Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

## Medicare BlueActive (PPO) offered by Excellus BlueCross BlueShield

# Annual Notice of Change for 2026

You're enrolled as a member of Medicare BlueActive (PPO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Medicare BlueActive (PPO).
- To change to a **different plan,** visit www.Medicare.gov or review the list in the back of your Medicare & You 2026 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 at medicare.excellusbcbs.com or call Customer Care at 1-877-883-9577 (TTY/TDD users call 711) to get a copy by mail.

### More Resources

- Call Customer Care at 1-877-883-9577 (TTY/TDD users call 711) for more information. Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday -Sunday, from October 1 - March 31. This call is free.
- This information may be available in a different format, including large print, audio, and braille.

OMB Approval 0938-1051(Expires: August 31, 2026)

**About Medicare BlueActive (PPO)**

- Excellus BlueCross BlueShield is a PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this material says "we," "us," or "our," it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare BlueActive (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Medicare BlueActive (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through Medicare BlueActive (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium*** Your premium can be higher than this amount. Go to Section 1 for details. | $0 | $0 |
| **Maximum out-of-pocket amount** This is the most you will pay out of pocket for covered Part A and Part B services. (See Section 1 for details.) | From network providers: $8,850<br>From network and out-of-network providers combined: $11,300 | From network providers: $8,900<br>From network and out-of-network providers combined: $11,300 |
| **Primary care office visits** | You pay a $5 copayment in-network per visit.<br>You pay a $25 copayment out-of-network per visit. | You pay a $10 copayment in-network per visit.<br>You pay a $25 copayment out-of-network per visit. |
| **Specialist office visits** | You pay a $40 copayment in-network per visit.<br>You pay a $60 copayment out-of-network per visit. | You pay a $45 copayment in-network per visit.<br>You pay a $60 copayment out-of-network per visit. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Inpatient hospital stays**<br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | **In-network:**<br>You pay a $400 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission<br>**Out-of-network:**<br>You pay $435 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission. | **In-network:**<br>You pay a $440 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission<br>**Out-of-network:**<br>You pay $440 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission |
| **Inpatient mental health and chemical dependency admission** | **In-network:**<br>You pay a $374 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission<br>**Out-of-network:**<br>You pay $410 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission. | **In-network:**<br>You pay a $405 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission<br>**Out-of-network:**<br>You pay $410 copayment per day for days 1 through 28 for covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days during your hospital admission. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Part D drug coverage deductible** (Go to Section 1 for details.) | Deductible: $350 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines. | Deductible: $615 (drugs in Tiers 2, 3, 4, and 5) except for covered insulin products and most adult Part D vaccines. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Part D drug coverage**<br>(Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Copayments/Coinsurance during the Initial Coverage Stage:<br>**Drug Tier 1:**<br>• Preferred Pharmacy cost-sharing: $0 copayment.<br>• Standard Pharmacy cost-sharing: $5 copayment.<br>**Drug Tier 1, Insulin:**<br>• Preferred Pharmacy cost-sharing: You pay $0 copayment per month supply of each covered insulin product on this tier.<br>• Standard Pharmacy cost-sharing: You pay $5 copayment per month supply of each covered insulin product on this tier.<br>**Drug Tier 2:**<br>• Preferred Pharmacy cost-sharing: $12 copayment.<br>• Standard Pharmacy cost-sharing: $17 copayment.<br>**Drug Tier 2, Insulin:**<br>• Preferred Pharmacy cost-sharing: You pay $12 copayment per month supply of each covered insulin product on this tier.<br>• Standard Pharmacy cost-sharing: You pay $17 copayment per month supply of each | Copayments/Coinsurance during the Initial Coverage Stage:<br>**Drug Tier 1:**<br>• Preferred Pharmacy cost-sharing: $6 copayment.<br>• Standard Pharmacy cost-sharing: $11 copayment.<br>**Drug Tier 1, Insulin:**<br>• Preferred Pharmacy cost-sharing: You pay $6 copayment per month supply of each covered insulin product on this tier.<br>• Standard Pharmacy cost-sharing: You pay $11 copayment per month supply of each covered insulin product on this tier.<br>**Drug Tier 2:**<br>• Preferred Pharmacy cost-sharing: $15 copayment.<br>• Standard Pharmacy cost-sharing: $20 copayment.<br>**Drug Tier 2, Insulin:**<br>• Preferred Pharmacy cost-sharing: You pay $15 copayment per month supply of each covered insulin product on this tier.<br>• Standard Pharmacy cost-sharing: You pay $20 copayment per month supply of each |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | covered insulin product on this tier. | covered insulin product on this tier. |
| | **Drug Tier 3:**<br>□ Preferred Pharmacy cost-sharing: $42 copayment.<br>□ Standard Pharmacy cost-sharing: $47 copayment. | **Drug Tier 3:**<br>□ Preferred Pharmacy cost-sharing: 21% coinsurance.<br>□ Standard Pharmacy cost-sharing: 25% coinsurance. |
| | **Drug Tier 3, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | **Drug Tier 3, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |
| | **Drug Tier 4:**<br>□ Preferred Pharmacy cost-sharing: 45% coinsurance.<br>□ Standard Pharmacy cost-sharing: 50% coinsurance. | **Drug Tier 4:**<br>□ Preferred Pharmacy cost-sharing: 25% coinsurance.<br>□ Standard Pharmacy cost-sharing: 50% coinsurance. |
| | **Drug Tier 4, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | **Drug Tier 4, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | **Drug Tier 5:**<br>□ Preferred Pharmacy cost-sharing: 28% coinsurance.<br>□ Standard Pharmacy cost-sharing: 28% coinsurance.<br>**Drug Tier 5, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | **Drug Tier 5:**<br>□ Preferred Pharmacy cost-sharing: 25% coinsurance.<br>□ Standard Pharmacy cost-sharing: 25% coinsurance.<br>**Drug Tier 5, Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |
| | **Catastrophic Coverage:**<br>□ During this payment stage, you pay nothing for your covered Part D drugs | **Catastrophic Coverage:**<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

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |
| **Part B Premium Reduction**<br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | We will reduce the Part B premium that you pay to the Social Security Administration by $48. | We will reduce the Part B premium that you pay to the Social Security Administration by $38.80. |
| **Additional premium for optional supplemental dental benefits**<br>If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above.<br>(You must also continue to pay your Medicare Part B premium.) | Not Available. | $22 per month, in addition to your monthly plan premium and your Medicare Part B premium. |

**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 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.

## 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 Part A and Part B services for the rest of the calendar year.

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount** | $8,850 | $8,900<br>Once you've paid $8,900 out of pocket for covered |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket.<br>Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | | Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |
| **Combined maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments) from in network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.<br>Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services. | $11,300 | $11,300<br>Once you've paid $11,300 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers 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 2026 Provider Directory medicare.excellusbcbs.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 medicare.excellusbcbs.com.
- Call Customer Care at 1-877-883-9577 (TTY/TDD 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 Care at 1-877-883-9577 (TTY/TDD users call 711) for help. 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 2026 Pharmacy Directory at medicare.excellusbcbs.com to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at medicare.excellusbcbs.com
- Call Customer Care at 1-877-883-9577 (TTY/TDD users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-877-883-9577 (TTY/TDD users call 711) for help.

## Section 1.5 – Changes to Benefits & Costs for Medical Services

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Allergy Testing and Treatment** | $5 PCP - $40 Specialist, in network | $10 PCP - $45 Specialist, in network |
| **Ambulatory Surgery Centers** | $350 copayment, in network | $375 copayment, in network |
| **Colonoscopy, Diagnostic** | $350 copayment, in network | $375 copayment, in network |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Dental Services: Comprehensive Dental Annual Allowance** | Benefit is limited to a $1,000 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility). | Benefit is limited to a $500 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility). |
| **Dental Services: Optional Supplemental Benefit** | Dental Optional Supplemental Benefit is not available. | An additional $500 annual allowance is available if you purchase the Dental Optional Supplemental Benefit for $22 per month in addition to your monthly plan premium and your Medicare Part B premium. Please see the Evidence of Coverage for details. If you are interested in adding this benefit please call 1-800-659-1986 (TTY/TDD 711). |
| **Emergency Room (Worldwide)** | $110 copayment | $115 copayment |
| **Eyewear - post Cataract Surgery** | $40 copayment, in network | $45 copayment, in network |
| **Eyewear (Routine)** | We provide reimbursement for up to a $200 allowance per calendar year. | We provide reimbursement for up to a $100 allowance per calendar year. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Fitness Benefit** | Effective 9/1/2025, the fitness benefit is in partnership with the Silver&Fit program. You pay a $0 copayment for access to a participating fitness center, on-demand workout videos, and home kit accessories and equipment.<br><br>Please see your Evidence of Coverage for more details.<br><br>Contact Silver&Fit Customer Service at 1-888-797-7925 (TTY/TDD users call 711). Monday through Friday, from 8 a.m. to 9 p.m.<br><br>From 1/1/2025 to 8/31/2025, the fitness benefit was in partnership with FitOn Health. You received a letter notifying you of the benefit change effective 9/1/2025. | The fitness benefit is in partnership with the Silver&Fit program. You pay a $0 copayment for access to a participating fitness center, on-demand workout videos, and home kit accessories and equipment.<br><br>Please see your Evidence of Coverage for more details.<br><br>Contact Silver&Fit Customer Service at 1-888-797-7925 (TTY/TDD users call 711). Monday through Friday, from 8 a.m. to 9 p.m. |
| **Gynecologist Visit, Diagnostic** | $5 copayment, in network | $10 copayment, in network |
| **Hearing Exam, Diagnostic** | $40 copayment, in network | $45 copayment, in network |
| **Inpatient Hospital Acute Care/Inpatient Therapy (physical, occupational, and speech therapy)** | In network: $400 copayment per day for days 1 through 5 for covered hospital care. Out-of-network: $435 copayment per day for days 1 through 28 for covered hospital care. | In network: $440 copayment per day for days 1 through 5 for covered hospital care. Out-of-network: $440 copayment per day for days 1 through 28 for covered hospital care. |
| **Inpatient Mental Health Care / Inpatient Chemical Dependence and Abuse Rehabilitation** | In network: $374 copayment per day for days 1 through 5 for covered hospital care. | In network: $405 copayment per day for days 1 through 5 for covered hospital care. |
| **Observation Stay** | $350 copayment, in network | $375 copayment, in network |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Office Surgery** | $5 PCP - $40 Specialist, in network | $10 PCP - $45 Specialist, in network |
| **Office Visit - Primary Care Physician (PCP)** | $5 copayment, in network | $10 copayment, in network |
| **Office Visit - Specialist** | $40 copayment, in network | $45 copayment, in network |
| **Oral Surgery - Medicare Covered** | $40 copayment, in network | $45 copayment, in network |
| **Over-the-counter (OTC) Items (Supplemental)** | Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have $50 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail. | Not Covered |
| **Podiatry Services** | $40 copayment, in network | $45 copayment, in network |
| **Second Surgical Opinion** | $5 PCP - $40 Specialist, in network | $10 PCP - $45 Specialist, in network |
| **Skilled Nursing Facility Days 21-100** | $214 copayment per day, in network | $218 copayment per day, in network |
| **Surgical Care, Outpatient Hospital Services** | $350 copayment, in network | $375 copayment, in network |
| **Telemedicine (Remote Access Technology)** | $5 PCP - $40 Specialist, in network | $10 PCP - $45 Specialist, in network |
| **Urgent Care (Worldwide)** | $45 copayment | $40 copayment |

## 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.

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 Care at 1-877-883-9577 (TTY/TDD 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 does 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 about your drug costs. If you get Extra Help and don't get this material by September 30, 2025, call Customer Care at 1-877-883-9577 (TTY/TDD 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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible.** You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tiers 2, 3, 4, and 5 drugs until you reach the yearly deductible.
- **Stage 2: Initial Coverage.** Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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 out of pocket costs reach $2,100.
- **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.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

**Drug Costs in Stage 1: Yearly Deductible**

This table shows your cost per prescription during this stage.

| | **2025 (this year)** | **2026 (next year)** |
|---|---|---|
| **Yearly Deductible** | The deductible is $350 (for drugs in Tiers 3, 4, and 5). | The deductible is $615 (for drugs in Tiers 2, 3, 4, and 5). |
| | During this stage, you pay $0 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and $5 standard pharmacy cost sharing per prescription and $12 preferred pharmacy cost sharing per prescription for drugs on Generic tier and $17 standard pharmacy cost sharing per prescription and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible. | During this stage, you pay $6 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and $11 standard pharmacy cost sharing per prescription and the full cost of drugs on Generic, Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible. |

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

For drugs on Tier 3 Preferred Brand, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance.

Go to the following table for the changes from 2025 to 2026.

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 $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Drug Tier 1 Preferred Generic**<br>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. | □ Preferred Pharmacy cost-sharing: You pay $0 copayment of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay $5 copayment of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $0 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $5 copayment per month supply of each covered insulin product on this tier. | □ Preferred Pharmacy cost-sharing: You pay $6 copayment of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay $11 copayment of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $6 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $11 copayment per month supply of each covered insulin product on this tier. |
| **Drug Tier 2 Generic**<br>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. | □ Preferred Pharmacy cost-sharing: You pay $12 copayment of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay $17 copayment of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $12 copayment per month supply of each covered insulin product on this tier. | □ Preferred Pharmacy cost-sharing: You pay $15 copayment of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay $20 copayment of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $15 copayment per month supply of each covered insulin product on this tier. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | □ Standard Pharmacy cost-sharing: You pay $17 copayment per month supply of each covered insulin product on this tier. | □ Standard Pharmacy cost-sharing: You pay $20 copayment per month supply of each covered insulin product on this tier. |
| **Drug Tier 3 Preferred Brand**<br>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. | □ Preferred Pharmacy cost-sharing: You pay $42 copayment.<br>□ Standard Pharmacy cost-sharing: You pay $47 copayment.<br><br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | □ Preferred Pharmacy cost-sharing: You pay 21% coinsurance of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay 25% coinsurance of the total cost.<br><br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |
| **Drug Tier 4 Non-Preferred Drug**<br>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. | □ Preferred Pharmacy cost-sharing: You pay 45% coinsurance of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay 50% coinsurance of the total cost.<br><br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each | □ Preferred Pharmacy cost-sharing: You pay 25% coinsurance of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay 50% coinsurance of the total cost.<br><br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |
| **Drug Tier 5 Specialty**<br>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. | □ Preferred Pharmacy cost-sharing: You pay 28% coinsurance of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay 28% coinsurance of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. | □ Preferred Pharmacy cost-sharing: You pay 25% coinsurance of the total cost.<br>□ Standard Pharmacy cost-sharing: You pay 25% coinsurance of the total cost.<br>**Insulin:**<br>□ Preferred Pharmacy cost-sharing: You pay $30 copayment per month supply of each covered insulin product on this tier.<br>□ Standard Pharmacy cost-sharing: You pay $35 copayment per month supply of each covered insulin product on this tier. |

**Changes to the Catastrophic Coverage Stage**
If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your Evidence of Coverage.

## SECTION 2 Administrative Changes

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Health Education: Chronic Kidney Disease Management Program** | The Chronic Kidney Disease Management program is considered a medical benefit.<br><br>You pay a $0 copayment. Members who have stage 4 or 5 chronic kidney disease are offered a multi-disciplinary care team, to help navigate medical care and follow a treatment plan. The program is offered virtually and in-person. | The Chronic Kidney Disease Management program is available to qualified members as an administrative program.<br><br>If you qualify for this program, we will reach out to you. If you are currently participating in the program, you will continue to have access to the services at no cost to you. |
| **Health Education: Muscular Skeleton Disease Management Program** | The Muscular Skeleton Disease Management program is considered a medical benefit.<br><br>You pay a $0 copayment. Members with a muscular skeletal condition which physical therapy might improve, may be eligible for physical therapy, health coaching, and dietary counselling. The Plan will contact members who are eligible for the program. Services will be provided virtually or over-the-phone. | The Muscular Skeleton Disease Management program is available to qualified members as an administrative program.<br><br>If you qualify for this program, we will reach out to you. If you are currently participating in the program, you will continue to have access to the services at no cost to you. |
| **Opt out of phone calls** | Please call Customer Care, if you would like to opt out of receiving phone calls from us. | Please call Customer Care, if you would like to opt out of receiving phone calls from us. |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Member Card** | New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2024, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2025. | New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2025, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2026. |
| **Medicare Prescription Payment Plan** | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in 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 2026.<br><br>To learn more about this payment option, call us at 1-877-883-9577 (TTY/TDD users call 711) or visit www.Medicare.gov. |

## SECTION 3 How to Change Plans

**To stay in Medicare BlueActive (PPO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Medicare BlueActive (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll automatically be disenrolled from Medicare BlueActive (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare BlueActive (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-877-883-9577 (TTY/TDD users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY/TDD 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 1.1)
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health

Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Excellus BlueCross BlueShield offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

## Section 3.1 – Deadlines for Changing Plans

People with Medicare can make changes to their coverage from October 15 - December 7 each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, 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) between January 1 - March 31, 2026.

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

In certain situations, people can 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 can 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/TDD 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/TDD users call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) 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 HIV Uninsured Care Programs. Empire Station, P.O. Box 2052, Albany, NY 12220-0052 www.health.ny.gov/diseases/aids/general/resources/adap/.

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 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TDD). 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. **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. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-877-883-9577 (TTY/TDD users should call 711) or visit www.Medicare.gov.

# SECTION 5 Questions?

## Get Help from Medicare BlueActive (PPO)

- **Call Customer Care at 1-877-883-9577. (TTY/TDD users call 711.)** We're available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. Calls to these numbers are free.
- **Read your 2026 Evidence of Coverage**
  This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 Evidence of Coverage for Medicare BlueActive (PPO). The Evidence of Coverage is the legal, detailed description of your 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 website at medicare.excellusbcbs.com or call Customer Care at 1-877-883-9577. (TTY/TDD users call 711) to ask us to mail you a copy.
- **Visit medicare.excellusbcbs.com.** Our website has the most up-to-date information about our provider network (Provider Directory/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 New York, the SHIP is called New York State Health Insurance Information, Counseling and Assistance Program (HIICAP).

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HIICAP at 1-800-701-0501.

Learn more about HIICAP by visiting https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap.

## 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/TDD users can call 1-877-486-2048.
- **Chat live with www.Medicare.gov**
  You can chat live at www.Medicare.gov/talk-to-someone.
- **Write to Medicare**
  You can write to Medicare at PO Box 1270, Lawrence, KS 66044
- **Visit www.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 2026**
  The Medicare & You 2026 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 www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.