Medicare Plus Blue℠ PPO + Meijer
offered by Blue Cross Blue Shield of Michigan

Annual Notice of Change for 2026

You're enrolled as a member of Medicare Plus Blue + Meijer.

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 Plus Blue + Meijer.
- 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 **www.bcbsm.com/medicare** or call Customer Service at 1-877-241-2583 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-877-241-2583 (TTY users call 711). Hours are 8 a.m. to 9 p.m. Eastern time, seven days a week (October 1 through March 31) and from 8 a.m. to 9 p.m. Eastern time, Monday through Friday (April 1 through September 30). This call is free.
- This information is available for free in a different format, including large print and audio CD. Please call Customer Service at the number listed in Section 5 of this booklet.

About Medicare Plus Blue + Meijer

- Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.
- When this material says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "our plan," it means Medicare Plus Blue + Meijer.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Medicare Plus Blue + Meijer.** Starting January 1, 2026, you'll get your medical and drug coverage through Medicare Plus Blue + Meijer. 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 1.1 for details.		
Region 1 Allegan, Ionia, Kalamazoo, Mason, Muskegon, Newaygo and Ottawa counties	$0	**$35**
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	$0	**$35**
Region 3 Alpena, Bay, Chippewa, Ogemaw, Saginaw and Shiawassee counties	$0	**$35**
Region 4 Clinton, Delta, Emmet, Genesee, Grand Traverse, Isabella, Kent, Lenawee, Livingston, Manistee, Marquette, Mecosta, Midland, Otsego, St. Clair and Wexford counties	$0	**$35**
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	$0	**$35**
Region 5 is not being used at this time		
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.)	From in-network providers: $6,750 From in-network and out-of-network providers combined: $6,750	**From in-network providers: $6,750** **From in-network and out-of-network providers combined: $6,750**

	2025 (this year)	2026 (next year)
Primary care office visits	In- and Out-of-Network: $0 copayment per visit.	**In- and Out-of-Network:** **$0 copayment per visit.**
Specialist office visits	In-Network: $50 per visit. Out-of-Network: $55 per visit.	**In-Network:** **$50 copayment per visit.** **Out-of-Network:** **$55 copayment 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.	For Medicare-covered hospital stays: Days 1-7: $425 copayment per day. Days 8-90: $0 copayment per day. $0 copayment per day beyond 90 days.	**For Medicare-covered hospital admissions, per admission:** **Days 1-7: $325 copayment per day.** **Days 8-90: $0 copayment per day.** **$0 copayment per day beyond 90 days.**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0	**$150** **During this stage, you pay the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance for a one-month supply during the Initial Coverage Stage: **Standard** retail pharmacy, **standard** mail-order pharmacy, network long-term care	**Copayment/ Coinsurance for a one-month supply during the Initial Coverage Stage:** **Standard retail pharmacy, standard mail-order pharmacy, network long-term care**

	2025 (this year)	2026 (next year)
Part D drug coverage (continued)	pharmacies, out-of-network pharmacy: • Drug Tier 1: $5 • Drug Tier 2: $20 • Drug Tier 3: $47. You pay no more than $35 for a one-month supply of each covered insulin product on this tier. • Drug Tier 4: 50% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier. • Drug Tier 5: 33% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier. **Preferred** retail and **preferred** mail-order pharmacy: • Drug Tier 1: $0 • Drug Tier 2: $11 • Drug Tier 3: $42. You pay no more than $35 for a one-month supply of each covered insulin product on this tier. • Drug Tier 4: 50% coinsurance. You pay	**pharmacies, out-of-network pharmacy:** • **Drug Tier 1: $5** • **Drug Tier 2: $12** • **Drug Tier 3: 20% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier.** • **Drug Tier 4: 30% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier.** • **Drug Tier 5: 31% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier.** **Preferred retail and preferred mail-order pharmacy:** • **Drug Tier 1: $0** • **Drug Tier 2: $7** • **Drug Tier 3: 20% coinsurance. You pay no more than $35 for a one-month supply of each covered insulin product on this tier.** • **Drug Tier 4: 30% coinsurance. You**

	2025 (this year)	2026 (next year)
Part D drug coverage (continued)	no more than $35 for a one-month supply of each covered insulin product on this tier. • Drug Tier 5: 33% coinsurance. You pay no more than $35 for a one-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.	**pay no more than $35 for a one-month supply of each covered insulin product on this tier.** • **Drug Tier 5: 31% coinsurance. You pay no more than $35 for a one-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.)		
Region 1 Allegan, Ionia, Kalamazoo, Mason, Muskegon, Newaygo and Ottawa counties	$0	**$35**
Region 2 Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Monroe, Montcalm, St. Joseph and Van Buren counties	$0	**$35**
Region 3 Alpena, Bay, Chippewa, Ogemaw, Saginaw and Shiawassee counties	$0	**$35**
Region 4 Clinton, Delta, Emmet, Genesee, Grand Traverse, Isabella, Kent, Lenawee, Livingston, Manistee, Marquette, Mecosta, Midland, Otsego, St. Clair and Wexford counties	$0	**$35**
Region 6 Macomb, Oakland, Washtenaw and Wayne counties	$0	**$35**
Region 5 is not being used at this time		
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$3 for Regions 1-4 $4 for Region 6	**$11.90 for Region 1** **$22.70 for Region 2** **$16.70 for Region 3** **$17.70 for Region 4** **$15.90 for Region 6**

	2025 (this year)	2026 (next year)
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.)	$21.80	**$30.50**

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 Part A and Part B services (and other health services not covered by Medicare) 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 amount.	$6,750	**$6,750** **Once you've paid $6,750 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**

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount (continued) Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		**network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount 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. Your plan premium and costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$6,750	**$6,750** **Once you've paid $6,750 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/Pharmacy Directory* at **www.bcbsm.com/providersmedicare** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at **www.bcbsm.com/providersmedicare**.
- Call Customer Service at 1-877-241-2583 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy 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 1-877-241-2583 (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 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 *Provider/Pharmacy Directory* at **www.bcbsm.com/pharmaciesmedicare** to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at **www.bcbsm.com/pharmaciesmedicare**.
- Call Customer Service at 1-877-241-2583 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider/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 1-877-241-2583 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

	2025 (this year)	2026 (next year)
Ambulance services not requiring transportation to a facility	**Out-of-Network** $90 copayment for ambulance services not requiring transportation.	**Out-of-Network** **50% of the approved amount for ambulance services not requiring transportation.**
Cardiac rehabilitation services	**In-Network** $0 copayment per visit for Medicare-covered cardiac rehabilitation services. **In-Network** $0 copayment per visit for Medicare-covered intensive cardiac rehabilitation services.	**In-Network** **$15 copayment per visit for Medicare-covered cardiac rehabilitation services.** **In-Network** **$15 copayment per visit for Medicare-covered intensive cardiac rehabilitation services.**
Chiropractic services Routine care services	**In-Network routine care services*** $50 copayment.	**Chiropractic services are <u>not</u> covered.**

	2025 (this year)	2026 (next year)
Chiropractic services (continued) Chiropractic X-rays	**Out-of-Network routine care services*** $55 copayment. **In-Network X-rays*** $35 copayment **Out-of-Network X-rays*** 50% of the approved amount	
Dental services	We provide a $1,500 annual maximum for combined in-network and out-of-network dental services per calendar year for Preventive and Comprehensive services.	**We provide a $1,000 annual maximum for combined in-network and out-of-network dental services per calendar year for Preventive and Comprehensive services.**
Diabetes self-management training, diabetic services and supplies	**In-Network** $0 copayment for diabetic supplies. $0 copayment for Medicare-covered shoes and inserts. **Out-of-Network** $0 copayment for diabetic supplies.	**In-Network** **0% of the approved amount for preferred diabetic supplies.** **20% of the approved amount for non-preferred diabetic supplies.** **$0 copayment for Medicare-covered shoes and inserts.** **Out-of-Network** **0% of the approved amount for preferred diabetic supplies.** **40% of the approved amount for non-preferred diabetic supplies.**

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies (continued)	$0 copayment for Medicare-covered shoes and inserts.	**40% of the approved amount for Medicare-covered shoes and inserts.**
Emergency care	$125 copayment for Medicare-covered emergency room visits.	**$130 copayment for Medicare-covered emergency room visits.**
Hearing services Non-Medicare-covered hearing services All content ©2026 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.	**In-Network** $0 copayment for routine hearing exams from a primary care provider. $50 copayment for routine hearing exams from a specialist. **Out-of-Network** $55 copayment for routine hearing exams. **Hearing aid fitting and evaluation*** (once every 3 years) **In-Network** $0 copayment for services from a primary care provider or specialist. **Out-of-Network** 50% of the approved amount. **Hearing Aids*** **In- and Out-of-Network** $1,500 maximum allowance for both ears (up to $750 per ear) every 3 years for new	**In-Network** **$0 copayment for routine hearing exams from a TruHearing® provider.** **Out-of-Network** **Routine hearing exams are <u>not</u> covered.** **Hearing aid fitting and evaluation*** **(1 per year from a TruHearing provider)** **In-Network** **$0 copayment for hearing aid fitting and evaluation exam provided by the TruHearing network.** **Out-of-Network** **Hearing aid fitting and evaluation is <u>not</u> covered.** **Hearing Aids*** **In-Network** **Services must be received from a TruHearing provider.**

	2025 (this year)	2026 (next year)
Hearing services (continued)	hearing aids, including applicable dispensing fee.	**$495 copayment per aid for Basic Aids** **$895 copayment per aid for Standard Aids** **$1,295 copayment per aid for Advanced Aids** **$1,695 copayment per aid for Premium Aids** **Per ear, per year** **Out-of-Network** **Hearing aids are not covered.**
Inpatient hospital care	**In-Network** For Medicare-covered hospital stays: Days 1-7: $425 copayment per day.	**In-Network** **For Medicare-covered hospital admissions, per admission:** **Days 1-7: $325 copayment per day.**
Inpatient services in a psychiatric hospital	**In-Network** For Medicare-covered hospital stays: Days 1-7: $300 copayment per day.	**In-Network** **For Medicare-covered hospital admissions, per admission:** **Days 1-7: $325 copayment per day.**
Meal benefit	$0 copayment for qualified members for 28 meals over 14 days from plan-approved meal provider.	**Meal benefit is not covered.**
Medicare Part B prescription drugs Step therapy or authorization rules may apply to Part B drugs	Coverage for Part B drugs is not subject to step therapy requirements that specify a trial of Part D drugs prior to eligibility for a Part B drug.	**Coverage for Part B drugs may be subject to step therapy requirements that specify a trial of Part D drugs prior to eligibility for a Part B drug.**

	2025 (this year)	2026 (next year)
Non-Medicare covered mobile mental health services	For members who reside in Allegan, Barry, Berrien, Branch, Calhoun, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Kalamazoo, Macomb, Mason, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ottawa, St. Joseph, Van Buren, Washtenaw, and Wayne counties only.	**Available for members statewide.**
Outpatient diagnostic tests and therapeutic services and supplies	**Out-of-Network** $0 copayment for COVID-19 testing.	**Out-of-Network** **$55 copayment for COVID-19 testing.**
Outpatient hospital observation	**In-Network** $0 copayment for Medicare-covered outpatient hospital observation services.	**In-Network** **$130 copayment for Medicare-covered outpatient hospital observation services.**
Outpatient hospital services	**In-Network** $375 copayment for non-surgical services performed in an outpatient setting.	**In-Network** **$150 copayment for non-surgical services performed in an outpatient setting.**
Outpatient mental health care	**Out-of-Network** 50% of the approved amount for Medicare-covered visits.	**Out-of-Network** **$55 copayment for Medicare-covered visits.**
Outpatient rehabilitation services	**In-Network** $40 copayment for Medicare-covered occupational therapy,	**In-Network** **$50 copayment for Medicare-covered occupational therapy,**

	2025 (this year)	2026 (next year)
Outpatient rehabilitation services (continued)	physical therapy and speech language therapy visits.	**physical therapy and speech language therapy visits.**
Over-the-Counter (OTC): Advantage Dollars	You receive $160 per quarter.	**You receive $60 per quarter.**
Partial hospitalization services and Intensive outpatient services	**In-Network** $50 copayment for Medicare-covered services.	**In-and-Out-of-Network** **$55 copayment for Medicare-covered services.**
Pulmonary rehabilitation services	**In-Network** $0 copayment for each Medicare-covered pulmonary rehabilitation service.	**In-Network** **$10 copayment for each Medicare-covered pulmonary rehabilitation service.**
Skilled nursing facility (SNF) care	**In-Network** Days 21-100: $214 copayment per day.	**In-Network** **Days 21-100: $218 copayment per day.**
Special supplemental benefits for the chronically ill **Food and produce allowance**	You receive $160 per quarter.	**You receive $60 per quarter.**
Supervised Exercise Therapy (SET)	**In-Network** $0 copayment for supervised exercise therapy visits.	**In-Network** **$15 copayment for supervised exercise therapy visits.**
Transportation services	$0 copayment for transportation for one round trip to an annual physical exam per calendar year within the state of Michigan; no referral needed.	**Transportation services are <u>not</u> covered**

	2025 (this year)	2026 (next year)
Transportation services (continued)	$0 copayment for qualified members who live in Wayne, Oakland, Macomb, and Washtenaw counties, non-emergency medical transportation is covered for up to 28 days after a hospital discharge.	
Urgently needed services	$55 copayment for urgently needed services provided in an urgent care center.	**$50 copayment for urgently needed services provided in an urgent care center.**
Vision care		
Enhanced vision services*	**In-Network**	**LASIK or RK surgery is <u>not</u> covered.**
LASIK or RK surgery	$50 copayment.	
	Out-of-Network	
	$55 copayment.	
Eyewear	**In-Network**	**In-Network**
	The eyewear benefit provides a $150 combined in and out-of-network maximum benefit every calendar year and may be used for either (a) elective contact lenses or (b) one frame.	**The eyewear benefit provides a $100 combined in and out-of-network maximum every calendar year and may be used for either (a) elective contact lenses or (b) one frame.**
Worldwide emergency coverage	$125 copayment for each worldwide emergency visit. $55 copayment for worldwide urgent coverage.	**$130 copayment for each worldwide emergency visit.** **$50 copayment for worldwide urgent coverage.**

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 Service at 1-877-241-2583 (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 about your drug costs. If you get Extra Help and didn't get this material with this packet, call Customer Service 1-877-241-2583 (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 Tiers 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

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	The deductible is $0.	**The deductible is $150.** **During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs until you have reached the yearly deductible.** **The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, 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.

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, 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).

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.

Initial Coverage Stage	**2025 (this year)**	**2026 (next year)**
Tier 1: **Preferred Generic** 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.	*Standard cost sharing:* $5 Your cost for a one-month standard retail or mail-order prescription is $5. *Preferred cost sharing:* $0 Your cost for a one-month preferred retail or mail-order prescription is $0.	***Standard cost sharing:*** **$5** **Your cost for a one-month standard retail or mail-order prescription is $5.** ***Preferred cost sharing:*** **$0** **Your cost for a one-month preferred retail or mail-order prescription is $0.**
Tier 2: **Generic** 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.	*Standard cost sharing:* $20 Your cost for a one-month standard retail or mail-order prescription is $20. *Preferred cost sharing:* $11 Your cost for a one-month preferred retail or mail-order prescription is $11.	***Standard cost sharing:*** **$12** **Your cost for a one-month standard retail or mail-order prescription is $12.** ***Preferred cost sharing:*** **$7** **Your cost for a one-month preferred retail or mail-order prescription is $7.**
Tier 3: **Preferred Brand** We changed the tier for some of the drugs on our Drug List. To see	*Standard cost sharing:* $47 Your cost for a one-month standard retail or mail-order prescription is $47.	***Standard cost sharing:*** **20% of the total cost.** **Your cost for a one-month standard retail or mail-order**

Initial Coverage Stage	2025 (this year)	2026 (next year)
Tier 3: **Preferred Brand (continued)** if your drugs will be in a different tier, look them up on the Drug List.		**prescription is 20% of the total cost.**
	Preferred cost sharing: $42 Your cost for a one-month preferred retail or mail-order prescription is $42.	***Preferred cost sharing:*** **20% of the total cost.** **Your cost for a one-month preferred retail or mail-order prescription is 20% of the total cost.**
	You pay no more than $35 for a one-month supply of each covered insulin product on this tier.	**You pay no more than $35 for a one-month supply of each covered insulin product on this tier.**
Tier 4: **Non-Preferred Drug** 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.	*Standard cost sharing:* 50% of the total cost. Your cost for a one-month standard retail or mail-order prescription is 50% of the total cost.	***Standard cost sharing:*** **30% of the total cost.** **Your cost for a one-month standard retail or mail-order prescription is 30% of the total cost.**
	Preferred cost sharing: 50% of the total cost. Your cost for a one-month preferred retail or mail-order prescription is 50% of the total cost.	***Preferred cost sharing:*** **30% of the total cost.** **Your cost for a one-month preferred retail or mail-order prescription is 30% of the total cost.**
	You pay no more than $35 for a one-month supply of each covered insulin product on this tier.	**You pay no more than $35 for a one-month supply of each covered insulin product on this tier.**

Initial Coverage Stage	2025 (this year)	2026 (next year)
Tier 5: **Specialty Tier** 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.	*Standard cost sharing:* 33% of the total cost. Your cost for a one-month standard retail or mail-order prescription is 33% of the total cost. *Preferred cost sharing:* 33% of the total cost. Your cost for a one-month preferred retail or mail-order prescription is 33% of the total cost. You pay no more than $35 for a one-month supply of each covered insulin product on this tier.	***Standard cost sharing:*** **31% of the total cost.** **Your cost for a one-month standard retail or mail-order prescription is 31% of the total cost.** ***Preferred cost sharing:*** **31% of the total cost.** **Your cost for a one-month preferred retail or mail-order prescription is 31% of the total cost.** **You pay no more than $35 for a one-month supply of each covered insulin product on this tier.**

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

Description	2025 (this year)	2026 (next year)
Hearing services	**Non-Medicare-covered services** **Routine Hearing Exams** Covered through a primary care provider or specialist.	**Non-Medicare-covered services** **Routine Hearing Exams** **Covered through TruHearing providers.**

Description	2025 (this year)	2026 (next year)
	Hearing aid fitting and evaluation Covered through a primary care provider or specialist. **Hearing aids** Covered through Blue Cross Blue Shield of Michigan network providers.	**Hearing aid fitting and evaluation** **Covered through TruHearing providers.** **Hearing aids** **Covered through TruHearing providers.** **You must see a TruHearing provider to use these benefits. Call TruHearing at 1-833-670-5115 to schedule an appointment or assistance. TTY users, call 711. Hours of operation are 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. www.truhearing.com/**
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 Customer Service 1-877-241-2583 (TTY users call 711) or visit www.Medicare.gov**.

SECTION 3 How to Change Plans

To stay in Medicare Plus Blue + Meijer, 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 Plus Blue + Meijer.

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 be automatically disenrolled from Medicare Plus Blue + Meijer.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare Plus Blue + Meijer.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-877-241-2583 (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 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, Blue Cross Blue Shield of Michigan offers other Medicare health plans and Medicare drug 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 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. and 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 Michigan Drug Assistance Program (MIDAP). 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 1-888-826-6565 (toll-free). 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 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 1-877-241-2583 (TTY users should call 711) or visit **www.Medicare.gov**.

SECTION 5 Questions?

Get Help from Medicare Plus Blue + Meijer

- **Call Customer Service at 1-877-241-2583. (TTY users call 711.)**

  We're available for phone calls 8 a.m. to 9 p.m. Eastern time, seven days a week (October 1 through March 31) and from 8 a.m. to 9 p.m. Eastern time, Monday through Friday (April 1 through September 30). 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 Plus Blue + Meijer. 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 **www.bcbsm.com/medicare** or call Customer Service 1-877-241-2583 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.bcbsm.com/medicare**

  Our website has the most up-to-date information about our provider network (*Provider/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 Michigan, the SHIP is called MI Options.

Call MI Options to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call MI Options at 1-800-803-7174. Learn more about MI Options by visiting **www.michigan.gov/MDHHSMIOptions**.

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.