



BlueCHiP for Medicare Core (HMO) 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 Core (HMO).

This material describes changes to your 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 Core (HMO).
- 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 Core (HMO)

- 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 material 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 Core (HMO).

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in BlueCHIP for Medicare Core (HMO).** Starting January 1, 2027, you'll get your medical coverage through BlueCHIP for Medicare Core (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
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.)	\$5,000	\$5,000
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 - \$30 per visit	\$0 - \$30 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.	\$275 per day for days 1-6	\$275 per day for days 1-6

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.)	\$0	\$0 There is no change for the upcoming benefit year.

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. Costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,000 Once you've paid \$5,000 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.	\$5,000 Once you've paid \$5,000 out of pocket for covered services, you'll 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 your 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.

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

Our benefits and what you pay for these covered medical services will be the same in 2027 as they are in 2026.

SECTION 2 How to Change Plans

To stay in BlueCHiP for Medicare Core (HMO), you don't need to do anything. Unless you sign up for a different Medical health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our BlueCHiP for Medicare Core (HMO).

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 Core (HMO). 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 separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueCHiP for Medicare Core (HMO).
- **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 page 2).
- **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 2.1 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 2.2 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 3 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan 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 or
- 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.

SECTION 4 Questions?

Get Help from BlueCHiP for Medicare Core (HMO)

- **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, look in the 2027 *Evidence of Coverage* for BlueCHiP for Medicare Core (HMO). The *Evidence of Coverage* is the legal, detailed description of your 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) 267-0439 (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*).

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.