

2026

ANNUAL NOTICE OF CHANGE

**Blue Cross Medicare Advantage (PPO) Core West
H5959**

January 1, 2026 – December 31, 2026

We're here to help



Toll-free 1-866-340-8654 (TTY users call 711)
8 a.m. to 8 p.m. Central Time, seven days a week October 1 through
March 31 and available Monday through Friday the rest of the year



bluecrossmn.com/Medicare

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Blue Cross Medicare Advantage (PPO) Core offered by Blue Cross and Blue Shield of Minnesota

Annual Notice of Change for 2026

You're enrolled as a member of Blue Cross Medicare Advantage Core.

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 Blue Cross Medicare Advantage Core.
- To change to a **different plan**, visit [Medicare.gov](https://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 bluecrossmn.com/Medicare-Documents or call Customer Service at 1-800-711-9865 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-800-711-9865 (TTY users call 711). Hours are 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. This call is free.
- Upon request, we can give you information in braille, in large print, or other alternative formats if you need it.

About Blue Cross Medicare Advantage Core

- Blue Cross Medicare Advantage Core is a PPO Plan with a Medicare Contract. Enrollment in Blue Cross Medicare Advantage Core depends on contract renewal.
- When this material says "we," "us," or "our," it means Blue Cross and Blue Shield of Minnesota. When it says "plan" or "our plan," it means Blue Cross Medicare Advantage Core.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Blue Cross Medicare Advantage Core. Starting January 1, 2026, you'll get your medical and drug coverage through Blue Cross Medicare Advantage Core. 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 may be higher than this amount. Go to Section 1.1 for details. | \$0 | \$0 |
| Maximum out-of-pocket amounts This is the <u>most</u> you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.) | From network providers: \$4,900 From network and out-of-network providers combined: \$7,900 | From network providers: \$6,750 From network and out-of-network providers combined: \$10,100 |
| Doctor office visits | \$0 copayment per visit | \$0 copayment per visit |
| Specialist office visits | \$45 copayment per visit | \$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. | \$350 copayment per day for days 1–5, per stay | \$550 copayment per day for days 1–5, per stay |
| Part D drug coverage deductible (Go to Section 1.7 for details) | \$350 for Tier 3–5 drugs except for covered insulin products and most adult Part D vaccines | \$615 for Tier 3–5 drugs except for covered insulin products and most adult Part D vaccines |

| | 2025 (this year) | 2026 (next year) |
|---|--|--|
| Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage and Catastrophic Coverage Stages.) | <p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: 25% of the total cost You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: 45% of the total cost You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 5: 28% of the total cost <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs • You can have cost sharing for drugs that are covered under our enhanced benefit | <p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: 25% of the total cost You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: 43% of the total cost You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 5: 25% of the total cost <p>Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs • You can have cost sharing for drugs that are covered under our enhanced benefit |

Section 1 Changes to benefits and costs for next year

Section 1.1 Changes to the monthly plan premium

| | 2025 (this year) | 2026 (next year) |
|--|------------------------|------------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium) | \$0 | \$0 |
| Part B premium reduction | Up to \$5.80 per month | Up to \$3.10 per month |

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.

Section 1.2 Changes to your maximum out-of-pocket amount

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

| | 2025 (this year) | 2026 (next year) |
|--|---------------------|---|
| In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount Your plan premium and costs for prescription drugs don't count toward your maximum out-of-pocket amount | \$4,900 | \$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 |

| | 2025 (this year) | 2026 (next 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 | \$7,900 | \$10,100 Once you've paid \$10,100 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year |

Section 1.3 Changes to the provider network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* bluecrossmn.com/MedicareFAD 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 bluecrossmn.com/Medicare-Documents
- Call Customer Service at 1-800-711-9865 (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 1-800-711-9865 (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* bluecrossmn.com/Pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at bluecrossmn.com/Medicare-Documents
- Call Customer Service at 1-800-711-9865 (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 1-800-711-9865 (TTY users call 711) for help.

Section 1.5 Changes to benefits and costs for medical services

| | 2025 (this year) | 2026 (next year) |
|---|--|---|
| Acupuncture (Medicare-covered) | In- and Out-of-Network: \$20 copayment for each Medicare-covered visit | In- and Out-of-Network: \$15 copayment for each Medicare-covered visit |
| Acupuncture (Non-Medicare-covered) | In- and Out-of-Network: \$20 copayment for each non-Medicare-covered visit | In- and Out-of-Network: \$15 copayment for each non-Medicare-covered visit |
| Ambulance services | In- and Out-of-Network: \$290 copayment for each one-way Medicare-covered ground or air trip | In- and Out-of-Network: \$500 copayment for each one-way Medicare-covered ground or air trip |
| Ambulatory surgical center services | In-Network: \$300 copayment for each Medicare-covered stay | In-Network: \$400 copayment for each Medicare-covered stay |
| Chiropractic services (Medicare-covered) | In- and Out-of-Network: \$20 copayment for each Medicare-covered visit | In-Network: \$15 copayment for each Medicare-covered visit |
| Chiropractic services (Non-Medicare-covered) | In- and Out-of-Network: \$20 copayment for non- Medicare-covered chiropractic services Limited to 12 visits per year, x-rays excluded | In- and Out-of-Network: \$15 copayment for non- Medicare-covered chiropractic services Limited to 12 visits per year, x-rays excluded |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| Dental | <p>The maximum plan benefit for both In- and Out-of-Network services is \$2,000</p> <p>In- and Out-of-Network: \$0 copayment for up to two (2) oral exams per year</p> <p>Please see Chapter 4, Section 2.1 of the <i>Evidence of Coverage</i> for a complete list of covered dental services</p> <p>NOTE: For dental services performed by an out-of-network dentist, you will be responsible for paying the difference between the dentist's fees and Blue Cross's out-of-network provider reimbursement rates, even for services listed as \$0 copay</p> | <p>The maximum plan benefit for both In- and Out-of-Network services is \$1,000</p> <p>In- and Out-of-Network: \$10 copayment on up to two (2) oral exams per year</p> <p>Please see Chapter 4, Section 2.1 of the <i>Evidence of Coverage</i> for a complete list of covered dental services</p> <p>NOTE: For dental services performed by an out-of-network dentist, you will be responsible for paying the difference between the dentist's fees and Blue Cross's out-of-network provider reimbursement rates, even for services listed as \$0 copay</p> |
| Durable medical equipment (DME) and related supplies | <p>In-Network: 20% coinsurance for Medicare-covered continuous glucose monitoring products, which include preferred brands Dexcom and Freestyle Libre</p> <p>35% coinsurance for Medicare-covered non-preferred continuous glucose monitoring products and all other durable medical equipment</p> | <p>In-Network: 20% coinsurance for Medicare-covered continuous glucose monitoring products, which include preferred brands Dexcom and Freestyle Libre; and all other necessary supplies and all durable medical equipment</p> <p>35% coinsurance for Medicare-covered non-preferred continuous glucose monitoring products</p> |
| Emergency care | <p>In- and Out-of-Network: \$125 copayment for Medicare-covered services</p> | <p>In- and Out-of-Network: \$130 copayment for Medicare-covered services</p> |

| | 2025 (this year) | 2026 (next year) |
|--|---|--|
| Eyewear allowance | In- and Out-of-Network: You receive an allowance of \$275 for non-Medicare-covered eyewear each year | In- and Out-of-Network: You receive an allowance of \$100 for non-Medicare-covered eyewear each year |
| Inpatient psychiatric hospital services | In-Network: \$350 copayment per for days 1–5, per stay | In-Network: \$465 copayment for days 1–5, per stay |
| Occupational therapy services | In-Network: \$40 copayment for Medicare-covered services | In-Network: \$50 copayment for Medicare-covered services |
| Opioid treatment program services | In-Network: \$45 copayment for each Medicare-covered service | In-Network: \$55 copayment for each Medicare-covered service |
| Outpatient diagnostic radiological services | In-Network: \$150 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms. | In-Network: \$250 copayment for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms. |
| Outpatient diagnostic procedures and tests | In-Network: \$25 copayment for Medicare-covered diagnostic procedures and tests. Examples include, but are not limited to, EKGs, pulmonary function tests, psychological/ neuropsychological testing, home or lab-based sleep studies. | In-Network: \$50 copayment for Medicare-covered diagnostic procedures and tests. Examples include, but are not limited to, EKGs, pulmonary function tests, psychological/ neuropsychological testing, home or lab-based sleep studies. |

| | 2025 (this year) | 2026 (next year) |
|---|---|--|
| Outpatient hospital surgical services | In-Network: \$400 copayment for Medicare-covered services | In-Network: \$500 copayment for Medicare-covered services |
| Outpatient mental health care | In-Network: \$20 copayment for each Medicare-covered visit | In-Network: \$30 copayment for each Medicare-covered visit |
| Outpatient observation services | In-Network: \$400 copayment for Medicare-covered services | In-Network: \$500 copayment for Medicare-covered services |
| Outpatient substance use disorder services | In-Network: \$20 copayment for Medicare-covered services | In-Network: \$30 copayment for Medicare-covered services |
| Out-of-network cost sharing | 45% coinsurance for out-of-network services | 50% coinsurance for out-of-network services |
| Over-the-counter (OTC) items | In-Network: \$60 per quarter for covered OTC items | In-Network: \$50 every six (6) months for covered OTC items |
| Physical and speech therapy | In-Network: \$45 copayment for Medicare-covered services | In-Network: \$55 copayment for Medicare-covered services |
| Podiatry (Medicare-covered) | In-Network: \$45 copayment for Medicare-covered podiatry | In-Network: \$55 copayment for Medicare-covered podiatry |
| Podiatry (Non-Medicare-covered) | In-Network: \$45 copayment non-Medicare-covered podiatry | In-Network: \$55 copayment for non-Medicare-covered podiatry |

| | 2025 (this year) | 2026 (next year) |
|--|---|---|
| Prosthetic devices | In-Network: 35% coinsurance for Medicare-covered prosthetic devices | In-Network: 20% coinsurance for Medicare-covered prosthetic devices |
| Psychiatric services | In-Network: \$20 copayment for Medicare-covered services | In-Network: \$30 copayment for Medicare-covered services |
| Skilled nursing facility (SNF) care | In-Network: \$0 copayment per day for days 1–20 \$214 copayment per day for days 21–100 | In-Network: \$0 copayment per day for days 1–20 \$218 copayment per day for days 21–100 |
| Worldwide emergency care | In- and Out-of-Network: \$125 copayment for non-Medicare-covered services | In- and Out-of-Network: \$130 copayment for non-Medicare-covered services |
| Worldwide urgent care services | In- and Out-of-Network: \$125 copayment for non-Medicare-covered services | In- and Out-of-Network: \$130 copayment for non-Medicare-covered services |
| X-rays | In-Network: \$15 copayment for Medicare-covered x-rays | In-Network: \$25 copayment for Medicare-covered x-rays |

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 1-800-711-9865 (TTY users call 711) for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Member Services at 1-800-711-9865 (TTY users call 711) or ask your health care provider, prescriber or pharmacist for more information.

Section 1.7 Changes to prescription drug benefits and 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 by September 30, 2025, call Customer Service 1-800-711-9865 (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 3–5 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 | \$350 for Tier 3–5 drugs During this stage you pay \$0 cost sharing for drugs on Tier 1 (Preferred Generic) and Tier 2 (Generic) and the full cost of drugs on Tiers 3–5 until you’ve reached the yearly deductible | \$615 for Tier 3–5 drugs During this stage you pay \$0 cost sharing for drugs on Tier 1 (Preferred Generic) and Tier 2 (Generic) and the full cost of drugs on Tiers 3–5 until you’ve reached the yearly deductible |

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (31-day) supply filled at a network pharmacy.

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 (bluecrossmn.com/Medicare-Documents). 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) |
|--|--|--|
| Drug 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. | \$0 Your cost for a one-month (31-day) standard mail-order prescription is \$5 | \$0 Your cost for a one-month (31-day) standard mail-order prescription is \$10 |

| | 2025 (this year) | 2026 (next year) |
|---|---|--|
| Drug 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. | \$0 Your cost for a one-month (31-day) standard mail-order prescription is \$5 | \$0 Your cost for a one-month (31-day) standard mail-order prescription is \$10 |
| Drug Tier 3 (Preferred Brand) 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. | 25% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 25% of the total cost | 25% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 25% of the total cost |
| Drug 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. | 45% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 47% of the total cost | 43% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 45% of the total cost |
| Drug Tier 5 (Specialty) 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. | 28% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 28% of the total cost | 25% of the total cost Your cost for a one-month (31-day) standard mail-order prescription is 25% of the total cost |

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

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 833-696-2087 (TTY users call 711) or visit medicare.gov |

Section 3 How to change plans

To stay in Blue Cross Medicare Advantage Core, 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 Blue Cross Medicare Advantage Core.

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 Blue Cross Medicare Advantage Core.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Cross Medicare Advantage Core.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-800-711-9865 (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 [medicare.gov](https://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 and Blue Shield of Minnesota offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Section 3.1 Deadline 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 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 Minnesota Department of Human Services. 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 Minnesota Department of Human Services at (651) 431-2414 (in the Twin Cities Metro Area) or 1-800-657-3761 (Greater Minnesota). TTY users call 711. 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 1-833-696-2087 (TTY users call 711) or visit [medicare.gov](https://www.medicare.gov).

Section 5 Questions?

Get help from Blue Cross Medicare Advantage Core

- **Call Customer Service at 1-800-711-9865 (TTY users call 711)**

We're available for phone calls 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year. 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 Medicare Advantage Core. 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 bluecrossmn.com/Medicare-Documents or call Customer Service 1-800-711-9865 (TTY users call 711) to ask us to mail you a copy.

- Visit bluecrossmn.com/Medicare

Our website has the most up-to-date information about our provider network (*Provider Directory/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 Minnesota, the SHIP is called Senior LinkAge Line®.

Call Senior LinkAge Line® to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior LinkAge Line® at 1-800-333-2433 or TTY at 711. Learn more about Senior LinkAge Line® by visiting mn.gov/Senior-Linkage-Line/.

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 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 medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

Email: Civil.Rights.Coord@bluecrossmn.com
Telephone: 1-800-509-5312
Mail: Blue Cross and Blue Shield of Minnesota
ATTN: Civil Rights Coordinator P3-2
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at bluecrossmn.com/NDL, or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services,
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

ENGLISH

ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).

ESPAÑOL (Spanish)

ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).

العربية (Arabic)

تنبيه: إذا كنت تتحدث العربية، يمكنك لطلب بخدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم (الهاتف النصي 711) 1-855-903-2583.

አማርኛ (Amharic)

ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-855-903-2583 (TTY 711) ላይ ይደውሉ።

LUS HMOOB (Hmong)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).

廣東話 (Cantonese – Traditional Chinese)

請注意：如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。

简体中文 (Chinese Simplified)

注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-855-903-2583（文字电话 711）。

SOOMALI (Somali)

XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luqada dhegoolaha, in la bixiyo waraaco ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).

FRANÇAIS (French)

ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).

ខ្មែរ (Khmer)

ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាកដថាស្រ្តីយកទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់អ្នក។ ការប្រាកដថាស្រ្តីយកទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។

한국어 (Korean)

주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-855-903-2583 (TTY 711) 번으로 전화하십시오.

ကညီကျိာ် (Karen)

ဟံသုာ်ဟံသး- နမ့ၢ်ကတိၤ ကညီကျိာ် န့ၣ်,
နယုကျိာ်ဂ့ၢ်ဝိတၢ်တိၤမၤစၢၤလၢတလၢ်ဘူးလဲ သ့န့ၣ်လီၤ
နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပဲၤလၢ မဲၢ်တၢ်ထံၣ်, တၢ်န့ၢ်ဟူ, မ့တမ့ၢ်
တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျါဆဲးကျိးတၢ်လၢ
ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢန့ၢ်သ့န့ၣ်လီၤ တၢ်အံၤ
ပာ်ယုာ်ဒီး တၢ်စူးကျါ နီၣ်ခိၣ်ကတၢ်ဂီၤကျိာ်အပူၤကျိာ်ထံတၢ်တဖၣ်,
တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါၣ်ဖးဒိၣ်, မ့တမ့ၢ်
ပုၤမဲာ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၢ်ဂၤတဖၣ်
လၢတလၢ်အဘူးလဲန့ၣ်လီၤ ကိးလိတဲစိဆူ
1-855-903-2583 (TTY 711) တက့ၢ်

မြန်မာဘာသာ (Burmese)

သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊
အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို
တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ
သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက်
အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့
ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား
စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို
ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပံ့ပိုးပေးခြင်း၊
အသံဖမ်းယူခြင်းများ သို့မဟုတ်
အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့
ပါဝင်ပါသည်။ 1-855-903-2583
(TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

OROMOO (Oromo)

Xiyyeeffannoon haa kennamu:- Oromo Afaan kan
dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii
bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu,
dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif
mijatuun haala isiniif galuun mari'achuu ni
dandeenya. Kunis of keessatti kan qabatu, hiiktota
afaan mallattoo fayyadamuun maxxansa gurguddaa
ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota
biroo kaffaltii tokkoo malee gaafachuu dha.
1-855-903-2583 (TTY 711) irratti bilbilaa.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете
запросить бесплатные услуги языковой поддержки.
Если у вас есть нарушение зрения, слуха или речи, мы
можем общаться таким образом, который лучше всего
подходит вам. Это может включать бесплатное
использование переводчиков на языке жестов,
предоставление документов крупным шрифтом или
шрифтом Брайля, использование аудиозаписей или
других вспомогательных средств. Звоните по телефону
1-855-903-2583 (TTY 711).

ພາສາລາວ (Lao)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.
ຖ້າທ່ານມີຄວາມບໍ່ກະຕືລືຢູ່ດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື
ການປາກເວົ້າ,
ພວກເຮົາສາມາດສະໜອງບໍລິການທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື,
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,
ການບັນທຶກສຽງ ຫຼື
ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ
1-855-903-2583 (TTY 711).

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari
kang humingi ng mga libreng serbisyo na tulong sa
wika. Kung may kapansanan ka sa paningin, pandinig,
o pananalita, maaari tayong mag-usap sa paraan na
pinakamabuti para sa iyo. Maaaring kabilang dito ang
paggamit ng mga interpreter ng sign language,
pagbibigay ng mga dokumento na malalaki ang
pagkaprinta o Braille, mga audio recording, o iba
pang mga tulong nang walang bayad. Tumawag sa
1-855-903-2583 (TTY 711).

VIETNAMESE (Vietnamese)

LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu
cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị
khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ,
chúng tôi có thể giao tiếp theo cách phù hợp nhất
với quý vị. Điều này có thể bao gồm việc sử dụng
thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu
dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm
hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi
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