

2026

ANNUAL NOTICE OF CHANGE

Platinum BlueSM (Cost) Complete with Rx
H2461

January 1, 2026 – December 31, 2026

We're here to help



Toll-free 1-866-340-8654 (TTY 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

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Platinum BlueSM (Cost) Complete with Rx offered by Blue Cross and Blue Shield of Minnesota

Annual Notice of Change for 2026

You're enrolled as a member of Platinum Blue Complete with Rx.

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

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meets your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information see Section 3.1 of this document.**
- 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 1-866-340-8654 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-866-340-8654 (TTY users call 711) for more information. 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 Platinum Blue Complete with Rx

- Platinum Blue Complete with Rx is a Medicare-approved Cost plan offered by Blue Cross and Blue Shield of Minnesota. Enrollment in Platinum Blue Complete with Rx 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 Platinum Blue Complete with Rx.
- **If you do not sign up for a different Medicare or Medicare drug plan by December 7, 2025, you'll automatically be enrolled in Platinum Blue Complete with Rx.** Starting January 1, 2026, you'll get your medical and drug coverage through Platinum Blue Complete with Rx. 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 or lower than this amount. Go to Section 1.1 for details.	\$282.20	\$362.60
Maximum out-of-pocket amount 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.)	\$2,700	\$3,000
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$0 copayment per visit	\$0 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.	\$100 copayment per stay	\$200 copayment per stay
Part D drug coverage deductible (Go to Section 1.7 for details)	\$590 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)	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 • Drug Tier 2: \$2 • Drug Tier 3: 25% You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: 40% You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 5: 25% Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: 22% You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 4: 44% You pay up to \$35 per month supply of each covered insulin product on this tier • Drug Tier 5: 25% Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs

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 plan premium (You must also continue to pay your Medicare Part B premium)	\$282.20	\$362.60

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 for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount Your plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount	\$2,700	\$3,000 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

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 1-866-340-8654 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-340-8654 (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 1-866-340-8654 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-866-340-8654 (TTY users call 711) for help.

Section 1.5 Changes to benefits and costs for medical services

	2025 (this year)	2026 (next year)
Ambulance services	\$0 copayment for each one-way Medicare-covered ground or air trip	\$200 copayment for each one-way Medicare-covered ground or air trip
Dental services	The maximum plan benefit for both In- and Out-of-Network services is \$2,000 Please see Chapter 4, Section 2.1 of the Evidence of Coverage for a complete list of covered dental services 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	The maximum plan benefit for both In- and Out-of-Network services is \$1,000. Please see Chapter 4, Section 2.1 of the Evidence of Coverage for a complete list of covered dental services 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
Diabetic therapeutic shoes and inserts	0% coinsurance for diabetic therapeutic shoes and inserts	20% coinsurance for diabetic therapeutic shoes and inserts
Dialysis services	\$0 copayment for Medicare-covered services	20% coinsurance for Medicare-covered services

	2025 (this year)	2026 (next year)
Durable medical equipment (DME) and related supplies	\$0 copayment for Medicare-covered preferred continuous glucose monitoring products, which include preferred brands Dexcom and Freestyle Libre; and all other durable medical equipment 20% coinsurance for Medicare-covered non-preferred continuous glucose monitoring products	20% coinsurance for Medicare-covered preferred continuous glucose monitoring products, which include preferred brands Dexcom and Freestyle Libre; and all necessary supplies and all other durable medical equipment 40% coinsurance for Medicare-covered non-preferred continuous glucose monitoring products
Emergency care	\$0 copayment for Medicare-covered services	\$50 copayment for Medicare-covered services This copayment is waived if you are admitted to the hospital within 24 hours
Inpatient psychiatric hospital services	\$100 copayment per stay	\$200 copayment per stay
Medical supplies	0% coinsurance for Medicare-covered medical supplies	20% coinsurance for Medicare-covered medical supplies
Medicare Part B drugs	0% coinsurance for Medicare Part B biologicals that are not usually self-administered but are administered by a healthcare professional, medications packaged for use in a nebulizer, self-administered Erythropoietin (EPO) when provided in accordance with Medicare guidelines	20% coinsurance for Medicare Part B biologicals that are not usually self-administered but are administered by a healthcare professional, medications packaged for use in a nebulizer, self-administered Erythropoietin (EPO) when provided in accordance with Medicare guidelines
Outpatient hospital surgical services	\$0 copayment for Medicare-covered services	\$50 copayment for Medicare-covered services

	2025 (this year)	2026 (next year)
Outpatient observation services	\$0 copayment for Medicare-covered services	\$50 copayment for Medicare-covered services
Prosthetic devices	0% coinsurance for Medicare-covered prosthetic devices	20% coinsurance for Medicare-covered prosthetic devices
Skilled nursing facility (SNF) care	\$0 copayment per day for days 1–20 You pay a \$0 copayment per day for days 21–100	\$0 copayment per day for days 1–20 You pay a \$109 copayment per day for days 21–100
Worldwide emergency services	\$0 copayment for non-Medicare-covered services	\$50 copayment for non-Medicare-covered services This copayment is waived if you are admitted to the hospital within 24 hours

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 1-866-340-8654 (TTY users call 711) 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 1-866-340-8654 (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 Part D drugs on Tiers 3-5 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.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible Stage	\$590 for Tier 3-5 drugs During this stage, you pay \$0 for drugs on Tier 1 (Preferred Generic), \$2 for drugs on Tier 2 (Generic), and the full cost of drugs on Tier 3-5 until you've reached the yearly deductible	\$615 for Tier 3-5 drugs During this stage, you pay \$0 for drugs on Tier 1 (Preferred Generic), \$0 for drugs on Tier 2 (Generic), and the full cost of drugs on Tier 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/Drugs). 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	\$0
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.	You pay up to \$2 per month supply of each covered insulin product in this tier Your cost for a one-month (31-day) prescription at a standard mail-order pharmacy is \$7	You pay up to \$0 per month supply of each covered insulin product in this tier Your cost for a one-month (31-day) prescription at a standard mail-order pharmacy is \$5
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) prescription at a standard mail-order pharmacy is 25% coinsurance	22% of the total cost Your cost for a one-month (31-day) prescription at a standard mail-order pharmacy is 22% coinsurance

	2025 (this year)	2026 (next year)
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.	40% of the total cost Your cost for a one-month (31-day) prescription at a standard mail-order pharmacy is 42% coinsurance	44% of the total cost Your cost for a one-month (31-day) prescription at a standard mail-order pharmacy is 46% coinsurance
Drug Tier 5 (Specialty)	25% of the total cost	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.

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 Platinum Blue Complete with Rx, you don't need to do anything. Unless you sign up for a Medicare Advantage or drug plan or change to Original Medicare by December 7, you'll automatically be enrolled in Platinum Blue Complete with Rx. If you want to change to a different Cost plan, you may do so anytime the Cost plan is accepting members.

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 Platinum Blue Complete with Rx.
- **To add a Medicare drug plan or change to a different drug plan,** enroll in the new drug plan. You will continue to receive your medical benefits from Platinum Blue Complete.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan and send us a written request to disenroll from Platinum Blue Complete with Rx. Call Customer Service at 1-866-340-8654 (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 call 1-877-486-2048. Enrolling in the new drug plan will not automatically disenroll you from Platinum Blue Complete with Rx.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-866-340-8654 (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 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 Deadlines for changing plans

People with Medicare can make changes to their Medicare Advantage or drug 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 may have other chances to change their Medicare Advantage or drug coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

Section 4 Get help paying for prescription drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users 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 Platinum Blue Complete with Rx

- **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, look in the 2026 *Evidence of Coverage* for Platinum Blue Complete with Rx. 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 call 1-877-486-2048.

- **Chat live with [medicare.gov](https://www.medicare.gov)**

You can chat live at [medicare.gov/Talk-To-Someone](https://www.medicare.gov/Talk-To-Someone)

- **Write to Medicare**

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

- **Visit [medicare.gov](https://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 [medicare.gov](https://www.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 ከሆን፣ 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 waraqa 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 យើងអាចប្រាកដស្រ្តីយទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់អ្នក។ ការប្រាកដស្រ្តីយទាក់ទងនេះអាចមានដូចជា អ្នកបកប្រែភាសាសញ្ញា 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, တၢ်နၢ်ဟူ, မ့တမ့ၢ်
တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျါဆဲးကျိးတၢ်လၢ
ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ တၢ်အံၤ
ပၣ်ယုာ်ဒီး တၢ်စူးကျါ နီၣ်ခိၣ်ဂီၢ်ကျိာ်အပူၤကျိာ်ထံတၢ်တဖၣ်,
တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျါၣ်ဖးဒိၣ်, မ့တမ့ၢ်
ပုၤမဲာ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၢ်တဖၣ်
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,
ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.
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
số 1-855-903-2583 (TTY 711).