



**BlueCross BlueShield**  
of Texas

# 2026

# Summary

# of Benefits

**Blue Cross MedicareRx Value (PDP)<sup>SM</sup>**

January 1, 2026 – December 31, 2026

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

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## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-888-285-2249 (TTY: 711). We are open 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 the weekends and holidays.

### Understanding the Benefits

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit [getbluetx.com/pdp](https://getbluetx.com/pdp) or 1-888-285-2249 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.

# 1

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*. You can also see the *Evidence of Coverage* on our website, [getbluetx.com/pdp](https://getbluetx.com/pdp).

### You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Cross MedicareRx Value (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross MedicareRx Value (PDP)** covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **Blue Cross MedicareRx Value (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-888-285-2249 (TTY: 711).

### Things to Know About Blue Cross MedicareRx Value (PDP)

## Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., local time, 7 days a week.
- From April 1 to September 30, we're open 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.
- If you are a member of this plan, call us at 1-888-285-2249, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-213-1817, (TTY: 711).
- Our website: [getbluetx.com/pdp](https://getbluetx.com/pdp).

## Who can join?

To join **Blue Cross MedicareRx Value (PDP)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.

## Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's *Pharmacy Directory* at [getbluetx.com/pdp](https://getbluetx.com/pdp).

Or, call us at 1-888-285-2249 (TTY: 711) and we will send you a copy of the *Pharmacy Directory*.

## What drugs are covered?

We cover Part D drugs.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, [getbluetx.com/pdp](https://getbluetx.com/pdp).
- Or, call us at 1-888-285-2249 (TTY: 711) and we will send you a copy of the *Formulary*.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Texas**

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## SECTION II - SUMMARY OF BENEFITS

### Blue Cross MedicareRx Value (PDP)

#### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>Monthly Plan Premium</b>	You pay \$167.40 per month. In addition, you must keep paying your Medicare Part B premium.
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## PRESCRIPTION DRUG BENEFITS

### Deductible

Prescription Drug Deductible: \$615 for Tiers 3, 4 and 5.

Once you have paid \$615 for your Tiers 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

#### **Important Message About What You Pay for Insulin**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

<b>Initial Coverage</b>	You pay the following until your yearly out-of-pocket drug costs reach \$2,100.		
	<b>Standard Retail Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
	Tier 2 (Generic)	\$6 copay	\$18 copay
	Tier 3 (Preferred Brand)	21% coinsurance	21% coinsurance
	Tier 4 (Non-Preferred Drug)	34% coinsurance	34% coinsurance
	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable
	<b>Preferred Retail Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Generic)	\$1 copay	\$3 copay
	Tier 3 (Preferred Brand)	18% coinsurance	18% coinsurance
	Tier 4 (Non-Preferred Drug)	32% coinsurance	32% coinsurance
	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable
	<b>Standard Mail Order</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
	Tier 2 (Generic)	\$6 copay	\$18 copay
	Tier 3 (Preferred Brand)	21% coinsurance	21% coinsurance
	Tier 4 (Non-Preferred Drug)	34% coinsurance	34% coinsurance
	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable
	<b>Preferred Mail Order</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Generic)	\$1 copay	\$3 copay
	Tier 3 (Preferred Brand)	18% coinsurance	18% coinsurance
	Tier 4 (Non-Preferred Drug)	32% coinsurance	32% coinsurance
	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable
	If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. We cover prescriptions filled at out-of-network pharmacies in only limited situations.		

	Please call us or see the plan's <i>Evidence of Coverage</i> on our website ( <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a> ) for complete information about your costs for covered drugs.
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$2,100, you pay nothing for covered Part D drugs.



## DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-285-2249 (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-285-2249 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Blue Cross MedicareRx Value** is a Medicare prescription drug plan with a Medicare contract. Enrollment in **Blue Cross MedicareRx Value** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time.

Health coverage is offered by HCSC Insurance Services Company.

## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-888-285-2249 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

If you are a Medicare member, access your Non-Discrimination Notice at <https://www.bcbstx.com/tx/documents/medicare/pdp/2026/pdp-mli-tx-2026.pdf>

This notice is available on our website at [bcbstx.com/legal-and-privacy/non-discrimination-notice](https://www.bcbstx.com/legal-and-privacy/non-discrimination-notice).

Blue Cross Blue Shield of Texas, A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-285-2249 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-285-2249 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-285-2249 (TTY: 711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-888-285-2249 文本电话: 711) 或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-285-2249 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-285-2249 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય આક્રમક સહાય અને અસસસબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ સવના મુલ્યે ઉપલબ્ધ છે. 1-888-285-2249 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयोगी सामाजिक उपकरण और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-888-285-2249 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-285-2249 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-285-2249 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yániit'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjí' 1-888-285-2249 (TTY: 711) hodiilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-888-285-2249 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود

Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-285-2249 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-285-2249 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-285-2249 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-888-285-2249 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
فارسی Persian	مادر راستای پاسخگویی به سوالات شما در مورد طرح سلامت یا دارویی خود، دارای خدمات مترجم رایگان هستیم. برای داشتن یک مترجم، کافیست از طریق شماره 1-888-285-2249 (TTY: 711) با ما تماس بگیرید. یک شخص فارسی زبان می تواند به شما کمک کند. این یک سرویس رایگان است.
ລາວ Laotian	ພອກເຮົາ ມີ ບໍລິ ການຊ່ວຍ ແປພາສາ ບໍ່ ເສຍຄ່າໃຫ້ເພື່ອ ອອອຍຕອບ ແອກຖາມທີ່ ທ່ານອາດມີ ກ່ຽວກັບ ບັນຫາ ນັ້ນ ຂະໜາບ ແລະ ຢາຂອງພອກເຮົາ າ. ເພື່ອ ອອ້ າຊ່ວຍ ແປພາສາ, ພຽງແຕ່ໂທຫາພອກເຮົາ າທີ່ ເບີ 1-888-285-2249 (TTY: 711). ຈະມີ ຄົນທີ່ ເວົ້າ ພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ ແມ່ນ ນການບໍລິ ການບໍ່ ເສຍຄ່າ.
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-285-2249 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



This information is not a complete description of benefits. Call 1-888-285-2249 (TTY: 711) for more information.

Prescription drug plans provided by Blue Cross and Blue Shield of Texas, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

# THANK YOU

## Connect with us

**Contact Information:** 1-888-285-2249, TTY: 711

**Organization Name:** Blue Cross and Blue Shield of Texas

**Organization website:** [getbluetx.com/pdp](https://getbluetx.com/pdp)