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

Annual Notice of Change for 2026

You're enrolled as a member of BlueCHiP for Medicare Value (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, 2025, you'll stay in BlueCHiP for Medicare Enhanced (HMO-POS).
- 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 www.bcbsri.com/medicare 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 Value (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 Value (HMO-POS).

- On January 1, 2026, Blue Cross & Blue Shield of Rhode Island will be combining BlueCHiP for Medicare Value (HMO-POS) with one of our plans, BlueCHiP for Medicare Enhanced (HMO-POS). This material tells you about the differences between your current benefits in BlueCHiP for Medicare Value (HMO-POS) and the benefits you'll have on January 1, 2026, as a member of BlueCHiP for Medicare Enhanced (HMO-POS).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueCHiP for Medicare Enhanced (HMO-POS).** Starting January 1, 2026, you'll get your medical and drug coverage through BlueCHiP for Medicare Enhanced (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 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$0	**$35**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$5,250 In-Network $10,000 Out-of-Network	**$5,750 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** $30 per visit	**In-Network** **$0 - $40 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.	**In-Network** $350 per day for days 1-5	**In-Network** **$400 per day for days 1-6**

	2025 (this year)	2026 (next year)
Part D drug coverage deductible(Go to Section 1.7 for details.)	No deductible	**$500 (Tiers 3-5); except for covered insulin products and most adult Part D vaccines**
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: $5 Drug Tier 3: $47 You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 40% of the total cost You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost 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: 25% of the total cost** **You pay $35 or 25% of the total cost, whichever is lesser per month supply of each covered insulin product on this tier.** **Drug Tier 4: 30% of the total cost** **You pay $35 or 25% of the total cost, whichever is lesser per month supply of each covered insulin product on this tier.** **Drug Tier 5: 27% of the total cost** **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

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	$35

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 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. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$5,250 Once you have paid $5,250 out-of-pocket for covered in-network services, you will pay nothing for your covered in-network 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 out-of-network services for the rest of the calendar year.	**$5,750** **Once you have paid $5,750 out-of-pocket for covered in-network services, you will pay nothing for your covered in-network 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 out-of-network 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* www.bcbsri.com/medicare 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 www.bcbsri.com/medicare.
- 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. 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.bcbsri.com/medicare to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.bcbsri.com/medicare
- Call our Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (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 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

	2025 (this year)	2026 (next year)
Acupuncture (Non-Medicare covered)	$15 copayment	**Acupuncture (Non-Medicare) is not covered.**
Ambulance Services	$175 copayment per trip	**$200 copayment per trip**
Cardiac Rehabilitation	$25 copayment	**$40 copayment**
Chiropractic Services	$20 copayment	**$15 copayment**

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies	$0 copayment OneTouch Monitor, OneTouch Verio® Flex Meter, OneTouch Verio® Meter, OneTouch Verio® IQ Meter, OneTouch Ultra® 2 Meter, OneTouch Ultra® Mini Meter, OneTouch Verio® Reflect Meter, OneTouch Test Strips, OneTouch Ultra® Test Strips-25, 50 or 100 strip box, OneTouch Verio® Test Strips-25, 50 or 100 strip box	**$0 copayment** **FreeStyle Freedom Lite Meter, FreeStyle InsuLinx Glucose System, FreeStyle InsuLinx Test Strips, FreeStyle Lite Meter, FreeStyle Lite Test Strips, FreeStyle Precision Neo Test strips, FreeStyle Test Strips, Precision Xtra Monitor, Precision Xtra Test Strips**
Diagnostic Hearing & Vision Exams	$30 copayment	**$40 copayment**
Emergency Care	$100 copayment	**$130 copayment**
Fitness Benefit	$0 copayment	**$0 copayment** **Please be aware that the fitness facility network has been updated, and there may be a fee associated using your current facility.**
Flexible Benefit Card (Dental and Hearing Allowance)	$200 allowance	**Flexible Benefit Card is <u>not</u> Covered**
Hearing Aid coverage	$0 - $1,475 copayment	**$300 - $1,775 copayment**
Inpatient Hospital Care	$350 copayment per day for days 1-5	**$400 copayment per day for days 1-6**

	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital	$350 copayment for days 1-5	**$375 copayment for days 1-6**
Opioid Treatment program	$30 copayment per visit	**$40 copayment per visit**
Outpatient hospital observation	$350 copayment	**$450 copayment**
Outpatient mental health and psychiatric care	$30 copayment per visit	**$0 - $40 copayment per visit**
Outpatient rehabilitation services (PT/OT/ST)	$30 copayment per visit	**$0 - $40 copayment per visit**
Outpatient substance use disorder Services	$30 copayment	**$0 - $40 copayment**
Outpatient surgery, ambulatory surgical center	$0 - $275 copayment	**$0 - $350 copayment**
Outpatient surgery, hospital outpatient facilities	$0 - $350 copayment	**$0 - $450 copayment**
Outpatient diagnostic tests and therapeutic services and supplies	X-rays: $0 copayment High-tech radiology: $150 copayment Other diagnostic tests and procedures: $0	**X-rays: $25 copayment** **High-tech radiology: $0 - $200 copayment** **Other diagnostic tests and procedures: $50**
Over the Counter (OTC)	$75 allowance per quarter	**$25 allowance per quarter**

	2025 (this year)	2026 (next year)
Partial hospitalization services and Intensive outpatient services	$50 copayment per day	**$100 copayment per day**
Point of Service (POS) coverage	20% of the total cost	**30% of the total cost**
Podiatry Services (including Routine Podiatry)	$30 copayment per visit	**$40 copayment per visit**
Post Discharge Meals	14 Meals per week	**Post Discharge Meals are <u>not</u> covered.**
Skilled Nursing Facility	$0 copayment for days 1-20 $214 copayment for days 21-45 $0 for days 46-100	**$10 copayment for days 1-20** **$218 copayment for days 21-45** **$0 for days 46-100**
Specialist	$30 copayment per visit	**$0 - $40 copayment per visit**
Telehealth	Cost varies by service	**$0 for select services**
Urgently needed services	$30 copayment per visit	**$50 copayment per visit**
Vision hardware allowance	$250 allowance Per Year	**$200 allowance Per Year**

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 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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty 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 $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**$500.** **During this stage, you pay $0 cost sharing for drugs on Tier 1 and Tier 2, and the full cost of drugs on Tier 3 - 5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

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)**
Tier 1 Preferred Generic:	$0	**$0**
Tier 2: Generic	$5	**$0**
Tier 3: Preferred Brand	$47 You pay $35 per month supply of each covered insulin product on this tier.	**25% of the total cost** **You pay $35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier.**
Tier 4: Non-Preferred Drug	40% of the total cost You pay $35 per month supply of each covered insulin product on this tier.	**30% of the total cost** **You pay $35 or 25%, whichever is lesser per month supply of each covered insulin product on this tier.**
Tier 5: Specialty Tier 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.	33% of the total cost	**27% 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)
Fitness Benefit	$0 per month	**$0 per month** **Please be aware that the fitness facility network has been updated, and there may be a monthly fee associated using your current facility.**
Home Health Services	Home Health services do not require prior authorization	**Home Health services do require prior authorization**
Medical Drug Review	Part B Drug Review Prime Therapeutics Phone: 1-800-693-6651 Fax: 1-855-212-8110 Write: Part B Benefit requests: Prime Therapeutics Attention to: Clinical Review Department P.O. Box 64813 Saint Paul, MN 55164-0813 Pharmacy Part B Reimbursement requests:	**Part B Drug Review Prime Therapeutics effective February 2, 2026** **Phone: 1-833-895-8282** **Fax:1-888-656-6671** **Write: Prime Therapeutics Management ATTN: MP – 3001 P.O. Box 64811 St. Paul, MN 55164-0811** ***Expedited requests should be phoned or faxed*** **Changes to the drug list effective February 2, 2026.**

	2025 (this year)	2026 (next year)
	Prime Therapeutics P.O Box 20970 Lehigh Valley, PA 18002-0970	
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. Hours of operation: October 1 – March 31 8 AM to 1 AM EST 7 days a week April 1 – September 30: 8AM to 11 PM EST Monday thru Friday Contact Information: 833-696-2087 Write: BlueCHiP for Medicare Value (HMO-POS) MPPP Support Dept. 810 Sharon Dr. Westlake, OH 44145	**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 (401) 277-2958 (TTY users call 711) or visit www.Medicare.gov.** **Hours of operation:** **December 8 – March 31** **8AM to 11PM EST 7 days a week** **Apr 1 – September 30:** **8AM to 11PM EST** **Monday thru Friday** **Oct 1 - Dec 7** **8AM to 1AM EST 7 days a week** **Contact Information:** **833-246-6559** **Write:** **BlueCHiP for Medicare Value (HMO-POS)** **Mailstop: 1001** **MPPP Election Dept.** **13900 N. Harvey Ave** **Edmond, OK 73013**

SECTION 3 How to Change Plans

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

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 BlueCHiP for Medicare Enhanced (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueCHiP for Medicare Enhanced (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 (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 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 & 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, 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 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. **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 payment option. To learn more about this payment option, call us at (401) 277-2958 or 1-800-267-0439 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

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

- **Call our Medicare Concierge Team at (401) 277-2958. (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 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for BlueCHiP for Medicare Enhanced (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 www.bcbsri.com/medicare or call our Medicare Concierge Team at (401) 277-2958 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.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 www.Medicare.gov**

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