

2026 GROUP MEDICARE PLAN COMPARISON

OPERATING ENGINEERS LOCAL 49



This chart provides an overview of benefits. For complete information about benefits and additional plan details (including coverage limits that may apply), refer to the Summary of Benefits for the plans.

2026	Group Senior Gold paired with Group MedicareBlue SM Rx (PDP)
Monthly premium You must also continue to pay your Medicare Part B premium	Contact Wilson McShane
Medical provider network	Receive plan benefits from any provider that participates with Medicare.
Medical coverage	
Annual medical deductible** Amount you pay before coverage begins	Medicare Part B deductible (\$283 in 2026; subject to change in 2027)
Annual medical out-of-pocket maximum Most you will pay each year for covered healthcare	None
Office visits (In-person or telehealth) Primary care Specialists	\$0 \$0
Diagnostic tests and radiology services Lab services and X-rays	\$0 \$0
Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests, eye exams and immunizations	\$0
Inpatient hospital care (per stay)	\$0
Skilled nursing facility care	\$0
Outpatient care Outpatient hospital surgery Outpatient observation stay Ambulatory surgical center	\$0 \$0 \$0
Diabetes services and supplies	\$0
Emergency care Within the United States Worldwide	\$0 20% coinsurance
Urgent care Within the United States Worldwide	\$0 No coverage
Ambulance	\$0
Extra Benefits	
Eyewear allowance	Blue365 [®] online wellness marketplace discounts
Hearing aids	Blue365 [®] online wellness marketplace discounts
Over-the-counter benefit	Not included
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions.	Included
SilverSneakers[®] Fitness program Thousands of fitness locations nationwide, live online and on-demand classes	Included

Prescription drug coverage	
Prescription drug deductible Amount you pay for prescription drugs before plan begins to pay	\$0
Initial coverage Amount you pay for a 30-day supply Tier 1: Generic drugs Tier 2: Preferred brand drugs Tier 3: Non-preferred drugs Tier 4: Specialty drugs	20% coinsurance 20% coinsurance 20% coinsurance 25% coinsurance
Insulin (Part D) coverage	Up to \$35 copay per month
Catastrophic coverage² Amount you pay for covered drugs once your annual out-of-pocket drug costs reach \$2,100	\$0
Supplemental drugs³ Provides coverage for some drugs that are excluded from the Medicare Part D program	25% coinsurance

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment in these Blue Cross plans depends on contract renewal. Limitations, copayments, and restrictions may apply.

²Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premiums you pay.

³The amount spent on supplemental drugs does not apply toward catastrophic coverage.

**The federal Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) prohibits coverage of the Medicare Part B deductible for individuals who are newly eligible for Medicare Part A on or after January 1, 2020. Contact your plan administrator to find out how/if this applies to you.

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Group MedicareBlue™ Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.

* Independent licensees of the Blue Cross and Blue Shield Association

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