BlueCross BlueShield of Texas

## Blue Cross Group Medicare Advantage (HMO)[SM] offered by HCSC Insurance Services Company (HISC)

# Annual Notice of Change for 2027

You're enrolled as a member of Blue Cross Group Medicare Advantage (HMO)[SM] through Public Employee Benefit Cooperative.

This material describes changes to our plan's costs and benefits next year.

- **During your Group's open enrollment period, you may make changes to your Medicare coverage for next year.**
- To change to a **different plan,** visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy on our Blue Access for Members (BAM) portal (mybam.bcbstx.com) or call Customer Service at 1-877-299-1008 (TTY users call 711) to get a copy by mail.

**More Resources**

- This material is available for free in Spanish.
- Call Customer Service at 1-877-299-1008 for more information. (TTY users call 711). Hours are 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. This call is free.
- Please contact Blue Cross Group Medicare Advantage (HMO) if you need this information in another language or format (Spanish, braille, large print or alternate format).

**About Blue Cross Group Medicare Advantage (HMO)**

- HMO employer/union group plan is provided by HCSC Insurance Services Company (HISC). HISC is an Independent Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

- When this material says “we,” “us,” or “our,” it means HCSC Insurance Services Company (HISC). When it says “plan” or “our plan,” it means Blue Cross Group Medicare Advantage (HMO).

- Limitations, copayments, exclusions and restrictions may apply. Individuals must live in the plan service area. Benefits vary by plan. Prior authorization and/or referrals are required for certain services.

# Table of Contents

**Summary of Important Costs for 2027 ..... 4**

**SECTION 1 Changes to Benefits & Costs for Next Year ..... 6**

Section 1.1 Changes to the Monthly Plan Premium ..... 6

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount ..... 6

Section 1.3 Changes to the Provider Network ..... 7

Section 1.4 Changes to the Pharmacy Network ..... 7

Section 1.5 There are no changes to your benefits or amounts you pay for medical services ..... 8

Section 1.6 Changes to Part D Drug Coverage ..... 8

Section 1.7 Changes to Prescription Drug Benefits & Costs ..... 9

**SECTION 2 Administrative Changes ..... 11**

**SECTION 3 How to Change Plans ..... 12**

Section 3.1 Deadlines for Changing Plans ..... 13

Section 3.2 Are there other times of the year to make a change? ..... 13

**SECTION 4 Get Help Paying for Prescription Drugs ..... 13**

**SECTION 5 Questions? ..... 15**

Get Help from Blue Cross Group Medicare Advantage (HMO) ..... 15

Get Free Counseling about Medicare ..... 15

Get Help from Medicare ..... 16

## Summary of Important Costs for 2027

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** *Your premium can be higher or lower than this amount. Go to Section 1.1 for details. | **You can get information regarding your premium by going through your employer group.** | **You can get information regarding your premium by going through your employer group.** |
| **Maximum out-of-pocket amount** This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.) | $6,700 | **$6,700** |
| **Primary care office visits** | **In-Network** $20 copay per visit | **In-Network** **$20 copay per visit** |
| **Specialist office visits** | **In-Network** $40 copay per visit | **In-Network** **$40 copay per visit** |
| **Inpatient hospital stays** Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends | **In-Network** $250 copay per stay | **In-Network** **$250 copay per stay** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| the day before you're discharged. | | |
| **Part D drug coverage**<br>(Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Part D drug coverage deductible<br>$0<br>Copayment/ Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1:$10<br>• Drug Tier 2: $10<br>• Drug Tier 3: $20<br>• Drug Tier 4: $40<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: $40<br>You pay no more than $35 per month supply of each covered insulin product on this tier.<br>Catastrophic Coverage Stage:<br>During this payment stage, you pay nothing for your covered Part D drugs. | **Part D drug coverage deductible**<br>**$0**<br>**Copayment/ Coinsurance during the Initial Coverage Stage:**<br>• **Drug Tier 1: $10**<br>• **Drug Tier 2: $10**<br>• **Drug Tier 3: $20**<br>• **Drug Tier 4: $40**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>• **Drug Tier 5: $40**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**Catastrophic Coverage Stage:**<br>**During this payment stage, you pay nothing for your covered Part D drugs.** |

# SECTION 1 Changes to Benefits & Costs for Next Year

## Section 1.1 Changes to the Monthly Plan Premium

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium**<br><br>(You must also continue to pay your Medicare Part B premium.) | **You can get information regarding your premium by going through your employer group.** | **You can get information regarding your premium by going through your employer group.** |

**Factors that could change your Part D Premium Amount**

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

## Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount** | $6,700 | **$6,700**<br><br>**Once you've paid $6,700** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | | **out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.** |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Finder* located on our Blue Access for Members (BAM) portal (mybam.bcbstx.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory:*

- Visit our website at bcbstx.com/retiree-medicare-pebc.
- Call Customer Service at 1-877-299-1008 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-877-299-1008 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* on our Blue Access for Members (BAM) portal (mybam.bcbstx.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at bcbstx.com/retiree-medicare-pebc.
- Call Customer Service at 1-877-299-1008 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-877-299-1008 (TTY users call 711) for help.

## Section 1.5 There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be the same in 2027 as they are in 2026.

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at Blue Access for Members (BAM) portal (mybam.bcbstx.com).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying

for an exception, and/or working to find a new drug. Call Customer Service at 1-877-299-1008 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs,* which tells you about your drug costs. If you get Extra Help and you didn't get this material with this packet, call Customer Service at 1-877-299-1008 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Yearly Deductible** | Because we have no deductible, this payment stage doesn't apply to you. | **Because we have no deductible, this payment stage doesn't apply to you.** |

**Drug Costs in Stage 2: Initial Coverage**

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 1 – Preferred Generic Drugs:** | You pay $10 copay per prescription. | **You pay $10 copay per prescription.** |
| **Tier 2 – Generic Drugs:** | You pay $10 copay per prescription. | **You pay $10 copay per prescription.** |
| **Tier 3 – Preferred Brand Drugs:** | You pay $20 copay per prescription. | **You pay $20 copay per prescription.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Tier 4 – Non-Preferred Drug Drugs:** | You pay $40 copay per prescription. | **You pay $40 copay per prescription.** |
| **Tier 5 – Specialty Tier Drugs:** | You pay $40 copay per prescription. | **You pay $40 copay per prescription.** |

## SECTION 2 Administrative Changes

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Amazon Pharmacy Contact Information** | 1-855-393-4279 | **1-855-745-5725** |
| **MDLive Name Change** | MDLive | **MDLive Virtual Care** |
| **Medicare Prescription Payment Plan Contact Information** | Call: 1-877-299-1008<br>Write: Blue Cross Group Medicare Advantage (HMO) MPPP Election Dept. 13900 N. Harvey Ave Edmond, OK 73013<br>Email: ElectMPPP@RxPayments.com | **Call: 1-833-894-3593**<br>**Write: Judi Rx Attn: M3P Elections 9450 SW Gemini Dr. Suite 87234 Beaverton, Oregon 97008-7105**<br>**Email: M3P-Election@judi.com** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Transportation Vendor Change** | The vendor for the transportation benefit is Modivcare. | **The vendor for the transportation benefit has changed to MTM Health. The contact information for this benefit is 1-888-901-4998 (TTY 711).** |

## SECTION 3 How to Change Plans

**To stay in Blue Cross Group Medicare Advantage (HMO), you don't need to do anything.** Unless you sign up for a different type of Medicare health plan or change to Original Medicare by the open enrollment timeframe as defined by your employer, you'll automatically be enrolled in our Blue Cross Group Medicare Advantage (HMO).

If you want to change plans for 2027, follow these steps:

- If you no longer wish to be covered by Blue Cross Group Medicare Advantage please contact your employer/union benefits administrator.
- If you want to enroll in an Individual (retail) Medicare Advantage plan, the Centers for Medicare and Medicaid Services (CMS) will automatically disenroll you from your Blue Cross Group Medicare Advantage (HMO).
- **To change to Original Medicare without a drug plan, you can**
    - Contact your current employer or former employer or union.
    - Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3.2).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information on opting out.

## Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage during their Group's specified Open Enrollment period. Contact your Employer Group Plan Benefit Administrator to understand what happens if you disenroll from the group plan.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage). Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

# SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan

premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program (KHC): Texas State Pharmaceutical Assistance Programs (ESRD Assistance only) and Texas HIV Medication Program (THMP) State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Texas HIV Medication Program (THMP), Post Office Box 149347, MC 1873, Austin, Texas 78714; dshs.state.tx.us/hivstd/meds/. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-255-1090. If you need assistance in another state please visit for a listing of ADAP's in every state. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in

2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-877-299-1008 (TTY users call 711) or visit Medicare.gov.

## SECTION 5 Questions?

## Get Help from Blue Cross Group Medicare Advantage (HMO)

- **Call Customer Service at 1-877-299-1008 (TTY users call 711).**

  We're available for phone calls 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Blue Cross Group Medicare Advantage (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our Blue Access for Members (BAM) portal (mybam.bcbstx.com) or call Customer Service at 1-877-299-1008 (TTY users call 711) to ask us to mail you a copy.

- **Visit bcbstx.com/retiree-medicare-pebc**

  Our website has the most up-to-date information about our provider network *(Provider Finder/Pharmacy Directory)* and our *List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Health Information, Counseling, and Advocacy Program (HICAP).

Call Health Information, Counseling, and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Information, Counseling, and Advocacy Program (HICAP) by visiting (tdi.texas.gov/consumer/hicap/).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2027**

  The Medicare & You 2027 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

  Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage (HMO) members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.