


2026 – City of Abilene, TX Medicare Advantage with Prescription Drug Plan (MAPD)

Your Dedicated Advocacy Phone Numbers
(325) 933-2594(TTY 711) or toll free (888) 939-5709(TTY 711)

Frequently Asked Questions

Plan Design

Medical Carrier:		
 BlueCross BlueShield of Texas		
Plan	Blue Cross Group Medicare Advantage Plan (Base Plan) You Pay	Blue Cross Group Medicare Advantage Plan with Dental, Vision & Hearing You Pay
Premium	\$506.00 Per individual per month	\$615.60 Per individual per month
Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$300	\$300
Office Visit: Primary Care	\$0	\$0
Office Visit: Specialist	\$0	\$0
Inpatient Hospital	\$0 Per admit	\$0 Per admit

Plan	Blue Cross Group Medicare Advantage Plan (Base Plan) You Pay	Blue Cross Group Medicare Advantage Plan with Dental, Vision & Hearing You Pay
Outpatient Care	\$0	\$0
Inpatient Mental Health & Substance Abuse	\$0 Per admit (190 Days Lifetime Max)	\$0 Per admit (190 Days Lifetime Max)
Outpatient Mental Health & Substance Abuse	\$0	\$0
Home Health Care	\$0	\$0
Skilled Nursing Facility	\$0, Days 1-100	\$0, Days 1-100
Emergency Room	\$25, waived if admitted within 3 days	\$25, waived if admitted within 3 days
Urgent Care	\$0	\$0
Ambulance Service	\$0	\$0
Lab Services	\$0	\$0
Radiology Services	\$0	\$0
Durable Medical Equipment	\$0	\$0
Preventative Screenings	\$0	\$0
Chiropractic	\$0 Medicare covered services \$0 Routine services (35 visits per year)	\$0 Medicare covered services \$0 Routine services (35 visits per year)
Acupuncture	\$0 Medicare covered services only (12 visits per year)	\$0 Medicare covered services only (12 visits per year)
Podiatry	\$0 Routine services (6 visits per year)	\$0 Routine services (6 visits per year)

Plan	Blue Cross Group Medicare Advantage Plan (Base Plan) You Pay	Blue Cross Group Medicare Advantage Plan with Dental, Vision & Hearing You Pay
Foreign Travel (World-wide) Coverage	\$25 Emergency Room (Waived if admitted within 3 days) \$0 Urgently Needed Care	\$25 Emergency Room (Waived if admitted within 3 days) \$0 Urgently Needed Care
Fitness Benefit	SilverSneakers	SilverSneakers
Over-the-Counter Rx Allowance	\$30 (Monthly rollover)	\$30 (Monthly rollover)
Dental	\$0 Medicare covered services only	\$0 Deductible \$0 Preventative & Diagnostic (2 Exams, 2 cleanings, 1 X-ray each year) 20% Basic services 50% Major services \$1,500 Max benefit per year Must use DNoA
Vision	\$0 Medicare covered services only	\$0 Routine Eye Exam per year \$250 Materials allowance on frames, lenses, and contact lenses every 24 months Must use EyeMed
Hearing	\$0 Medicare covered services only	\$5 Routine Hearing Exam per year \$3,000 Hearing Aid Allowance - both ears combined - every 36 months Must Use TruHearing

Prescription Carrier:



BlueCross BlueShield
of Texas

Prescription

30-day Retail
You pay up to

90-day Retail
You pay up to

90-day Mail Order
You pay up to

Annual Deductible: \$0

Tier 1 Preferred Generics

\$0

\$0

\$0

Tier 2 Generic

\$5

\$15

\$10

Tier 3 Preferred Brand

\$20

\$60

\$40

Tier 4 Non-Preferred Brand

\$35

\$105

\$70

Tier 5 Specialty

\$55

\$165

\$110

Note: CMS caps the 30-day supply cost for Insulin medication at \$35.
Costs for a 30-day supply may be less but will not exceed \$35 for 2026.

*Some Medications may be limited to 30-day supplies and not available in 90-day supplies

Plan Questions

1. How do I enroll?

To finalize your enrollment, the enclosed application and ACH Form need to be completed and returned to RetireeFirst in the included pre-paid envelope for the plan option you would like to elect by December 1, 2025.

2. Can I stay with the current plan?

No, the current plan will no longer be available. You have the option to enroll into one of the new plan offerings for 2026.

3. How much do I have to pay for the plan?

- **Blue Cross Group Medicare Advantage Plan (Base Plan):** \$506.00 per individual per month
- **Blue Cross Group Medicare Advantage Plan with Dental, Vision & Hearing (Buy Up Plan):** \$615.60 per individual per month

4. What do I do if I lose my card?

Please call RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

5. Who do I call if I need assistance with my plan?

Please call RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** to reach your dedicated City of Abilene, TX Retiree Advocacy Team, Monday-Friday, 8am-5pm, CST.

Medical Questions

6. Do these plans have a medical deductible?

No, neither the Blue Cross Group Medicare Advantage Open Access (PPO) Base or the Blue Cross Group Medicare Advantage Open Access (PPO) Buy up plan have a medical deductible.

7. Is there co-insurance or copays?

Yes, there is a cost share associated with these plans for some medical services. Please refer to the medical benefit chart on pages 1-3 of this document to better understand the medical copays. If you reach the medical maximum out of pocket of \$300, you will pay \$0 for Medicare covered medical services for the remainder of the year.

8. Do these plans require referrals?

No, these plans do not require referrals.

9. Do these plans require pre-certifications?

Some services may require pre-certifications.

10. Do these plans have a network?

Yes, but you can go to any willing Medicare provider, hospital, or facility. The plans' in- and out-of-network benefits are the same.

11. Can I go to my current providers?

Most likely, yes. You can see any provider that accepts Medicare and is willing to bill BlueCross BlueShield of TX.

12. Do I still use my Medicare card?

No, put your Medicare card in a safe place in case you need it later. You will only use your BlueCross BlueShield of TX ID Card for medical and prescriptions.

13. What if my provider says they do not accept these plans?

If your provider accepts Medicare, the portion you are responsible for will remain the same whether they are considered in or out of network. You can go to any willing Medicare provider, hospital, or facility. Please call RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** to assist; we can reach out to your provider to explain.

Prescription Questions

14. Is there a prescription deductible?

No, there is no prescription deductible.

15. Is there co-insurance or copays?

Yes, there is a cost share associated with these plans for prescriptions drugs. Please refer to the prescription benefit chart on page 3 of this document to better understand the prescription copays.

16. Are my prescriptions covered?

Most likely yes. The prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** if you need help looking up your prescriptions.

17. Can I go to the same retail pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. BlueCross BlueShield of TX has over 61,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

18. Is there a mail order pharmacy?

There is a mail order pharmacy called Express Scripts, which can be reached at (800) 599-0729. You can also call RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** with questions about mail order prescriptions.

19. Will my prescriptions transfer from the old plan?

If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

20. Can I still go to the Veterans Affairs (VA) for my prescriptions?

Yes, if you obtain some prescriptions from the VA, you may continue to do so.

21. Do I need prior authorizations for certain prescription medicines?

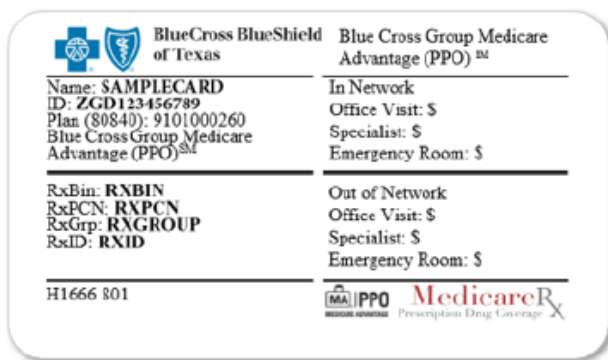
Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(325) 933-2594 (TTY 711) or toll free (888) 939-5709 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

22. What is the catastrophic phase and is there coverage?

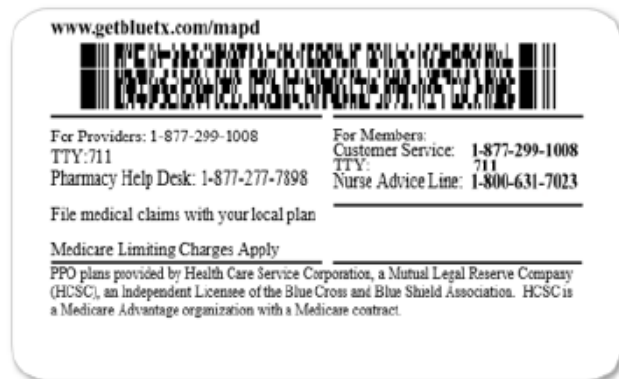
The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,100 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Blue Cross Group Medicare Advantage Open Access (PPO) Card Sample:

Front:



Back:



Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.