Choosing the Medicare plan that's right for you

2026 MEDICAL AND PRESCRIPTION DRUG PLANS

The PEBC offers two Blue Cross and Blue Shield of Texas Group Retiree Medicare Advantage plans: Blue Cross Group Medicare Advantage Open Access (PPO) and Blue Cross Group Medicare Advantage (HMO). Both plans offer Part D prescription drug benefits featuring the 5 Tier Premier Formulary. You'll be covered for routine vision, hearing, private duty nursing and more. See the Summaries of Benefits for details about each plan.

If you are enrolling for the first time, you must submit a completed Retiree Health Benefit Enrollment form to your Human Resources department before your Medicare Advantage plan would become effective. You may submit the form up to 60 days in advance.

BLUE CROSS GROUP MEDICARE ADVANTAGE OPEN ACCESS (PPO)

This plan bundles Medicare Part A, Part B and Part D, plus extra health and wellness benefits not offered by Original Medicare. It covers most common services such as provider visits, inpatient hospital and outpatient services, emergency care, as well as prescription drugs. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims, and coordinates with Medicare.

HOW IT WORKS

This is a national plan covering all eligible beneficiaries regardless of where they reside in the U.S., and 5 U.S. territories. Because this is an open access plan, you can visit doctors, specialists and hospitals in or out of the Blue Cross and Blue Shield of Texas network for the same cost share as long as the provider is willing to see you as a patient, participates in Medicare and agrees to submit claims to the plan.

Providers will send claims to their local BCBS plan. If a provider says they are out of network or do not take the plan, show them the `Your Providers, Your Personal Network' flyer included in this packet. It explains your group retiree plan and how to submit claims. Call before your visit to be sure your providers understand and will see you as a patient. Please note: Even providers that accept Medicare can decide which patients they want to see, except in an emergency. Some medical services may need prior authorization from the plan before the provider can proceed. Referrals are not required to see a specialist.

BLUE CROSS GROUP MEDICARE ADVANTAGE (HMO)

This plan also bundles Medicare Part A, Part B and Part D, plus extra health and wellness benefits not offered by Original Medicare. It covers most common services such as provider visits, inpatient hospital and outpatient services, emergency care, as well as prescription drugs. It coordinates your care and offers disease prevention and management resources. The plan also takes care of claims, and coordinates with Medicare.

Your care is handled by one primary care provider who knows your health history. A PCP can get to know you over time and understand your unique health needs. This relationship can improve health outcomes and reduce care costs. You may need a referral from your PCP before visiting a specialist.

HOW IT WORKS

If you choose to enroll in the HMO plan, you must reside in the state of Texas. You are required to select a primary care provider (PCP) to coordinate your care. The HMO has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in the network, the plan may not pay for those services. Visit **www.bcbstx.com/retiree-medicare-tool**s to find a participating provider.

Referrals are required to see a specialist.

Choosing the Medicare plan that's right for you (cont.)

PRESCRIPTION DRUG BENEFITS

Both the Open Access PPO and HMO plans include prescription drug benefits, so you will not need a separate Medicare Part D plan. Prescription drug benefits cover common outpatient medications, like those used to treat blood pressure, cholesterol, depression and arthritis. You will have a copay for each Part D prescription. There is no Part D deductible to meet before your drugs are covered.

Due to Medicare reforms, the most you will pay in 2026 for Part D drugs is $2,000. In the years that follow, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Review the Summary of Benefits to understand your costs

LIST OF COVERED DRUGS (FORMULARY)

Your plan has the 5 Tier Premier Formulary. Within the formulary, you will see that prescription drugs are placed into tiers. The costs for drugs in each tier are different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least.

TRANSITION BENEFIT

You will have a copay for each Part D prescription. There is no Part D deductible to meet before your drugs are covered. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on www.myprime.com. If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.

PLEASE NOTE: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

INSULIN AND VACCINE COSTS

Insulin: You will not pay more than $35 for a one-month supply of each covered insulin product. It does not matter what cost-sharing tier it is on.

Vaccines: Your plan covers most Part D vaccines at no cost to you. The following vaccines are covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A and Hepatitis B. **You do not need to meet any required deductible for these items.**

PHARMACIES NEAR AND FAR

The BCBSTX national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including: Albertsons, Brookshire's, CVS, H-E-B, Kroger, Randalls, Tom Thumb, United Supermarkets, Walgreens, Walmart, and independents.

Mail order and specialty network pharmacies

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

MAIL-ORDER PHARMACIES

Walgreens Mail Service
Visit walgreensmailservice.com
Call 1-877-277-7895 TTY 711

Amazon Pharmacy
Visit pharmacy.amazon.com
Call 1-855-393-4279 TTY 711

Express Scripts Pharmacy
Visit www.express-scripts.com/rx
Call 1-833-599-0729 TTY 711

SPECIALTY PHARMACIES

Walgreens Specialty Pharmacy
Visit walgreensspecialtyrx.com
Call 1-877-627-6337 TTY 711

Amazon Pharmacy
Visit pharmacy.amazon.com
Call 1-855-393-4279 TTY 711

Accredo
Visit www.accredo.com
Call 1-833-721-1619 TTY 711

Choosing the Medicare plan that's right for you (cont.)

MANAGING YOUR MEDICATIONS

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

MEDICARE PRESCRIPTION PAYMENT PLAN

You may opt to pay out-of-pocket drug costs, such as a copay or coinsurance, in installments instead of all at once at the pharmacy. This spreads what you pay over the course of the year. The payment plan may be helpful for people who have high cost-sharing early in the plan year. While the program is for anyone with Part D, it might not be right for everyone. Program details will be included in your welcome guide.

DO YOU NEED FINANCIAL SUPPORT FOR YOUR DRUGS?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at **www.ssa.gov**. Choose 'Medicare,' then 'Apply for Part D Extra Help.'

BEFORE YOU ENROLL, YOU CAN SEARCH FOR YOUR MEDICINES ONLINE at www.myprime.com.

1. Select 'Medicines,' then:
2. 'Find medicines,' followed by
3. 'Continue without sign in'
4. Under 'Select Your Health Plan':
5. Select BCBS Texas
6. Answer 'Yes'
7. Scroll to the bottom of the drop-down list and select Blue Cross Group Medicare Advantage (PPO) – 5T Complete or Blue Cross Group Medicare Advantage (HMO) – 5T Complete
8. Click 'Continue'
9. Type your medicine and dosage.

Review the drug tier and requirements
Refer to the Summary of Benefits for your cost

Note: Formularies will not be available until October 1, 2024. You will not see the HMO plan as an option until then.

SPOUSE AND DEPENDENT COVERAGE

As long as a retiree enrolls in either Blue Cross Group Medicare Advantage plan, non-Medicare spouses and/or dependent(s) can remain enrolled in the PEBC PPO plan. If the non- Medicare dependent(s) are enrolled in the PEBC high deductible plan (HDP) at the time the retiree enrolls in the Medicare Advantage plan, the non-Medicare dependent(s) must change to the PEBC PPO plan to remain covered.

ABOUT DIABETIC TEST STRIPS

0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy for Lifescan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra.) Prior Authorization will be required for all other diabetic testing supplies (meters and strips) and will be subject to 0% cost sharing. All test strips will also be subject to a quantity limit of 204 per 30 days.