annual Prescription Deductible	This plan has a prescription drug deductible of $100 for Tiers 4 and 5 on the Primary/Medicare coverage and Tiers 2-4 on the Secondary coverage.
Initial Coverage Stage	In this stage, the plan pays its share of the cost and you pay your copay. You generally stay in this stage until your year-to-date total drug cost reaches $2,000. Then you move to the Catastrophic Stage.
Catastrophic Coverage	During this payment stage, you pay nothing for your covered Part D or enhanced drugs.
Long Term Care Facility Resident Coverage	If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same copays as a 30-day retail pharmacy prescriptions.

Primary Prescription Drug Benefits		
Tier	**Standard retail cost sharing** (30-day supply)	**Mail-order cost sharing** (30-day supply)
Tier 1—Preferred Generic	$10 copay	$10 copay
Tier 2—Generic	$10 copay	$10 copay
Tier 3—Preferred Brand	$50 copay	$50 copay
Tier 4—Non-Preferred Drug	$100 copay	$100 copay
Tier 5—Specialty	$150 copay	$150 copay

Primary Prescription Drug Benefits		
Tier	**Standard retail cost sharing** (60-day supply)	**Mail-order cost sharing** (60-day supply)
Tier 1—Preferred Generic	$20 copay	$20 copay
Tier 2—Generic	$20 copay	$20 copay
Tier 3—Preferred Brand	$100 copay	$100 copay
Tier 4—Non-Preferred Drug	$200 copay	$200 copay
Tier 5—Specialty	Not Covered	Not Covered
Tier	**Standard retail cost sharing** (90-day supply)	**Mail-order cost sharing** (90-day supply)
Tier 1—Preferred Generic	$20 copay	$20 copay
Tier 2—Generic	$20 copay	$20 copay
Tier 3—Preferred Brand	$100 copay	$100 copay
Tier 4—Non-Preferred Drug	$200 copay	$200 copay
Tier 5—Specialty	Not Covered	Not Covered

If your prescription drug is not covered on the Primary/Medicare formulary, check the plan's formulary at **www.carefirst.com/pshbp** to see if it is covered under your secondary prescription drug benefit.

If your prescription drug is covered on both the Medicare Part D and Secondary formularies you will pay the lowest copayment.

Secondary Prescription Drug Benefits		
Tier	**Standard retail cost sharing** (34-day supply)	**Mail-order cost sharing** (34-day supply)
Tier 0—$0 Drugs	$0 copay	$0 copay
Tier 1—Preferred Generic	$10 copay	$10 copay
Tier 2—Preferred Brand	$50 copay	$50 copay
Tier 3—Preferred Specialty Generic	$100 copay	$100 copay

Secondary Prescription Drug Benefits		
Tier 4—Preferred Specialty Brand	$150 copay	$150 copay

Secondary Prescription Drug Benefits		
Tier	**Standard retail Maintenance Drugs cost sharing** (35-90-day supply)	**Mail-order Maintenance Drugs cost sharing** (35-90-day supply)
Tier 0—$0 Drugs	$0 copay	$0 copay
Tier 1—Preferred Generic	$20 copay	$20 copay
Tier 2—Preferred Brand	$100 copay	$100 copay
Tier 3—Preferred Specialty Generic	$200 copay	$200 copay
Tier 4—Preferred Specialty Brand	$300 copay	$300 copay

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