Blue Cross Medicare Advantage Basic (HMO-POS)[SM] offered by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)

Annual Notice of Change for 2027

You're enrolled as a member of Blue Cross Medicare Advantage Basic (HMO)[SM].

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, 2026, you'll stay in Blue Cross Medicare Advantage Basic (HMO-POS).
- To change to a **different plan,** visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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 getblueil.com/mapd or call Customer Service at 1-877-774-8592 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at 1-877-774-8592 (TTY users call 711) for more information. Hours are 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. This call is free.
- Please contact Blue Cross Medicare Advantage Basic (HMO-POS) if you need this information in another language or format (Spanish, braille, large print or alternate formats).

About Blue Cross Medicare Advantage Basic (HMO-POS)

- HMO-POS plans are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal.
- When this material says "we," "us," or "our," it means Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). When it says "plan" or "our plan," it means Blue Cross Medicare Advantage Basic (HMO-POS).
- On January 1, 2027, our plan name will change from Blue Cross Medicare Advantage Basic (HMO) to Blue Cross Medicare Advantage Basic (HMO-POS). We'll send you a new member ID card with our new name. From here on, our new name, Blue Cross Medicare Advantage Basic (HMO-POS), will be on all materials.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Cross Medicare Advantage Basic (HMO-POS)**. Starting January 1, 2027, you'll get your medical and drug coverage through Blue Cross Medicare Advantage Basic (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- Limitations, copayments, exclusions and restrictions may apply. Individuals must live in the plan service area. Benefits vary by plan. Prior authorization and/or referrals are required for certain services.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$29**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	**In-Network** $4,500	**In-Network** **$5,500**
Primary care office visits	**In-Network** $0 copay per visit	**In-Network** **$0 copay per visit**
Specialist office visits	**In-Network** $10 copay per visit	**In-Network** **$20 copay per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends	**In-Network** $170 copay per day for days 1-7 and a $0 copay per day for days 8-90 for Medicare-covered services.	**In-Network** **$250 copay per day for days 1-7 and a** **$0 copay per day for days 8-90 for Medicare-covered services.**

	2026 (this year)	2027 (next year)
the day before you're discharged.	Additional days: $0 copay per day for days 91 and beyond.	**Additional days: $0 copay per day for days 91 and beyond.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $450, except for covered insulin products and most adult Part D vaccines. Copayment/ Coinsurance during the Initial Coverage Stage: Drug Tier 1: *Standard cost-sharing:* $5 copay *Preferred cost-sharing:* $0 copay Drug Tier 2: *Standard cost-sharing:* $6 copay *Preferred cost-sharing:* $1 copay Drug Tier 3: *Standard cost-sharing:* 22% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. *Preferred cost-sharing:* 19% of the total cost You pay no more than $35 per month supply of	**Part D drug coverage deductible** **$500, except for covered insulin products and most adult Part D vaccines.** **Copayment/ Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $0 copay** **Drug Tier 2: $1 copay** **Drug Tier 3: 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 28% of the total cost** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing**

	2026 (this year)	2027 (next year)
	each covered insulin product on this tier. Drug Tier 4: *Standard cost-sharing:* 44% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. *Preferred cost-sharing:* 40% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: *Standard cost-sharing:* 27% of the total cost *Preferred cost-sharing:* 27% of the total cost Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$29**
Additional premium for optional supplemental 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.)	$43.10	**$38.90**

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 Part D or 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.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,500	**$5,500** **Once you've paid $5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services 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 2027 *Provider Finder* at getblueil.com/mapd/providers 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 getblueil.com/mapd/providers.
- Call Customer Service at 1-877-774-8592 (TTY 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 Service at 1-877-774-8592 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. 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 of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at getblueil.com/mapd/pharmacies to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at getblueil.com/mapd/pharmacies.
- Call Customer Service at 1-877-774-8592 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-877-774-8592 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Acupuncture for Chronic Low Back Pain	**In-Network:** $10 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Ambulatory Surgical Center Services	**In-Network:** $0 minimum copay for Medicare-covered services. $100 maximum copay for Medicare-covered services. ($0 copay for diagnostic colonoscopies, $100 copay for all other services)	**In-Network: $0 minimum copay for Medicare-covered services. $275 maximum copay for Medicare-covered services. ($0 copay for diagnostic colonoscopies, $275 copay for all other services)**

	2026 (this year)	2027 (next year)
Annual Dental Maximum (Non-Medicare Covered)	$1,000 comprehensive maximum every year.	**$750 combined preventive and comprehensive maximum every year in-network and out-of-network.**
Cardiac Rehabilitation Services	**In-Network:** $30 copay for Medicare-covered services.	**In-Network: $40 copay for Medicare-covered services.**
Dental Services	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.** **Out-of-Network: 50% of the total cost for Medicare-covered services.**
Diabetic Supplies	**In-Network:** 0% minimum of the total cost for Medicare-covered services. 35% maximum of the total cost for Medicare-covered services. 0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy to Ascensia and Abbott	**In-Network: 0% minimum of the total cost for Medicare-covered services. 20% maximum of the total cost for Medicare-covered services. 0% cost sharing applies to preferred blood glucose monitoring diabetic supplies. 20% cost sharing applies to all other diabetic**

	2026 (this year)	2027 (next year)
	branded products. Prior Authorization will be required for all other diabetic testing supplies (meters and strips) and will be subject to 35% cost sharing. All test strips will also be subject to a quantity limit of 204 per 30 days. Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit, and 35% cost sharing. Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre 2/Plus and Freestyle Libre 3/Plus when used with a Freestyle Libre receiver. Prior approval and trial and failure of a preferred CGM product will be required for all other continuous glucose monitoring products.	**supplies. Members are eligible for 204 glucose test strips and up to 5 sensors per 30-day period depending on product.**

	2026 (this year)	2027 (next year)
Diabetic Therapeutic Shoes or Inserts	**In-Network:** 35% of the total cost for Medicare-covered services.	**In-Network: 20% of the total cost for Medicare-covered services.**
Emergency Care	$125 copay for Medicare-covered services.	**$130 copay for Medicare-covered services.**
Eye Exams	**In-Network:** $0 copay for Medicare-covered services.	**In-Network: $0 minimum copay for Medicare-covered services. $20 maximum copay for Medicare-covered services. ($0 copay for Medicare-covered diabetic retinopathy screening. $20 copay for all other Medicare-covered vision services.)**
Eyewear	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $0 copay for Medicare-covered services.**
Hearing Exams	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**

	2026 (this year)	2027 (next year)
Inpatient Hospital Care	**In-Network:** $170 copay per day for days 1-7 and a $0 copay per day for days 8-90 for Medicare-covered services. Additional days: $0 copay per day for days 91 and beyond.	**In-Network: $250 copay per day for days 1-7 and a $0 copay per day for days 8-90 for Medicare-covered services. Additional days: $0 copay per day for days 91 and beyond.**
Inpatient Services in a Psychiatric Hospital	**In-Network:** $260 copay per day for days 1-7 and a $0 copay per day for days 8-90 for Medicare-covered services.	**In-Network: $250 copay per day for days 1-7 and a $0 copay per day for days 8-90 for Medicare-covered services.**
Intensive Cardiac Rehabilitation Services	**In-Network:** $30 copay for Medicare-covered services.	**In-Network: $55 copay for Medicare-covered services.**
Intensive Outpatient Program Services	**In-Network:** $55 copay for Medicare-covered services.	**In-Network: $160 copay for Medicare-covered services.**
Observation Services	**In-Network:** $200 copay for Medicare-covered services.	**In-Network: $300 copay for**

	2026 (this year)	2027 (next year)
		Medicare-covered services.
Occupational Therapy Services	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $50 copay for Medicare-covered services.**
Opioid Treatment Services	**In-Network:** $25 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Other Health Care Professional Services	**In-Network:** $0 minimum copay for Medicare-covered services. $10 maximum copay for Medicare-covered services. ($0 copay at a Primary care Physician, $10 copay at a Specialist.)	**In-Network: $0 minimum copay for Medicare-covered services. $20 maximum copay for Medicare-covered services. ($0 copay at a Primary care Physician, $20 copay at a Specialist.)**
Outpatient Diagnostic Radiological Services	**In-Network:** $0 minimum copay for Medicare-covered services. $175 maximum copay for Medicare-covered services. ($0 copay for the Diagnostic Mammography test	**In-Network: $0 minimum copay for Medicare-covered services. $250 maximum copay for Medicare-covered services. ($0 copay for Diagnostic Mammography test performed on the same**

	2026 (this year)	2027 (next year)
	performed on the same date of service as the corresponding preventive test. $50 copay for all other diagnostic mammograms. All other services are covered at $125 copay at a Free-Standing Radiology Facility, or $175 copay at an Outpatient Hospital. UM/UR authorization is required for high-tech radiology)	**date of service as the corresponding preventive test. $50 copay for all other diagnostic mammograms. All other services are covered at $125 copay if performed in freestanding radiology facility, $250 copay if performed in outpatient hospital setting.)**
Outpatient Hospital Services	**In-Network:** $0 minimum copay for Medicare-covered services. $250 maximum copay for Medicare-covered services. ($0 copay for diagnostic colonoscopies, $250 copay for all other services.)	**In-Network: $0 minimum copay for Medicare-covered services. $300 maximum copay for Medicare-covered services. ($0 copay for diagnostic colonoscopies, $300 copay for all other services.)**

	2026 (this year)	2027 (next year)
Outpatient Lab Services	**In-Network:** $0 copay for Medicare-covered services.	**In-Network: $0 minimum copay for Medicare-covered services. $50 maximum copay for Medicare-covered services. ($50 copay if performed in outpatient hospital setting, $0 copay for all other settings.)**
Outpatient Substance Abuse Services Medicare-covered Group Sessions	**In-Network:** $75 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Outpatient Substance Abuse Services Medicare-covered Individual Sessions	**In-Network:** $75 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Outpatient X-Ray Services	**In-Network:** $0 copay for Medicare-covered services. (UM/UR authorization is required for high-tech radiology.)	**In-Network: $0 minimum copay for Medicare-covered services. $100 maximum copay for Medicare-covered services. ($100 copay if performed in outpatient hospital**

	2026 (this year)	2027 (next year)
		setting, $0 copay for all other settings.)
Over-the-Counter Items	You have $70 allowance to spend every three months (3) for over-the-counter (OTC) products. Your allowance will be available on a preloaded debit card, the Wellness Benefit Card. Your allowance can be used to purchase approved OTC health and wellness items at participating retail locations or through the approved OTC catalog for home delivery. To receive an OTC catalog for home delivery orders, you must request one from Customer Service. Unused OTC amounts do not roll over to the next calendar year.	**You have $50 allowance to spend every three months (3) for over-the-counter (OTC) products. Your allowance will be available on a preloaded Flexible Spending Card. Your allowance can be used to purchase approved OTC health and wellness items at participating retail locations or through the approved OTC catalog for home delivery. To receive an OTC catalog for home delivery orders, you must request one from Customer Service. Unused OTC amounts do not roll over to the next calendar year.**
Partial Hospitalization	**In-Network:** $55 copay for Medicare-covered services.	**In-Network: $155 copay for Medicare-covered services.**

	2026 (this year)	2027 (next year)
Physical Therapy and Speech Language Pathology Services	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Physician Specialist Services	**In-Network:** $10 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Podiatry Services	**In-Network:** $35 copay for Medicare-covered services.	**In-Network: $20 copay for Medicare-covered services.**
Pulmonary Rehabilitation Services	**In-Network:** $20 copay for Medicare-covered services.	**In-Network: $35 copay for Medicare-covered services.**
Skilled Nursing Facility	**In-Network:** $0 copay per day for days 1-20 and a $218 copay per day for days 21-39 and a $0 copay per day for days 40-100 for Medicare-covered services.	**In-Network: $10 copay per day for days 1-20 and a $221 copay per day for days 21-39 and a $0 copay per day for days 40-100 for Medicare-covered services.**
Urgently Needed Services	$35 copay for Medicare-covered services.	**$50 copay for Medicare-covered services.**

	2026 (this year)	2027 (next year)
Worldwide Emergency Coverage	$125 copay for Medicare-covered services. No maximum coverage amount.	**$130 copay for Medicare-covered services.** **Maximum coverage amount of $50,000**
Worldwide Emergency Transportation	Not Covered	**20% of the total cost for Medicare-covered services.** **Maximum coverage amount of $50,000**
Worldwide Urgent Coverage	$125 copay for Medicare-covered services.	**$130 copay for Medicare-covered services.** **Maximum coverage amount of $50,000**

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 and posted online at getblueil.com/mapd/druglist.

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 Service at 1-877-774-8592 (TTY 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 may not apply to you**. We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs,* which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call Customer Service at 1-877-774-8592 (TTY 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.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug and Tier 5 Specialty drugs until you've reached 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 total drug costs reach $2,400.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	The deductible is $450 During this stage, you pay $0-$6 cost sharing for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty until you've reached the yearly deductible.	**The deductible is $500** **During this stage, you pay $0-$1 cost sharing for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

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; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic Drugs:	*Standard cost-sharing:* You pay $5 copay. You pay $5 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $5. *Preferred cost-sharing:* You pay $0 copay. You pay $0 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $0.	**You pay $0 copay. You pay $0 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $0.**
Tier 2 – Generic Drugs:	*Standard cost sharing:* You pay $6 copay. You pay $6 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $6. *Preferred cost-sharing:* You pay $1 copay. You pay $1 per month supply of	**You pay $1 copay. You pay $1 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $1.**

	2026 (this year)	2027 (next year)
	each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $1.	
Tier 3 – Preferred Brand Drugs:	*Standard cost sharing:* You pay 22% of the total cost. Your cost for a one-month mail-order prescription is 22% of the total cost. *Preferred cost-sharing:* You pay 19% of the total cost. Your cost for a one-month mail-order prescription is 19% of the total cost.	**You pay 25% of the total cost.** **Your cost for a one-month mail-order prescription is 25% of the total cost.**
Tier 4 – Non-Preferred Drugs:	*Standard cost sharing:* You pay 44% of the total cost. Your cost for a one-month mail-order prescription is 44% of the total cost. *Preferred cost-sharing:* You pay 40% of the total cost. Your cost for a one-month mail-order prescription is 40% of the total cost.	**You pay 25% of the total cost.** **Your cost for a one-month mail-order prescription is 25% of the total cost.**

	2026 (this year)	2027 (next year)
Tier 5 – Specialty Tier Drugs:	*Standard cost sharing:* You pay 27% of the total cost. Your cost for a one-month mail-order prescription is 27% of the total cost. *Preferred cost-sharing:* You pay 27% of the total cost. Your cost for a one-month mail-order prescription is 27% of the total cost.	**You pay 28% of the total cost. Your cost for a one-month mail-order prescription is 28% of the total cost.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Amazon Pharmacy Contact Information	1-855-393-4279	**1-855-745-5725**
Geographic/Service Area	Service area consists of Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will counties.	**Service area consists of Cook, DuPage, Kane, Will counties.**
MDLive Name Change	MDLive	**MDLive Virtual Care**

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan Contact Information	Call: 1-877-774-8592 Write: Blue Cross Medicare Advantage Basic (HMO) MPPP Election Dept. 13900 N. Harvey Ave Edmond, OK 73013 Email: ElectMPPP@RxPayments.com	**Call: 1-833-894-3593** **Write: Judi Rx Attn: M3P Elections 9450 SW Gemini Dr. Suite 87234 Beaverton, Oregon 97008-7105** **Email: M3P-Election@judi.com**
Over-the-Counter (OTC) benefit card	The OTC quarterly allowance is applied to the Flexible Spending Card. The contact information for this benefit is: Phone: 1-855-852-2917 Card Information URL: flexiblespendcard.com Order information URL: myilotc.com	**The administrator to the OTC benefit has changed to InComm. You will receive a new debit card on or before January 1, 2027.** **The OTC quarterly allowance will be applied to the Flexible Spending Card.** **The contact information for this benefit is:** **Phone: 1-800-953-1499 (TTY 711)** **URL: FlexibleSpendCard.com**
Plan Name	Blue Cross Medicare Advantage Basic (HMO)	**Blue Cross Medicare Advantage Basic (HMO-POS)**

SECTION 3 How to Change Plans

To stay in Blue Cross Medicare Advantage Basic (HMO-POS), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Blue Cross Medicare Advantage Basic (HMO-POS).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Blue Cross Medicare Advantage Basic (HMO-POS). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Blue Cross Medicare Advantage Basic (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-877-774-8592 (TTY 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 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 3.2).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

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, 2027, 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, 2027.

Section 3.2 Are there other times of the 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 (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, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY 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 users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **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, individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing help through the

Illinois Department of Public Health

Springfield Headquarters Office

525-535 W. Jefferson St.
Springfield, IL 62761

Chicago Headquarters Offices

115 S. La Salle Street, Suite 700
Chicago, IL 60603

69 W. Washington St. 35th Floor
Chicago, IL 60602

Or visit our website at: https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids.

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 Springfield office at 217-782-4977; Chicago offices at 312-814-2793 or 312-814-5278. 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. 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 2027. You do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-877-774-8592 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Blue Cross Medicare Advantage Basic (HMO-POS)

- **Call Customer Service at 1-877-774-8592. (TTY users call 711).**

  We're available for phone calls 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. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Blue Cross Medicare Advantage Basic (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of our 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 getblueil.com/mapd or call Customer Service at 1-877-774-8592 (TTY users call 711) to ask us to mail you a copy.

- **Visit getblueil.com/mapd.**

  Our website has the most up-to-date information about our provider network *(Provider Finder/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 Illinois, the SHIP is called Illinois Department on Aging.

Call Illinois Department on Aging to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Illinois Department on Aging at 1-800-252-8966. Learn more about Illinois Department on Aging by visiting https://ilaging.illinois.gov/ship.html.

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 users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit 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 2027***

  The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.