



A nonprofit independent licensee of the Blue Cross Blue Shield Association

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

Annual Notice of Change for 2027

You're enrolled as a member of Medicare Blue Choice Optimum (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, 2027, you'll stay in Medicare Blue Choice Optimum (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.excellusbcbs.com or call Customer Care at 1-877-883-9577 (TTY users call 711) to get a copy by mail.

More Resources

- ☐ Call Customer Care at 1-877-883-9577 (TTY users call 711). 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 Optimum (HMO-POS)

- Excellus BlueCross BlueShield is an 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 Optimum (HMO-POS).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Medicare Blue Choice Optimum (HMO-POS).** Starting January 1, 2027, you’ll get your medical and drug coverage through Medicare Blue Choice Optimum (HMO-POS). Go to Section 3 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 for details.	\$224.80	\$263.00
Maximum out-of-pocket amount This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1 for details.)	\$6,700	\$6,700
Primary care office visits	In-network: You pay a \$0 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 \$0 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.
Specialist office visits	In-network: You pay a \$30 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 \$30 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)
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 \$285 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 \$285 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.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$100 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.	Part D drug coverage deductible \$100 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.
Copayments/Coinsurance during the Initial Coverage Stage:	Drug Tier 1: ☐ Preferred Pharmacy cost-sharing: \$0 copayment. ☐ Standard Pharmacy cost-sharing: \$5 copayment.	Drug Tier 1: ☐ Preferred Pharmacy cost-sharing: \$0 copayment. ☐ Standard Pharmacy cost-sharing: \$5 copayment.
	Drug Tier 2: ☐ Preferred Pharmacy cost-sharing: \$5 copayment. ☐ Standard Pharmacy cost-sharing: \$10 copayment.	Drug Tier 2: ☐ Preferred Pharmacy cost-sharing: \$5 copayment. ☐ Standard Pharmacy cost-sharing: \$10 copayment.

	2026 (this year)	2027 (next year)
	Drug Tier 3: ☐ Preferred Pharmacy cost-sharing: 20% coinsurance. ☐ Standard Pharmacy cost-sharing: 20% coinsurance.	Drug Tier 3: ☐ Preferred Pharmacy cost-sharing: 20% coinsurance. ☐ Standard Pharmacy cost-sharing: 20% coinsurance.
	Drug Tier 3, Insulin: ☐ Preferred Pharmacy cost-sharing: You pay no more than \$25 copayment per month supply of each covered insulin product on this tier. ☐ Standard Pharmacy cost-sharing: You pay no more than \$30 copayment per month supply of each covered insulin product on this tier.	Drug Tier 3, Insulin: ☐ Preferred Pharmacy cost-sharing: You pay no more than \$25 copayment per month supply of each covered insulin product on this tier. ☐ Standard Pharmacy cost-sharing: You pay no more than \$30 copayment per month supply of each covered insulin product on this tier.
	Drug Tier 4: ☐ Preferred Pharmacy cost-sharing: 37% coinsurance. ☐ Standard Pharmacy cost-sharing: 50% coinsurance.	Drug Tier 4: ☐ Preferred Pharmacy cost-sharing: 32% coinsurance. ☐ Standard Pharmacy cost-sharing: 45% coinsurance.
	Drug Tier 5: ☐ Preferred Pharmacy cost-sharing: 31% coinsurance. ☐ Standard Pharmacy cost-sharing: 31% coinsurance.	Drug Tier 5: ☐ Preferred Pharmacy cost-sharing: 32% coinsurance. ☐ Standard Pharmacy cost-sharing: 32% coinsurance.

	2026 (this year)	2027 (next year)
	Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs	Catastrophic Coverage: 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.)	\$224.80	\$263.00
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.	\$29 per month, in addition to your monthly plan premium and your Medicare Part B premium.

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

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. Our plan premium and Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you've paid \$6,700 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 at [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. 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 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 2027 Pharmacy Directory at [medicare.excellusbcbs.com](https://www.medicare.excellusbcbs.com) to see which pharmacies are in our network. Here's how to get an updated Pharmacy 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 pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, please call Customer Care at 1-877-883-9577 (TTY users call 711) for help.

Section 1.5 – Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
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 \$500 annual allowance is available if you purchase the Dental Optional Supplemental Benefit for \$29 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).
Eyewear - Routine	\$200 allowance every calendar year	Not covered
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
Meal Benefit Post Discharge	Your post discharge meal benefit provides access to two meals per day for 7-days following an Inpatient Hospital stay, Observation Stay in a Hospital, or Skilled Nursing Facility stay. \$0 copay for coordinated meal requests. Please see Evidence of Coverage (EOC) for more details.	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.

	2026 (this year)	2027 (next year)
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 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 <https://medicare.excellusbcbs.com/prescriptions/drug-lists>.

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 Customer Care at 1-877-883-9577 (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 does not apply to you.** We sent you a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells about your drug costs. If you get Extra Help and don't get this material by September 30, 2026, call Customer Care at 1-877-883-9577 (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 Tiers 3, 4, and 5 drugs until you reach 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 Out-of-Pocket 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

This table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	The deductible is \$100 (for drugs in Tiers 3, 4, and 5). During this stage, you pay \$0 preferred pharmacy cost sharing per prescription and \$5 standard pharmacy cost sharing per prescription for drugs on the Preferred Generic tier and \$5 preferred pharmacy cost sharing per prescription and \$10 standard pharmacy cost sharing per prescription for drugs on the Generic tier and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible.	The deductible is \$100 (for drugs in Tiers 3, 4, and 5). During this stage, you pay \$0 preferred pharmacy cost sharing per prescription and \$5 standard pharmacy cost sharing per prescription for drugs on the Preferred Generic tier and \$5 preferred pharmacy cost sharing per prescription and \$10 standard pharmacy cost sharing per prescription for drugs on the Generic tier and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly 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; at a network pharmacy that offers preferred cost sharing; 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)
Drug Tier 1 Preferred Generic 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.	☐ Preferred Pharmacy cost-sharing: You pay \$0 copayment of the total cost. ☐ Standard Pharmacy cost-sharing: You pay \$5 copayment of the total cost.	☐ Preferred Pharmacy cost-sharing: You pay \$0 copayment of the total cost. ☐ Standard Pharmacy cost-sharing: You pay \$5 copayment of the total cost.
Drug Tier 2 Generic 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.	☐ Preferred Pharmacy cost-sharing: You pay \$5 copayment of the total cost. ☐ Standard Pharmacy cost-sharing: You pay \$10 copayment of the total cost.	☐ Preferred Pharmacy cost-sharing: You pay \$5 copayment of the total cost. ☐ Standard Pharmacy cost-sharing: You pay \$10 copayment of the total cost.
Drug Tier 3 Preferred Brand 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.	☐ Preferred Pharmacy cost-sharing: You pay 20% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 20% coinsurance of the total cost. Insulin: ☐ Preferred Pharmacy cost-sharing: You pay no more than \$25 copayment per month	☐ Preferred Pharmacy cost-sharing: You pay 20% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 20% coinsurance of the total cost. Insulin: ☐ Preferred Pharmacy cost-sharing: You

	2026 (this year)	2027 (next year)
	supply of each covered insulin product on this tier. ☐ Standard Pharmacy cost-sharing: You pay no more than \$30 copayment per month supply of each covered insulin product on this tier.	pay no more than \$25 copayment per month supply of each covered insulin product on this tier. ☐ Standard Pharmacy cost-sharing: You pay no more than \$30 copayment per month supply of each covered insulin product on this tier.
Drug Tier 4 Non-Preferred Drug 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.	☐ Preferred Pharmacy cost-sharing: You pay 37% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 50% coinsurance of the total cost.	☐ Preferred Pharmacy cost-sharing: You pay 32% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 45% coinsurance of the total cost.
Drug Tier 5 Specialty 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.	☐ Preferred Pharmacy cost-sharing: You pay 31% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 31% coinsurance of the total cost.	☐ Preferred Pharmacy cost-sharing: You pay 32% coinsurance of the total cost. ☐ Standard Pharmacy cost-sharing: You pay 32% coinsurance of the total cost.

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 Optimum (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 excellusbcb.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 and pharmacists 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 and pharmacists your new card whenever you receive services beginning 1/1/2027.

SECTION 3 How to Change Plans

To stay in Medicare Blue Choice Optimum (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, 2026, you'll automatically be enrolled in our Medicare Blue Choice Optimum (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 Optimum (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 Medicare Blue Choice Optimum (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 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, 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 can 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 can 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 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.

- **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 Medicare Blue Choice Optimum you do not need to submit a new election request to continue participating in Medicare Blue Choice Optimum. **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 1-877-883-9577 (TTY users should call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Medicare Blue Choice Optimum (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 Optimum (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](https://www.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](https://www.medicare.excellusbcbs.com).** 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 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 <https://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](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.