

**Group Retiree Medicare Advantage with Prescription Drug (MAPD) Financial Rate Summary
prepared for: Brazoria County**

Plan: MAPD - BCBSTX - Brazoria County - 2025

Rate Period: 1/1/2025 - 12/31/2025

MAPD Rate - **\$432.00 PMPM**

Medical Coverage	Member Pays
Medical Deductible	\$0
Medical Maximum Out-of-Pocket	N/A
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0 per admit
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0 per admit
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0, Days 1-100
Urgent Care Center	\$0
Emergency Room	\$0
Ambulance	\$0
Durable Medical Equipment	\$0
Ancillary Benefit Coverage	
Foreign Travel Coverage	\$0, Emergency Room & Urgently Needed Care
Hearing	\$0, Routine Hearing Exam - 1 per year \$500 Allowance - both ears - every 36 months -Must Use TruHearing
Vision	\$0, Routine Eye Exam - 1 per year \$100 Allowance - every 24 months -EyeMed
Dental	Medicare covered services only
Podiatry	\$0, 6 Visits per year
Chiropractic	\$0, 20 Visits per year
Acupuncture	Medicare covered services only
Private Duty Nursing	N/A
Fitness Benefit	Included

Medical MAPD Stipulations

- National Passive Preferred Provider Organization Network: Plan is accepted wherever Medicare is accepted in all 50 states including U.S. Territories.
- Price above is based on census provided. We reserve the right to rerate this policy pending any new census information.
- During this policy term, if there are changes by CMS or federal law in relation to MAPD, MA or EGWP plans there may be changes to the rates and/or benefit provisions. If this were to occur, any changes will be communicated to the Group not less than 60 days before the effective date of any such change (other than mutually agreed changes) or shorter notice as may be required to comply with CMS or federal law.

Group Retiree Medicare Advantage with Prescription Drug (MAPD) Financial Rate Summary
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Pharmacy Coverage	Member Pays
Prescription Deductible	\$0
Retail 30 Day Supply	
Tier 1-A (Preferred Generics)	\$15 Preferred / \$20 Standard
Tier 1 (Generics)	\$15 Preferred / \$20 Standard
Tier 2 (Brands)	\$30 Preferred / \$35 Standard
Tier 3 (NP Brands)	\$50 Preferred / \$55 Standard
Tier 4 (Specialty)	\$50 Preferred / \$55 Standard
Retail 90 Day Supply	
Tier 1-A (Preferred Generics)	\$45 Preferred / \$50 Standard
Tier 1 (Generics)	\$45 Preferred / \$50 Standard
Tier 2 (Brands)	\$90 Preferred / \$95 Standard
Tier 3 (NP Brands)	\$150 Preferred / \$155 Standard
Tier 4 (Specialty)	Limited to one-month supply
Mail-Order 90 Day Supply	
Tier 1-A (Preferred Generics)	\$30
Tier 1 (Generics)	\$30
Tier 2 (Brands)	\$60
Tier 3 (NP Brands)	\$100
Tier 4 (Specialty)	Limited to one-month supply
Part D Coverage Specifications	
Prescription Maximum Out-of-Pocket	\$2,000 CMS Requirement
RX Tiers	5 Tier
Drug Formulary	Most Comprehensive (Open)
Lifestyle Drugs Covered	Yes
All Non-Part D Drugs Covered	Yes
Part B Diabetic Rider	No
ACA Preventative Drug	No
Utilization Management	Prior Authorizations, Quantity Limits and Step Therapy
Coverage Gap	Does Not Apply in 2025
Catastrophic Coverage	Members pay \$0

Prescription MAPD Stipulations

- The catastrophic coverage for 2025 member cost share post-TrOOP (\$2000) is \$0.
- Pharmacy network of over 60,000+ locations including all major chains, supermarkets, and independently owned pharmacies