Medicare Plus Blue℠ Group PPO offered by Blue Cross Blue Shield of Michigan

University of Michigan
Annual Notice of Change for 2026

You're enrolled as a member of Medicare Plus Blue Group PPO.

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

- **You have from October 15 – November 1 to make changes to your Medicare coverage for next year.** If you don't join another plan, you'll stay in Medicare Plus Blue Group PPO.
- To change to a **different plan**, visit **www.Medicare.gov** or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at **www.bcbsm.com/umichmaplans** or call Customer Service at 1-855-669-8040 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at **1-855-669-8040** (TTY users call **711**) for more information. Hours are from 8 a.m. to 5:30 p.m. Eastern Standard Time, Monday through Friday. From October 1 through March 31, hours are 8 a.m. to 8 p.m., seven days a week. TTY users, call 711. This call is free.
- This information is available for free in a different format, including large print and audio CD. Please call Customer Service (phone numbers are in Section 4 of this booklet).

About Medicare Plus Blue Group PPO

- Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield 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 Group PPO.
- **If you do nothing by November 1, 2025, you'll automatically be enrolled in Medicare Plus Blue Group PPO.** Starting January 1, 2026, you'll get your medical through Medicare Plus Blue Group PPO. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium*	Please contact the University of Michigan's benefits administrator for information about your plan premium.	**Please contact the University of Michigan's benefits administrator for information about your plan premium.**
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 for details.)	Combined in-network and out-of-network: $3,000 per individual	**Combined in-network and out-of-network: $3,000 per individual**
Primary care office visits	$10 per visit	**$10 per visit**
Specialist office visits	$10 per visit	**$10 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.	Inpatient hospital care is covered at 100% of the approved amount.	**Inpatient hospital care is covered at 100% of the approved amount**

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.)	Please contact the University of Michigan's benefits administrator for information about your plan premium.	**Please contact the University of Michigan's benefits administrator for information about your plan premium.**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium **doesn't count** toward your maximum out-of-pocket amount.	$3,000 per individual	**$3,000 per individual** **Once you've paid $3,000 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**.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments from in-network and out-of-network	$3,000 per individual	**$3,000 per individual** **Once you've paid $3,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your**

	2025 (this year)	2026 (next year)
providers **count** toward your combined maximum out-of-pocket amount. Our plan premium **doesn't count** toward your maximum out-of-pocket amount.		**covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* **www.bcbsm.com/umichmaplans** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at **www.bcbsm.com/umichmaplans**.
- Call Customer Service at **1-855-669-8040** (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 **1-855-669-8040** (TTY users call 711) for help.

Section 1.4 There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be same in 2026 as they are in 2025.

SECTION 2 How to Change Plans

To stay in Medicare Plus Blue Group PPO, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by November 1, you'll automatically be enrolled in our Medicare Plus Blue Group PPO plan.

If you want to change to a different plan or to Original Medicare for next year, please contact the University of Michigan.

SECTION 3 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, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY 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; or
    - Your State Medicaid Office.

SECTION 4 Questions?

Get Help from Medicare Plus Blue Group PPO

- **Call Customer Service at 1-855-669-8040. (TTY users call 711.)**

  8 a.m. to 5:30 p.m. Eastern time, Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 8 p.m. Eastern time, seven days a week. This call is 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, look in the *2026 Evidence of Coverage* for Medicare Plus Blue Group 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 **www.bcbsm.com/umichmaplans** or call Customer Service at **1-855-669-8040** (TTY users call 711) to ask us to mail you a copy

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

  Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In 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.

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.