



BlueCHiP for Medicare Access (HMO-POS) offered by Blue Cross & Blue Shield of Rhode Island (BCBSRI)

Annual Notice of Change for 2027

You're enrolled as a member of BlueCHiP for Medicare Access (HMO-POS).

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, 2026, you'll stay in BlueCHiP for Medicare Access (HMO-POS).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* 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 bcbsri.com/medicare/planmaterials or call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call our Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, seven days a week, 8:00 a.m. to 8:00 p.m.; April 1 – September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday 8:00 a.m. to noon. An automated answering system is available outside of these hours. This call is free.
- This document is available in large print, braille, audio CD and data CD.

About BlueCHiP for Medicare Access (HMO-POS)

- Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Blue Cross & Blue Shield of Rhode Island (BCBSRI). When it says “plan” or “our plan,” it means BlueCHiP for Medicare Access (HMO-POS).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in BlueCHiP for Medicare Access (HMO-POS).** Starting January 1, 2027, you'll get your medical and drug coverage through BlueCHiP for Medicare Access (HMO-POS). Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$27.30	\$31.30[^]
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$6,000 In-Network \$10,000 Out-of-Network	\$6,000 In-Network \$10,000 Out-of-Network
Primary care office visits	In-Network \$0 per visit	In-Network \$0 per visit
Specialist office visits	In-Network \$0 - \$35 per visit	In-Network \$0 - \$35 per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In-Network \$400 per day for days 1-6	In-Network \$400 per day for days 1-6

[^] Members must have Low Income Subsidies (LIS) to qualify for \$0 premium. Refer to Section 1.7 for Low-Income Subsidy/ "Extra Help" information.

	2026 (this year)	2027 (next year)
Part D drug coverage* (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615; except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost Drug Tier 2: 25% of the total cost Drug Tier 3: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier. Drug Tier 4: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier. Drug Tier 5: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier.	Part D drug coverage deductible \$700; except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost Drug Tier 2: 25% of the total cost Drug Tier 3: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier. Drug Tier 4: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier. Drug Tier 5: 25% of the total cost You pay no more than \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier.

*Members that have Low Income Subsidies (LIS) will have a \$0 deductible and pay the applicable LIS copayments for Tiers 1 through 5 for 2027. Refer to Section 1.7 for Low-Income Subsidy/ “Extra Help” information.

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$27.30	\$31.30[^]

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 Part D or 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.

[^] Members must have Low Income Subsidies (LIS) to qualify for \$0 premium. Refer to Section 1.7 for Low-Income Subsidy/ "Extra Help" information.

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 services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,000 Once you've paid \$6,000 out of pocket for covered in-network services, you'll pay nothing for your covered services for the rest of the calendar year. Once you've paid \$10,000 out of pocket for covered out-of-network services, you will pay nothing for your covered services for the rest of the calendar year.	There is no change to the maximum out of pocket amounts for 2027. \$6,000 Once you've paid \$6,000 out of pocket for covered in-network services, you'll pay nothing for your covered services for the rest of the calendar year. Once you have paid \$10,000 out of pocket for covered out-of-network services, you will pay nothing for your covered 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 2027 *Provider Directory* bcbsri.com/medicare/planmaterials 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 bcbsri.com/medicare/planmaterials.
- Call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (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 our Medicare

Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes mail order pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network mail order pharmacies for some drugs.

There are no changes to our network of pharmacies for next year.

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 our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Over-the-Counter Items	\$50 allowance per quarter	\$25 allowance per quarter

You may be eligible for lower cost sharing, which is part of Special Supplemental Benefits for the Chronically Ill (SSBCI) if you are living with one or more qualifying chronic condition(s), as defined by CMS, you receive a Low-Income Subsidy (also called Extra Help), and have selected a High Value Provider as your Primary Care Provider, you could have **reduced cost sharing on the following Part A and Part B medical benefits:**

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain	\$15 copayment	\$10 copayment

	2026 (this year)	2027 (next year)
Cardiac Rehabilitation including intensive cardiac rehabilitation services	\$40 copayment	\$0 copayment
Chiropractic Services	\$15 copayment	\$10 copayment
Diagnostic Hearing & Vision Exams	\$35 copayment	\$10 copayment
Inpatient Hospital Care	\$400 copayment per day for days 1-6	\$150 copayment per day for days 1-6
Inpatient Services in a Psychiatric Hospital	\$390 copayment for days 1-6	\$150 copayment per day for days 1-6
Opioid Treatment Program	\$35 copayment per visit	\$10 copayment per visit
Outpatient hospital observation	\$400 copayment	\$200 copayment
Outpatient mental health and psychiatric care	\$0 - \$35 copayment per visit	\$0 - \$10 copayment per visit
Outpatient rehabilitation services (PT/OT/ST)	\$0 - \$35 copayment per visit	\$0 - \$10 copayment per visit
Outpatient substance use disorder Services	\$0 - \$35 copayment	\$0 - \$10 copayment
Outpatient surgery, ambulatory surgical center	\$0 - \$300 copayment	\$0 - \$200 copayment

	2026 (this year)	2027 (next year)
Outpatient surgery, hospital outpatient facilities	\$0 - \$400 copayment	\$0 - \$200 copayment
Outpatient diagnostic tests and therapeutic services and supplies	X-rays: \$25 copayment High-tech radiology: \$0 - \$150 copayment Diagnostic tests and procedures: \$50 copayment	X-rays: \$0 copayment High-tech radiology: \$0 - \$75 copayment Diagnostic tests and procedures: \$0 copayment
Podiatry Services (including Routine Podiatry)	\$35 copayment	\$10 copayment
Specialist	\$0 - \$35 copayment per visit	\$0 - \$10 copayment per visit
Supervised Exercise Therapy (SET)	\$25 copayment per visit	\$0 copayment per visit

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 and posted online at bcbsri.com/medicare/planmaterials

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 our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (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.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you've reached 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 total drug costs reach \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible*	\$615	\$700

Drug Costs in Stage 2: Initial Coverage

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 \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026* (this year)	2027* (next year)
Tier 1 Preferred Generic:	25% of the total cost	25% of the total cost
Tier 2: Generic	25% of the total cost	25% of the total cost
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	25% of the total cost	25% of the total cost
Tier 5: Specialty Tier	25% of the total cost	25% of the total cost
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.	There is no insulin cost sharing on this tier	You pay \$35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier.

*Members that have Low Income Subsidies (LIS) will have a \$0 deductible and pay the applicable LIS copayments for Tiers 1 through 5 for 2027. Refer to Section 1.7 for Low-Income Subsidy/ "Extra Help" information.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan Contact Information	Phone: 833-246-6559 TTY: 711 Hours: 8 a.m. to 11 p.m. 7 days a week Write: Customer Support MPPP Support Dept. 810 Sharon Dr. Westlake, OH 44145	Phone: 833-893-2482 TTY: 711 Hours: 24 hours a day, 7 days a week Write: Blue Cross & Blue Shield of Rhode Island Attn: M3P Elections 9450 SW Gemini Dr., Suite 87234 Beaverton, OR 97008

SECTION 3 How to Change Plans

To stay in BlueCHiP for Medicare Access (HMO-POS), you don't need to do anything.

Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our BlueCHiP for Medicare Access (HMO-POS).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from BlueCHiP for Medicare Access (HMO-POS). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from BlueCHiP for Medicare Access (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (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 2027 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Cross & Blue Shield of Rhode Island offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, 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, 2027.

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 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 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).** Rhode Island has a program called Rhode Island Pharmaceutical Assistance to Elders (RIPAE) 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). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **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 Ryan White HIV/AIDS program. 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 (401) 462-3295. 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. 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 2027, and you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from BlueCHiP for Medicare Access (HMO-POS)

- **Call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY users call 711.)**

We're available for phone calls October 1 – March 31, seven days a week, 8:00 a.m. to 8:00 p.m.; April 1 – September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday 8:00 a.m. to noon. An automated answering system is available outside of these hours. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for BlueCHiP for Medicare Access (HMO-POS). 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 bcbsri.com/medicare/planmaterials or call our Medicare Concierge Team at (401) 277-2958 (TTY users call 711) to ask us to mail you a copy.

- **Visit bcbsri.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 Rhode Island, the SHIP is called the Senior Health Insurance Program.

Call the Senior Health Insurance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the Senior Health Insurance Program at (401)462-0560. Learn more about the Senior Health Insurance Program by visiting <https://www.shiphelp.org>

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](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 2027***

The *Medicare & You 2027* 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 can call 1-877-486-2048.