Blue Cross Group Medicare Advantage Open Access (PPO)^{SM} **offered by *Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)***

Annual Notice of Change for 2026

You're enrolled as a member of Blue Cross Group Medicare Advantage Open Access (PPO)^{SM} through City of Chicago.

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

- **During your Group's open enrollment period, you may make changes to your Medicare coverage for next year.**
- 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 on our Blue Access for Members (BAM) portal (mybam.bcbsil.com) or call Customer Service at 1-866-390-4276 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Service at 1-866-390-4276 (TTY only, call 711) for more information.
- Call Customer Service at 1-866-390-4276 (TTY users call 711). 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 Group Medicare Advantage Open Access (PPO) if you need this information in another language or format (Spanish, braille, large print or alternate formats).

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

About Blue Cross Group Medicare Advantage Open Access (PPO)

- PPO plan provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC is 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 Group Medicare Advantage Open Access (PPO).

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$0	**$0**
Deductible	$625 for in-network and out-of-network medical services with a coinsurance.	**$625 for in-network and out-of-network medical services with a coinsurance.**
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: Not Applicable From network and out-of-network providers combined: $5,000	**From network providers: Not Applicable From network and out-of-network providers combined: $5,000**
Primary care office visits	**<u>In-Network</u>** $25 copay per visit **<u>Out-of-Network</u>** $25 copay per visit	**<u>In-Network</u>** **$25 copay per visit** **<u>Out-of-Network</u>** **$25 copay per visit**

	2025 (this year)	2026 (next year)
Specialist office visits	**In-Network** $50 copay per visit **Out-of-Network** $50 copay per visit	**In-Network** **$50 copay per visit** **Out-of-Network** **$50 copay 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** $250 copay per day for days 1-7 and a $0 copay per day for days 8+ for Medicare-covered services. **Out-of-Network** $250 copay per day for days 1-7 and a $0 copay per day for days 8+ for Medicare-covered services.	**In-Network** **$250 copay per day for days 1-7 and a** **$0 copay per day for days 8+ for Medicare-covered services.** **Out-of-Network** **$250 copay per day for days 1-7 and a** **$0 copay per day for days 8+ for Medicare-covered services.**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$400, except for covered insulin products and most adult Part D vaccines.	**$400, except for covered insulin products and most adult Part D vaccines.**
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	**Copayment/ Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: 25% of the total cost** **You pay $35 per month supply of**

	2025 (this year)	2026 (next year)
	• Drug Tier 2: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**each covered insulin product on this tier.** • **Drug Tier 2: 25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 3: 25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 4: 25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 5: 25% of the total cost** **You pay $35 per month supply of each covered insulin product on this tier.** **Catastrophic Coverage Stage:** **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 (You must also continue to pay your Medicare Part B premium.)	You can get information regarding your premium by going through your employer group.	**You can get information regarding your premium by going through your employer group.**

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.
- 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 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 and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	Not Applicable	**Not Applicable**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$5,000	**$5,000** **Once you've paid $5,000 out of pocket for covered services, you'll pay nothing for your covered 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 Finder* located on our Blue Access for Members (BAM) portal (mybam.bcbsil.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 www.bcbsil.com/retiree-medicare-tools.
- Call Customer Service at 1-866-390-4276 (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 1-866-390-4276 (TTY users call 711) for help.

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 2026 *Pharmacy Directory* on our Blue Access for Members (BAM) portal (mybam.bcbsil.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.bcbsil.com/retiree-medicare-tools.
- Call Customer Service at 1-866-390-4276 (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 1-866-390-4276 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	**2026 (next year)**
Diabetic Supplies	**In-Network**: 0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy to Lifescan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ,	**In-Network:** **0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy to Ascensia and Abbott branded products. All other diabetic testing**

	2025 (this year)	2026 (next year)
	OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). All other diabetic testing supplies (meters and strips) and will be subject to 20% cost sharing. Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit and 20% cost sharing. Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products and Freestyle Libre 3 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. **Out-of-Network**: 0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the pharmacy to Lifescan branded products	**supplies (meters and strips) and will be subject to 20% cost sharing.** **Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit and 20% 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. CGM receivers are subject to a quantity limit of 1 per 365 days.** **Out-of-Network:** **0% cost sharing is limited to diabetic testing supplies (meters and strips) obtained through the**

	2025 (this year)	2026 (next year)
	(OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio IQ, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2). All other diabetic testing supplies (meters and strips) and will be subject to 20% cost sharing. Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit and 20% cost sharing. Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products and Freestyle Libre 3 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.	**pharmacy to Ascensia and Abbott branded products. All other diabetic testing supplies (meters and strips) and will be subject to 20% cost sharing.** **Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit and 20% 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. CGM receivers are subject to a quantity limit of 1 per 365 days.**

	2025 (this year)	2026 (next year)
Health and Wellness education programs SilverSneakers Membership	Includes access to Burnalong program of interactive online classes.	**Burnalong program is not available. See your *Evidence of Coverage* for more details on programs that are available.** **This change does not impact your SilverSneakers membership.**

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 at Blue Access for Members (BAM) portal mybam.bcbsil.com.

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 1-866-390-4276 (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 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 you don't get this material with this packet, call Customer Service 1-866-390-4276 (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. 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 Tier 1 Preferred Generic, Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty 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

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	$400	**$400**

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 $2,100 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)
Tier 1 - Preferred Generic:	You pay 25% of the total cost.	**You pay 25% of the total cost.**
Tier 2 - Generic:	You pay 25% of the total cost.	**You pay 25% of the total cost.**
Tier 3 - Preferred Brand:	You pay 25% of the total cost.	**You pay 25% of the total cost.**
Tier 4 - Non-Preferred Drug:	You pay 25% of the total cost.	**You pay 25% of the total cost.**

	2025 (this year)	2026 (next year)
Tier 5 - Specialty Tier:	You pay 25% of the total cost.	**You pay 25% of the total cost.**

Changes to the Catastrophic Coverage Stage

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)
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. To learn more about this payment option, call us at 1-877-299-1008 (TTY users call 711) or visit www.Medicare.gov.**
The contract number for this plan was changed from 8634 to 0107	8634	**0107**

SECTION 3 How to Change Plans

To stay in Blue Cross Group Medicare Advantage Open Access (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by the open enrollment timeframe as defined by your employer, you'll automatically be enrolled in our Blue Cross Group Medicare Advantage Open Access (PPO).

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

- If you no longer wish to be covered by Blue Cross Group Medicare Advantage Open Access (PPO), please contact your employer/union benefits administrator.
- If you want to enroll in an Individual (retail) Medicare Advantage Plan, the Centers for Medicare and Medicaid Services (CMS) will automatically disenroll you from your Blue Cross Group Medicare Advantage Open Access (PPO) plan.
- **To change to Original Medicare without a drug plan,** you can:
  - Contact your current employer or former employer or union.
  - 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 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).

Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information on opting out.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage during their Group's specified Open Enrollment period. Contact your Employer Group Plan Benefit Administrator to understand what happens if you disenroll from the group plan.

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). Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information.

Section 3.2 Are there other times of the 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 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. - 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users 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, 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 Illinois Department of Public Health.

  Illinois Department of Public Health

  Springfield Headquarters Office

  525-535 W. Jefferson Street
  Springfield, IL 62761

  Chicago Headquarters Offices

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

  69 W. Washington Street, 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. **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 1-866-390-4276 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Blue Cross Group Medicare Advantage Open Access (PPO)

- **Call Customer Service at 1-866-390-4276 (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 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 Blue Cross Group Medicare Advantage Open Access (PPO). 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 Blue Access for Members (BAM) portal (mybam.bcbsil.com) or call Customer Service 1-866-390-4276 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.bcbsil.com/retiree-medicare-tools**

  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 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 users can call 1-877-486-2048.

  Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.