



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Medicare Blue Choice Freedom (HMO-POS) offered by Excellus BlueCross BlueShield

Annual Notice of Change for 2027

You're enrolled as a member of Medicare Blue Choice Freedom (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 Medicare Blue Choice Freedom (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 medicare.excellusbcbbs.com or call Customer Care at 1-877-883-9577 (TTY users call 711) to get a copy by mail.

Your employer or retiree group benefit plan administrator may have established different dates for you to make changes to your group coverage. Please check with the benefits administrator of your employer or retiree group before you change your plan.

More Resources

- ☐ Call Customer Care at 1-877-883-9577 (TTY users call 711) for additional information. Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. This call is free.
- ☐ This information may be available in a different format, including large print, audio, and braille.

About Medicare Blue Choice Freedom (HMO-POS)

- Excellus BlueCross BlueShield is a HMO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Excellus BlueCross BlueShield. When it says “plan” or “our plan,” it means Medicare Blue Choice Freedom (HMO-POS).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Medicare Blue Choice Freedom (HMO-POS).** Starting January 1, 2027, you’ll get your medical coverage through Medicare Blue Choice Freedom (HMO-POS). 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 that is added to your monthly premium 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* Go to Section 1 for details.	\$0	\$0
Part B Premium Reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	We will reduce the Part B premium that you pay to the Social Security Administration by \$35	We will reduce the Part B premium that you pay to the Social Security Administration by \$26.
Additional premium for optional supplemental dental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$26 per month, in addition to your monthly plan premium and your Medicare Part B premium	\$43 per month, in addition to your monthly plan premium and your Medicare Part B premium.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for covered Part A and Part B services. (See Section 1 for details.)	\$4,500	\$6,500
Primary care office visits	In-network: You pay a \$5 copayment in-network per visit. Out-of-network: You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.	In-network: You pay a \$5 copayment in-network per visit. Out-of-network: You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.

	2026 (this year)	2027 (next year)
Specialist office visits 	In-network: You pay a \$35 copayment in-network per visit. Out-of-network: You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.	In-network: You pay a \$35 copayment in-network per visit. Out-of-network: You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.
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: You pay a \$260 copayment per day for days 1 through 5. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission. Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.	In-network: You pay a \$260 copayment per day for days 1 through 5. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission. Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.

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
Part B Premium Reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	We will reduce the Part B premium that you pay to the Social Security Administration by \$35	We will reduce the Part B premium that you pay to the Social Security Administration by \$26.
Additional premium for optional supplemental dental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$26 per month, in addition to your monthly plan premium and your Medicare Part B premium	\$43 per month, in addition to your monthly plan premium and your Medicare Part B premium.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket.	\$4,500	\$6,500 Once you've paid \$6,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for

	2026 (this year)	2027 (next year)
	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 [medicare.excellusbcbs.com](https://www.medicare.excellusbcbs.com) 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 [medicare.excellusbcbs.com](https://www.medicare.excellusbcbs.com).
- ☐ Call Customer Care at 1-877-883-9577 (TTY users call 711) to get current provider information or to ask us to mail you a Provider Directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-877-883-9577 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 – Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Dental Services: Comprehensive Dental Annual Allowance	Benefit is limited to a \$500 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility).	Not Covered
Dental Services: Optional Supplemental Benefit	An additional \$500 annual allowance is available if you purchase the Dental Optional Supplemental Benefit for \$26 per month in addition to your monthly plan premium and your Medicare Part B premium. Please see the Evidence of Coverage for details.	An additional \$1,000 annual allowance is available if you purchase the Dental Optional Supplemental Benefit for \$43 per month in addition to your monthly plan premium and your Medicare Part B premium. Please see the Evidence of Coverage for details. To add the Dental Optional Supplemental Benefit for 1/1/2027, visit excellusbcbs.com/plans/medicare-advantage/enroll or call 1-800-659-1986 (TTY: 711).

	2026 (this year)	2027 (next year)
Hearing Aids	\$499 copayment for Advanced Aid, in network \$799 copayment for Premium Aid, in network You must see a TruHearing provider	\$299 copayment for Standard Aid, in network \$499 copayment for Advanced Aid, in network \$799 copayment for Premium Aid, in network You must see a TruHearing provider
Over-the-counter (OTC) Items (Supplemental)	Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have \$30 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail.	Not Covered
Prior Authorization	Partial Hospitalization, Intensive Outpatient Program Services, Home Health Services and Outpatient X-ray Services require Prior Authorization in network.	Partial Hospitalization, Intensive Outpatient Program Services, Home Health Services and Outpatient X-ray Services do not require Prior Authorization in network.
Routine Transportation	Coverage for 12 one-way health-related trips per calendar year.	Not Covered
Skilled Nursing Facility Days 21-100	\$218 copayment per day, in network	\$221 copayment per day, in network

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Services: Optional Supplemental Benefit	Not applicable	If you are already enrolled in the Dental Optional Supplemental Benefit (OSB) and remain a member of Medicare Blue Choice Freedom (HMO-POS) in 2027, you do not need to take any action. Your dental coverage will continue automatically. To add the Dental Optional Supplemental Benefit for 1/1/2027, visit excellusbcbbs.com/plans/medicare-advantage/enroll or call 1-800-659-1986 (TTY: 711).
Opt out of phone calls	Please call Customer Care, if you would like to opt out of receiving phone calls from us.	Please call Customer Care, if you would like to opt out of receiving phone calls from us.
Member Card	New member cards will be mailed to you. If you don't receive your ID card by 12/31/2025, please contact our Customer Care department. It is important for you to show providers your new card whenever you receive services beginning 1/1/2026.	New member cards will be mailed to you. If you don't receive your ID card by 12/31/2026, please contact our Customer Care department. It is important for you to show providers your new card whenever you receive services beginning 1/1/2027.

SECTION 3 How to Change Plans

To stay in Medicare Blue Choice Freedom (HMO-POS), you don't need to do anything.

Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, 2026, you'll automatically be enrolled in our Medicare Blue Choice Freedom (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 automatically be disenrolled from Medicare Blue Choice Freedom (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 separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare Blue Choice Freedom (HMO-POS).
- ❑ **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Care at 1-877-883-9577 (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 4)
- ❑ **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, Excellus BlueCross BlueShield offers other Medicare health 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 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 (either 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, those 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 call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) 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 HIV Uninsured Care Programs. Empire Station, P.O. Box 2052, Albany, NY 12220-0052
health.ny.gov/diseases/aids/general/resources/adap/.

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 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TTY). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Medicare Blue Choice Freedom (HMO-POS)

- **Call Customer Care at 1-877-883-9577. (TTY users call 711.)** We're available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. 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 Medicare Blue Choice Freedom (HMO-POS). 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 medicare.excellusbcbs.com or call Customer Care at 1-877-883-9577. (TTY users call 711) to ask us to mail you a copy.
- **Visit our Website at medicare.excellusbcbs.com.** 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 New York, the SHIP is called New York State Health Insurance Information, Counseling and Assistance Program (HIICAP).

Call HIICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HIICAP at 1-800-701-0501. Learn more about HIICAP by visiting aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap.

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**

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**

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.