Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Medicare BlueSalute (PPO) offered by Excellus BlueCross BlueShield

Annual Notice of Change for 2026

You're enrolled as a member of Medicare BlueSalute (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 BlueSalute (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). 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 BlueSalute (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 BlueSalute (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Medicare BlueSalute (PPO).** Starting January 1, 2026, you'll get your medical coverage through Medicare BlueSalute (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* Go to Section 1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1 for details.)	From network providers: $4,500 From network and out-of-network providers combined: $7,800	From network providers: $4,500 From network and out-of-network providers combined: $7,800
Primary care office visits	You pay a $5 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.	You pay a $5 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.
Specialist office visits	You pay a $35 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.	You pay a $35 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.
Inpatient hospital stays 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:** You pay a $325 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. **Out-of-network:** You pay 30% coinsurance	**In-network:** You pay a $325 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. **Out-of-network:** You pay 30% coinsurance

	2025 (this year)	2026 (next year)
Inpatient mental health and chemical dependency admission	**In-network:** You pay a $324 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. **Out-of-network:** You pay 30% coinsurance	**In-network:** You pay a $324 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. **Out-of-network:** You pay 30% coinsurance

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 (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B Premium Reduction 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 $35	We will reduce the Part B premium that you pay to the Social Security Administration by $35.
Additional premium for optional supplemental dental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (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.

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 Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket.	$4,500	$4,500 Once you've paid $4,500 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 providers for the rest of the calendar year.
Combined maximum out-of-pocket amount	$7,800	$7,800

	2025 (this year)	2026 (next year)
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.		Once you've paid $7,800 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 Benefits & Costs for Medical Services

	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).

	2025 (this year)	2026 (next year)
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 (Routine)	We provide reimbursement for up to a $250 allowance per calendar year.	We provide reimbursement for up to a $200 allowance per calendar 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. Please see your Evidence of Coverage for more details. 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. 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. Please see your Evidence of Coverage for more details. 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.

	2025 (this year)	2026 (next year)
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.	Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have $30 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.
Skilled Nursing Facility Days 21-100	$214 copayment per day, in network	$218 copayment per day, in network

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. 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. 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. 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. 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.

SECTION 3 How to Change Plans

To stay in Medicare BlueSalute (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 BlueSalute (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 BlueSalute (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare BlueSalute (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 may 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 (either 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 may 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, those 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.

SECTION 5 Questions?

Get Help from Medicare BlueSalute (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 BlueSalute (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 our Website at medicare.excellusbcbs.com.** Our website has the most up-to-date information about our provider network (Provider Directory).

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.