



2026

ANNUAL NOTICE OF CHANGE

MedicareBlueSM Rx Standard (PDP) offered by
Blue Cross and Blue Shield

Annual Notice of Change for 2026

You are enrolled as a member of MedicareBlue Rx Standard. 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 do not join another plan by December 7, 2025, you will stay in MedicareBlue Rx Standard.
- 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 **YourMedicareSolutions.com** or call Customer Service at **1-888-832-0075** (TTY users call **711**) to get a copy by mail.

More Resources

- Call Customer Service at **1-888-832-0075** (TTY users call **711**) for more information. Hours are daily from 8 a.m. to 8 p.m., Central and Mountain times. This call is free. This information is available in different formats, including braille, large print, and audio. Please call Customer Service if you need plan information in another format or language.

About MedicareBlue Rx Standard

- MedicareBlueSM Rx Standard (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.
- Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.
*Independent licensees of the Blue Cross and Blue Shield Association
- When this material says “we,” “us,” or “our,” it means Blue Cross and Blue Shield. When it says “plan” or “our plan,” it means MedicareBlue Rx Standard.

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Summary of important costs for 2026

The table below compares the 2025 costs and 2026 costs for MedicareBlue Rx Standard in several important areas. **Please note this is only a summary of costs.**

Cost	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$51.00	\$101.00
Part D prescription drug coverage (Go to Section 1.3 for details.)	Deductible: \$590 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1 <i>Standard retail cost sharing:</i> You pay \$7 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription.	Deductible: \$615 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1 <i>Standard retail cost sharing:</i> You pay \$5 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription.
	Drug Tier 2 <i>Standard retail cost sharing:</i> You pay \$11 per prescription. <i>Preferred retail cost sharing:</i> You pay \$2 per prescription.	Drug Tier 2 <i>Standard retail cost sharing:</i> You pay \$7 per prescription. <i>Preferred retail cost sharing:</i> You pay \$1 per prescription.
	Drug Tier 3 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred retail cost sharing:</i> You pay 23% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	Drug Tier 3 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred retail cost sharing:</i> You pay 22% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.

Part D prescription drug coverage (Go to Section 1.3 for details.)	Drug Tier 4 <i>Standard retail cost sharing:</i> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred retail cost sharing:</i> You pay 48% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	Drug Tier 4 <i>Standard retail cost sharing:</i> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred retail cost sharing:</i> You pay 42% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.
	Drug Tier 5 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. <i>Preferred retail cost sharing:</i> You pay 25% of the total cost.	Drug Tier 5 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. <i>Preferred retail cost sharing:</i> You pay 25% of the total cost.
	Catastrophic Coverage: <ul style="list-style-type: none"> During this payment stage, the plan pays the full cost of your covered Part D drugs. You pay nothing. 	Catastrophic Coverage: <ul style="list-style-type: none"> 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

Cost	2025 (this year)	2026 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$51.00	\$101.00

Factors that could change your Part D premium amount

- Late Enrollment Penalty - Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is 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 prescription drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your prescription drug costs. Go to Section 1 for more information about Extra Help from Medicare.

Section 1.2 – 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 Pharmacy Directory* to see which pharmacies are in our network. Here is how to get an updated *Pharmacy Directory*:

- Visit our website at **YourMedicareSolutions.com**.

Call Customer Service at **1-888-832-0075** (TTY users call **711**) to get current provider 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 **1-888-832-0075** (TTY users call **711**) for help.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically at **YourMedicareSolutions.com**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please 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 or working to find a new drug. Call Customer Service at **1-888-832-0075** (TTY users call **711**) for more information.

We may immediately remove brand name drugs or original biological products on our Drug List if we replace it with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or a 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 higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that is being replaced by a biosimilar, 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 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: <https://www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You can also call Customer Service at **1-888-832-0075** (TTY users call **711**) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.4 Changes to Prescription Drug Benefits and Costs

Do you get Extra Help to pay for your drug coverage costs?

If you are in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** We have sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material by 12/31/2025, call Customer Service at **1-888-832-0075** (TTY users call **711**) and ask for the *LIS Rider*.

Drug payment stages

There are three **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 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.

- **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 total drug 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 do not 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)
\$590 deductible	\$615 deductible

Drug costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30 day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

2025 (this year)	2026 (next year)
Your cost for a one-month supply filled at a network pharmacy:	Your cost for a one-month supply filled at a network pharmacy:
<p>Tier 1 preferred generic</p> <p><i>Standard cost sharing:</i> You pay \$7 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$7 for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 for a one-month mail-order prescription.</p>	<p>Tier 1 preferred generic</p> <p><i>Standard cost sharing:</i> You pay \$5 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$5 for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 for a one-month mail-order prescription.</p>
<p>Tier 2 generic</p> <p><i>Standard cost sharing:</i> You pay \$11 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$2 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$11 for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$2 for a one-month mail-order prescription.</p>	<p>Tier 2 generic</p> <p><i>Standard cost sharing:</i> You pay \$7 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> <p><i>Standard cost sharing:</i> You pay \$7 for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$1 for a one-month mail-order prescription.</p>
<p>Tier 3 preferred brand</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 23% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 23% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 3 preferred brand</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 22% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 22% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

<p>Tier 4 non-preferred drug</p> <p><i>Standard cost sharing:</i> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 48% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 50% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 48% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 4 non-preferred drug</p> <p><i>Standard cost sharing:</i> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 42% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> You pay 50% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay 42% of the total cost for a one-month mail-order prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>
<p>Tier 5 specialty</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription.</p>	<p>Tier 5 specialty</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost for a one-month mail-order prescription.</p>

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 4, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	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.	<p>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.</p> <p>To learn more about this payment option, contact customer support at 1-833-696-2087 or visit Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in MedicareBlue Rx Standard, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MedicareBlue Rx Standard plan.

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

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you will automatically be disenrolled from MedicareBlue Rx Standard.
 - You will automatically be disenrolled from MedicareBlue Rx Standard if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep MedicareBlue Rx Standard for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from MedicareBlue Rx Standard. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from MedicareBlue Rx Standard. To ask to be disenrolled, you must send us a written request or contact Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week (TTY users should call **1-877-486-2048**).
- **To change to Original Medicare with drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from MedicareBlue Rx Standard.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at **1-888-832-0075** (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).

- **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).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7**.

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 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 separate Medicare prescription drug coverage) or switch to Original Medicare (with or without Medicare prescription drug plan) 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 prescription drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify will not 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**
 - Your State Medicaid Office
- **Help from your state's pharmaceutical assistance program (SPAP).** Montana has a program called the Big Sky Rx Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP).

Montana

Big Sky Rx Program

P.O. Box 202915

Helena, MT 59620

In-state toll free: **1-866-369-1233** TTY: **711**

The website for your local SPAP is dphhs.mt.gov/SLTC/aging/BigSky

Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Wyoming

None available

- **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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing help through the state-specified programs in the list that follows. 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 your state's program (listed next). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Iowa

Iowa Health and Human Services Bureau of
HIV, STI and Hepatitis

321 East 12th Street.

Des Moines, IA 50319-0075

Call: **515-204-3746**

Toll Free: **800-448-0440**

TTY: **711**

Minnesota

HIV/AIDS Programs Department of Human
Services

P.O. Box 64972

St. Paul, MN 55164-0972

Call: **612-373-2437**

Toll free: **1-800-657-3761**

TTY: **711**

Montana

Montana AIDS Drug Assistance Program

1400 Broadway

Cogswell Building C-211

Helena, MT 59620

Call: **406-444-3565**

Nebraska

Ryan White Program

Department of Health & Human Services

P.O. Box 95026

Lincoln, NE 68509-5026

Call: **402-471-2101**

North Dakota

Ryan White Program Part B

North Dakota Department of Health Division of
Disease Control

600 E Boulevard Ave

Department #325

Bismarck, ND 58505-0250

Call: **701-328-2378**

Toll free: **1-800-472-2180**

TTY: **711**

South Dakota

South Dakota Department of Health, Ryan
White Part B CARE Program

615 E. 4th Street

Pierre, SD 57501-1700

Call: **605-773-3737**

Toll free: **1-800-592-1861**

Wyoming

Wyoming Department of Health

401 Hathaway Building

Cheyenne, WY 82002

Call: **307-777-6563**

- **Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call customer support at **1-833-696-2087** or visit **Medicare.gov**.

SECTION 5 Questions?

Get help from MedicareBlue Rx Standard

- Call Customer Service at **1-888-832-0075**. (TTY users call **711**) We are available for phone calls 8 a.m. to 8 p.m., daily, Central and Mountain times. 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 MedicareBlue Rx Standard. 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 **YourMedicareSolutions.com** or call Customer Service at **1-888-832-0075**. (TTY users call **711**) to ask us to mail you a copy.

Visit YourMedicareSolutions.com

Our website **YourMedicareSolutions.com** has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Call the SHIP in your state to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. See the list that follows for the SHIP in your state. If you do not live in one of the states listed next, please call Customer Service for the SHIP in your state.

Iowa

Iowa SHIP—Senior Medicare Patrol
1963 Bell Avenue, Suite 100
Des Moines, IA 50315
Toll free: **1-800-351-4664**
TTY: **1-800-735-2942**
shiip.iowa.gov

Minnesota

Senior LinkAge Line®
540 Cedar Street
St. Paul, MN 55164
Toll free: **1-800-333-2433**
TTY: **711**
mn.gov/senior-linkage-line/

Montana

Senior and Long Term Care
PO Box 4210
Helena, MT 59604
Toll free: **1-800-551-3191**
TTY: **800-833-8503**
dphhs.mt.gov/SLTC/aging/SHIP

Nebraska

Nebraska Senior Health Insurance Program
1526 K Street, Suite 201
Lincoln, NE 68508
Toll free: **1-800-234-7119**
TTY: **1-800-833-7352**
doi.nebraska.gov/Nebraska-ship-smp

North Dakota

North Dakota Insurance Department
State Health Insurance Counseling Program
600 East Boulevard Ave.
Bismarck, ND 58505-0320
Toll free: **1-888-575-6611**
TTY: **1-800-366-6888**
insurance.nd.gov/consumers/medicare

South Dakota

SHIINE – Senior Health Information and
Insurance Education
3800 E Hwy 34
Pierre, SD 57501
Toll free: **1-888-854-5321**
TTY: **711**
dhs.sd.gov/en/ltss/shiine

Wyoming

Wyoming State Health Insurance Information
Program (WSHIP)
106 West Adams Avenue
Riverton, WY 82501
Toll free: **1-800-856-4398**
TTY: **711**
**wyomingseniors.com/services/wyoming-
state-health-insurance-information-program**

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 should call **1-877-486-2048**.

- **Chat live with**

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 prescription drug 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**.

Notice of Availability

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-832-0075 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-832-0075 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-832-0075 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-832-0075 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-832-0075 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-832-0075 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-832-0075 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-832-0075 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-832-0075 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-832-0075 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-888-832-0075 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-832-0075 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-832-0075 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-832-0075 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-832-0075 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-832-0075 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-832-0075 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



MedicareBlueSM Rx (PDP)
A Medicare Prescription Drug Plan

NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

Discrimination is Against the Law

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). MedicareBlue Rx does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

MedicareBlue Rx:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our post-enrollment call center at 1-888-832-0075, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that MedicareBlue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

MedicareBlue Rx Civil Rights Coordinator
3400 Yankee Drive
Eagan, MN 55121
Phone: (651) 662-0099

Email: MedicareBlueRx@bluecrossmn.com

You can file by mail, phone, or email. If you need help filing a grievance, the MedicareBlue Rx Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For more information:



Visit **YourMedicareSolutions.com**



Call **1-888-832-0075** (TTY: **711**)
Daily from 8 a.m. to 8 p.m., Central and Mountain times



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