## *Medicare Plus Blue℠ PPO - Secure*
## *offered by Blue Cross Blue Shield of Michigan*

# Annual Notice of Change for 2027

You're enrolled as a member of Medicare Plus Blue PPO Secure.

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 Plus Blue PPO Secure.
- To change to a **different plan**, visit **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 **bcbsm.com/medicare** or call Customer Service at 1-877-241-2583 (TTY users call 711) to get a copy by mail.

**More Resources**

- Call Customer Service at 1-877-241-2583 (TTY users call 711). Hours are 8 a.m. to 9 p.m. Eastern time, seven days a week (October 1 through March 31) and from 8 a.m. to 9 p.m. Eastern time, Monday through Friday (April 1 through September 30). This call is free.
- This information is available for free in a different format, including large print and audio CD. Please call Customer Service at the number listed in Section 5 of this booklet.

**About Medicare Plus Blue PPO Secure**

- Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.
- When this material says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "our plan," it means Medicare Plus Blue PPO Secure.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Medicare Plus Blue PPO Secure.** Starting January 1, 2027, you'll get your medical and drug coverage through Medicare Plus Blue PPO Secure. 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 than this amount. Go to Section 1.1 for details. | $0 | **$0** |
| **Deductible** | $0 | **In-Network: $100** **except for insulin furnished through an item of durable medical equipment.** |
| **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.) | From in-network providers: $6,750 From in-network and out-of-network providers combined: $6,750 | **From in-network providers: $7,000** **From in-network and out-of-network providers combined: $7,000** |
| **Primary care office visits** | In-Network: $0 copayment per visit. Out-of-Network: $25 copayment per visit. | **In-Network: $0 copayment per visit.** **Out-of-Network: $25 copayment per visit.** |
| **Specialist office visits** | In-Network: $45 copayment per visit. Out-of-Network: 50% coinsurance per visit. | **In-Network: $45 copayment, after deductible, per visit.** **Out-of-Network: 50% coinsurance per visit.** |
| **Inpatient hospital stays** Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient | In-Network: For Medicare-covered hospital admissions, per admission: | **In-Network: For Medicare-covered hospital admissions, per admission:** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | Days 1-7: $375 copayment per day.<br>Days 8-90: $0 copayment per day.<br>Out-of-Network: 50% coinsurance. | **Days 1-7: $375 copayment, after deductible, per day.**<br>**Days 8-90: $0 copayment, after deductible, per day.**<br>**Out-of-Network: 50% coinsurance.** |
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Part D drug coverage deductible<br>$0 deductible on Part D prescription drugs in Tiers 1 and 2. $150 deductible for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>**Standard** retail pharmacy and **standard** mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy:<br>• Drug Tier 1: $5<br>• Drug Tier 2: $12<br>• Drug Tier 3: 20% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier. | **Part D drug coverage deductible**<br>**$0 deductible on Part D prescription drugs in Tiers 1 and 2. $435 deductible for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.**<br>**Copayment/Coinsurance during the Initial Coverage Stage:**<br>**Standard retail pharmacy and standard mail-order pharmacy, network long-term care pharmacies, out-of-network pharmacy:**<br>• **Drug Tier 1: $5**<br>• **Drug Tier 2: $12**<br>• **Drug Tier 3: 20% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | • Drug Tier 4: 30% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 31% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.<br>**Preferred** retail and **preferred** mail-order pharmacy:<br>• Drug Tier 1: $0<br>• Drug Tier 2: $7<br>• Drug Tier 3: 20% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: 30% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 31% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier. | • **Drug Tier 4: 21% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>• **Drug Tier 5: 28% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>**Preferred retail and preferred mail-order pharmacy:**<br>• **Drug Tier 1: $0**<br>• **Drug Tier 2: $7**<br>• **Drug Tier 3: 20% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>• **Drug Tier 4: 21% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier.**<br>• **Drug Tier 5: 28% coinsurance. You pay no more than $35 per month supply of each covered insulin product on this tier** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | Catastrophic Coverage Stage:<br>During this payment stage, you pay nothing for your covered Part D drugs. | **Catastrophic Coverage Stage:**<br>**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**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | **$0** |
| **Part B premium reduction**<br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | $2 | **There is no Part B premium reduction.** |
| **Additional premium for optional supplemental benefits**<br>If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above.<br>(You must also continue to pay your Medicare Part B premium.) | $30.50 | **$27.10** |

**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.

## 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 and other health services not covered by Medicare for the rest of the calendar year.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount.<br>Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $6,750 | **$7,000**<br>**Once you've paid $7,000 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 the rest of the calendar year.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Combined maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.<br>Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services. | $6,750 | **$7,000**<br>**Once you've paid $7,000 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 or out-of-network providers 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/Pharmacy Directory* at **bcbsm.com/providersmedicare** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at **bcbsm.com/providersmedicare**.
- Call Customer Service at 1-877-241-2583 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy 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 Service at 1-877-241-2583 (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 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 *Provider/Pharmacy Directory* at **bcbsm.com/pharmaciesmedicare** to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at **bcbsm.com/pharmaciesmedicare**.
- Call Customer Service at 1-877-241-2583 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider/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 Customer Service at 1-877-241-2583 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| | **2026 (this year)** | **2027 (next year)** |
|---|---|---|
| **Acupuncture for chronic low back pain** | **In-Network:** $15 copayment for Medicare-covered services. | **In-Network: $15 copayment, after deductible, for Medicare-covered services.** |
| **Ambulance services** | **In-Network:** $400 copayment for each one-way emergent trip for Medicare-covered services. | **In-Network: $400 copayment, after deductible, for each one-way emergent trip for Medicare-covered services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Cardiac rehabilitation services** | Prior Authorization not required | **May require prior authorization** |
| | **In-Network:** $40 copayment per visit for Medicare-covered cardiac rehabilitation services. | **In-Network: $40 copayment, after deductible, per visit for Medicare-covered cardiac rehabilitation services.** |
| | **In-Network:** $50 copayment per visit for Medicare-covered intensive cardiac rehabilitation services. | **In-Network: $50 copayment, after deductible, per visit for Medicare-covered intensive cardiac rehabilitation services.** |
| **Chiropractic services** | Prior Authorization not required | **May require prior authorization** |
| | **In-Network:** $15 copayment for Medicare-covered services. | **In-Network: $15 copayment, after deductible, for Medicare-covered services.** |
| **Dental services** | **In-Network:** $45 copayment for each specialist visit for Medicare-covered services. | **In-Network: $45 copayment, after deductible, for each specialist visit for Medicare-covered services.** |
| **Durable medical equipment (DME) and related supplies** | **In-Network:** 0% coinsurance for Medicare-covered home infusion therapy DME. | **In-Network: 0% coinsurance, after deductible, for Medicare-covered home infusion therapy DME.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Durable medical equipment (DME) and related supplies(continued)** | **In-Network:** 20% coinsurance for all other Medicare-covered services. | **In-Network: 20% coinsurance, after deductible, for all other Medicare-covered services.** |
| | **In-Network:** Your cost sharing for Medicare oxygen equipment coverage is 20% coinsurance. | **In-Network: Your cost sharing for Medicare oxygen equipment coverage is 20% coinsurance, after deductible.** |
| **Hearing services** | **In-Network:** $45 copayment for Medicare-covered services from a specialist. | **In-Network: $45 copayment, after deductible, for Medicare-covered services from a specialist.** |
| **Home health agency care** | **In-Network:** $0 copayment for Medicare-covered home health visits. Prior authorization not required. | **In-Network: $0 copayment, after deductible, for Medicare-covered home health visits. May require prior authorization.** |
| **Home infusion therapy** | **In-Network:** 0% coinsurance for Medicare-covered home infusion therapy services. | **In-Network: 0% coinsurance, after deductible, for Medicare-covered home infusion therapy services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Inpatient hospital care** | **For Medicare-covered hospital admissions, per admission:** Days 1-7: $375 copayment per day. Days 8-90: $0 copayment per day. | **For Medicare-covered hospital admissions, per admission: Days 1-7: $375 copayment, after deductible, per day. Days 8-90: $0 copayment, after deductible, per day.** |
| **Inpatient services in a psychiatric hospital** | **For Medicare-covered hospital admissions, per admission:** Days 1-7: $290 copayment per day. Days 8-90: $0 copayment per day. | **For Medicare-covered hospital admissions, per admission: Days 1-7: $290 copayment, after deductible, per day. Days 8-90: $0 copayment, after deductible, per day.** |
| **Inpatient stay: Covered services you get in a hospital or SNF during a non-covered inpatient stay** | **In-Network:** $0 copayment when Medicare-covered services are rendered inpatient. | **In-Network: $0 copayment, after deductible, when Medicare-covered services are rendered inpatient.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Medicare Part B drugs** | **In-Network:** Up to 20% coinsurance for chemotherapy drugs. | **In-Network: Up to 20% coinsurance, after deductible, for chemotherapy drugs.** |
| | **In-Network:** Up to 20% coinsurance for all other Part B drugs covered under Medicare Part B. | **In-Network: Up to 20% coinsurance, after deductible, for all other Part B drugs covered under Medicare Part B.** |
| **Opioid treatment program services** | **In-Network:** $25 copayment for Medicare-covered opioid treatment program services. | **In-Network: $25 copayment, after deductible, for Medicare-covered opioid treatment program services.** |
| **Outpatient diagnostic tests and therapeutic services and supplies** | **In-Network:** $0 copayment for COVID-19 testing. | **In-Network: $0 copayment, after deductible, for COVID-19 testing.** |
| | **In-Network:** $40 copayment for Medicare-covered diagnostic lab services. | **In-Network: $40 copayment, after deductible, for Medicare-covered diagnostic lab services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies (continued)** | **In-Network:** $0 copayment for blood. | **In-Network: $0 copayment, after deductible, for blood.** |
| | **In-Network:** $45 copayment for Medicare-covered diagnostic procedures and tests in a professional setting. | **In-Network: $45 copayment, after deductible, for Medicare-covered diagnostic procedures and tests in a professional setting.** |
| | **In-Network:** $155 copayment for Medicare-covered diagnostic procedures and tests in an outpatient hospital setting. | **In-Network: $155 copayment, after deductible, for Medicare-covered diagnostic procedures and tests in an outpatient hospital setting.** |
| | **In-Network:** $155 copayment for Medicare-covered diagnostic X-rays (high tech). | **In-Network: $155 copayment, after deductible, for Medicare-covered diagnostic X-rays (high tech).** |
| | **In-Network:** $45 copayment for Medicare-covered diagnostic X-rays (low tech). | **In-Network: $45 copayment, after deductible, for Medicare-covered diagnostic X-rays (low tech).** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies (continued)** | **In-Network:** $80 copayment for Medicare-covered therapeutic radiology. | **In-Network: $80 copayment, after deductible, for Medicare-covered therapeutic radiology.** |
| | **In-Network:** $120 copayment for diagnostic radiological services in a professional setting. | **In-Network: $120 copayment, after deductible, for diagnostic radiological services in a professional setting.** |
| | **In-Network:** $175 copayment for diagnostic radiological services in an outpatient hospital setting. | **In-Network: $175 copayment, after deductible, for diagnostic radiological services in an outpatient hospital setting.** |
| **Outpatient hospital observation** | **In-Network:** $130 copayment for each Medicare-covered outpatient hospital observation stay. | **In-Network: $130 copayment, after deductible, for each Medicare-covered outpatient hospital observation stay.** |
| **Outpatient hospital services** | **In-Network:** $400 copayment for Medicare-covered outpatient hospital non-surgical services. | **In-Network: $400 copayment, after deductible, for Medicare-covered outpatient hospital non-surgical services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient hospital services (continued)** | **In-Network:** $400 copayment for Medicare-covered outpatient hospital surgical services. | **In-Network: $400 copayment, after deductible, for Medicare-covered outpatient hospital surgical services.** |
| | **In-Network:** $400 copayment for each Medicare-covered outpatient hospital stay. | **In-Network: $400 copayment, after deductible, for each Medicare-covered outpatient hospital stay.** |
| | **In-Network:** $50 copayment for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center. | **In-Network: $50 copayment, after deductible, for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.** |
| | **In-Network:** $100 copayment for Medicare-covered non-surgical services in an ambulatory surgical center. | **In-Network: $100 copayment, after deductible, for Medicare-covered non-surgical services in an ambulatory surgical center.** |
| | **In-Network:** $300 copayment for Medicare-covered surgery in an ambulatory surgical center. | **In-Network: $300 copayment, after deductible, for Medicare-covered surgery in an ambulatory surgical center.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient hospital services (continued)** | **In-Network:** $45 copayment for Medicare-covered surgical procedures performed in a specialist's office. | **In-Network: $45 copayment, after deductible, for Medicare-covered surgical procedures performed in a specialist's office.** |
| | **In-Network:** 20% coinsurance for Medicare-covered medical supplies including casts and splints. | **In-Network: 20% coinsurance, after deductible, for Medicare-covered medical supplies including casts and splints.** |
| **Outpatient mental health care** | **In-Network:** $45 copayment for Medicare-covered outpatient group therapy or individual therapy visits. | **In-Network: $45 copayment, after deductible, for Medicare-covered outpatient group therapy or individual therapy visits.** |
| **Outpatient rehabilitation services** | Prior Authorization not required | **May require prior authorization** |
| | **In-Network:** $50 copayment for Medicare-covered occupational therapy, physical therapy and speech language therapy visits. | **In-Network: $50 copayment, after deductible, for Medicare-covered occupational therapy, physical therapy and speech language therapy visits.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient substance use disorder services** | **In-Network:** $45 copayment for each Medicare-covered outpatient individual or group substance use disorder service. | **In-Network: $45 copayment, after deductible, for each Medicare-covered outpatient individual or group substance use disorder service.** |
| **Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers** | **In-Network:** $400 copayment for Medicare-covered surgical services in an outpatient hospital setting. | **In-Network: $400 copayment, after deductible, for Medicare-covered surgical services in an outpatient hospital setting.** |
| | **In-Network:** $400 copayment for Medicare-covered non-surgical services in an outpatient hospital setting. | **In-Network: $400 copayment, after deductible, for Medicare-covered non-surgical services in an outpatient hospital setting.** |
| | **In-Network:** $50 copayment for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center. | **In-Network: $50 copayment, after deductible, for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (continued)** | **In-Network:** $300 copayment for Medicare-covered surgical services in an ambulatory surgical center. | **In-Network: $300 copayment, after deductible, for Medicare-covered surgical services in an ambulatory surgical center.** |
| | **In-Network:** $100 copayment for Medicare-covered non-surgical services in an ambulatory surgical center. | **In-Network: $100 copayment, after deductible, for Medicare-covered non-surgical services in an ambulatory surgical center.** |
| **Over-the-Counter (OTC): Advantage Dollars** | You receive $40 per quarter. | **You receive $25 per quarter.** |
| **Partial hospitalization services and Intensive outpatient services** | **In-Network:** $105 copayment per day for Medicare-covered partial hospitalization and intensive outpatient services. | **In-Network: $105 copayment, after deductible, per day for Medicare-covered partial hospitalization and intensive outpatient services.** |
| **Physician/practitioner services, including doctor's office visits** | Prior Authorization not required | **May require prior authorization** |
| | **In-Network:** $45 copayment for Medicare-covered services in a specialist's office. | **In-Network: $45 copayment, after deductible, for Medicare-covered services in a specialist's office.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Physician/practitioner services, including doctor's office visits (continued)** | **In-Network:** $45 copayment for Medicare-covered basic hearing and balance exams performed by a specialist. | **In-Network: $45 copayment, after deductible, for Medicare-covered basic hearing and balance exams performed by a specialist.** |
| | **In-Network:** $45 copayment for full-body skin exam performed by a dermatologist once in a lifetime. | **In-Network: $45 copayment, after deductible, for full-body skin exam performed by a dermatologist once in a lifetime.** |
| | **In-Network:** $45 copayment for surgical procedures performed by a specialist in a specialist's office. | **In-Network: $45 copayment, after deductible, for surgical procedures performed by a specialist in a specialist's office.** |
| | **In-Network:** $400 copayment for Medicare-covered outpatient hospital non-surgical services. | **In-Network: $400 copayment, after deductible, for Medicare-covered outpatient hospital non-surgical services.** |
| | **In-Network:** $400 copayment for Medicare-covered outpatient hospital surgical services. | **In-Network: $400 copayment, after deductible, for Medicare-covered outpatient hospital surgical services.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Podiatry services** | **In-Network:** $45 copayment for each Medicare-covered podiatry visit. | **In-Network: $45 copayment, after deductible, for each Medicare-covered podiatry visit.** |
| **Prosthetic and orthotic devices and related supplies** | **In-Network:** 20% coinsurance for Medicare-covered items. | **In-Network: 20% coinsurance, after deductible, for Medicare-covered items.** |
| **Pulmonary rehabilitation services** | Prior Authorization not required | **May require prior authorization** |
| | **In-Network:** $30 copayment for Medicare-covered pulmonary rehabilitation services. | **In-Network: $30 copayment, after deductible, for Medicare-covered pulmonary rehabilitation services.** |
| **Retail health clinic services** | **In-Network:** $35 copayment for retail health clinic services. | **In-Network: $35 copayment, after deductible, for retail health clinic services.** |
| **Services to treat kidney disease** | **In-Network:** 20% coinsurance for Medicare-covered renal dialysis. | **In-Network: 20% coinsurance, after deductible, for Medicare-covered renal dialysis.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Skilled nursing facility (SNF) care** | **For Medicare-covered SNF stays:**<br>**In-Network:**<br>Days 1-20: $0 copayment per day.<br>Days 21-100: $218 copayment per day. | **For Medicare-covered SNF stays:**<br>**In-Network:**<br>**Days 1-20: $0 copayment, after deductible, per day.**<br>**Days 21-100: $221 copayment, after deductible, per day.** |
| **Special supplemental benefits for the chronically ill**<br>Food and Produce Allowance<br>*The benefits described are Special Supplemental Benefits for the Chronically Ill. Those with qualifying chronic conditions can purchase food items with your allowance. Qualifying chronic conditions include hypertension, diabetes, chronic cardiovascular disorders, chronic lung disorders, and chronic heart failure. Other qualifying conditions may apply. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Your plan will notify you when you're eligible. For details, please contact us* | **Allowance Amount**<br>You receive $40 per quarter. | **Allowance Amount**<br>**You receive $25 per quarter.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Supervised exercise therapy (SET)** | **In-Network:** $25 copayment for each Medicare-covered supervised exercise therapy visit. | **In-Network: $25 copayment, after deductible, for each Medicare-covered supervised exercise therapy visit.** |
| **Vision care** | **In-Network:** $0 copayment for diabetic retinopathy exam. | **In-Network: $0 copayment, after deductible, for diabetic retinopathy exam.** |
| | **In-Network:** $45 copayment for specialist exam. | **In-Network: $45 copayment, after deductible, for specialist exam.** |
| | **Eyeglasses or contacts after cataract surgery: In-Network:** $0 copayment for Medicare-covered services. | **Eyeglasses or contacts after cataract surgery: In-Network: $0 copayment, after deductible, for Medicare-covered services.** |

## 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 Customer Service at 1-877-241-2583 (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 Customer Service at 1-877-241-2583 (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 Tier 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

The table shows your cost per prescription during this stage.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Yearly Deductible** | $0 deductible on Part D prescription drugs in Tiers 1 and 2. $150 deductible for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.<br><br>During this stage, you pay $5 cost sharing (at a standard retail pharmacy) or $0 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 1, $12 cost sharing (at a standard retail pharmacy) or $7 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 2 and the full cost of drugs on Tiers 3, 4 and 5 until you've reached the yearly deductible. | **$0 deductible on Part D prescription drugs in Tiers 1 and 2. $435 deductible for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.**<br><br>**During this stage, you pay $5 cost sharing (at a standard retail pharmacy) or $0 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 1, $12 cost sharing (at a standard retail pharmacy) or $7 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 2 and the full cost of drugs on Tiers 3, 4 and 5 until you've reached the yearly deductible.** |

## Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; 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).

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| Tier 1:<br>**Preferred Generic**<br>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. | *Standard cost sharing:*<br>You pay: $5<br>Your cost for a one-month standard retail or mail-order prescription is $5.<br>*Preferred cost sharing:*<br>You pay: $0<br>Your cost for a one-month preferred retail or mail-order prescription is $0. | ***Standard cost sharing:***<br>**You pay: $5**<br>**Your cost for a one-month standard retail or mail-order prescription is $5.**<br>***Preferred cost sharing:***<br>**You pay: $0**<br>**Your cost for a one-month preferred retail or mail-order prescription is $0.** |
| Tier 2:<br>**Generic**<br>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. | *Standard cost sharing:*<br>You pay: $12<br>Your cost for a one-month standard retail or mail-order prescription is $12.<br>*Preferred cost sharing:*<br>You pay: $7<br>Your cost for a one-month preferred retail or mail-order prescription is $7. | ***Standard cost sharing:***<br>**You pay: $12**<br>**Your cost for a one-month standard retail or mail-order prescription is $12.**<br>***Preferred cost sharing:***<br>**You pay: $7**<br>**Your cost for a one-month preferred retail or mail-order prescription is $7.** |
| Tier 3:<br>**Preferred Brand**<br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different | *Standard cost sharing:*<br>You pay: 20% of the total cost.<br>Your cost for a one- | ***Standard cost sharing:***<br>**You pay: 20% of the total cost.**<br>**Your cost for a one-** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| tier, look them up on the Drug List. | month standard retail or mail-order prescription is 20% of the total cost.<br>*Preferred cost sharing:*<br>You pay: 20% of the total cost.<br>Your cost for a one-month preferred retail or mail-order prescription is 20% of the total cost.<br>You pay no more than $35 per month supply of each covered insulin product on this tier. | **month standard retail or mail-order prescription is 20% of the total cost.**<br>***Preferred cost sharing:***<br>**You pay: 20% of the total cost.**<br>**Your cost for a one-month preferred retail or mail-order prescription is 20% of the total cost.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.** |
| Tier 4:<br>**Non-Preferred Drug**<br>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. | *Standard cost sharing:*<br>You pay: 30% of the total cost.<br>Your cost for a one-month standard retail or mail-order prescription is 30% of the total cost.<br>*Preferred cost sharing:*<br>You pay: 30% of the total cost.<br>Your cost for a one-month preferred retail or mail-order prescription is 30% of the total cost.<br>You pay no more than $35 per month supply of each covered insulin product on this tier. | ***Standard cost sharing:***<br>**You pay: 21% of the total cost.**<br>**Your cost for a one-month standard retail or mail-order prescription is 21% of the total cost.**<br>***Preferred cost sharing:***<br>**You pay: 21% of the total cost.**<br>**Your cost for a one-month preferred retail or mail-order prescription is 21% of the total cost.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| Tier 5:<br>**Specialty Tier**<br>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. | *Standard cost sharing:*<br>You pay: 31% of the total cost.<br>Your cost for a one-month standard retail or mail-order prescription is 31% of the total cost.<br>*Preferred cost sharing:*<br>You pay: 31% of the total cost.<br>Your cost for a one-month preferred retail or mail-order prescription is 31% of the total cost.<br>You pay no more than $35 per month supply of each covered insulin product on this tier. | ***Standard cost sharing:***<br>**You pay: 28% of the total cost.**<br>**Your cost for a one-month standard retail or mail-order prescription is 28% of the total cost.**<br>***Preferred cost sharing:***<br>**You pay: 28% of the total cost.**<br>**Your cost for a one-month preferred retail or mail-order prescription is 28% of the total cost.**<br>**You pay no more than $35 per month supply of each covered insulin product on this tier.** |

## SECTION 2 Administrative Changes

We are making an administrative change to your plan.

| | 2026<br>(this year) | 2027<br>(next year) |
|---|---|---|
| Mailing address to pay your plan premium | Blue Cross Blue Shield of Michigan<br>P.O. Box 553912<br>Detroit, MI 48255-3912 | **Blue Cross Blue Shield of Michigan**<br>**P.O. Box 88512**<br>**Chicago, IL 60680-1512** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| Contact information for Coverage Decisions, Appeals, and Complaints for Part D Prescription Drugs | Blue Cross Blue Shield of Michigan<br>Pharmacy Help Desk<br>Mail Code 512J<br>P.O. Box 441877<br>Detroit, MI 48244 | **Blue Cross Blue Shield of Michigan**<br>**Clinical Pharmacy Help Desk – MC-1410**<br>**P.O. Box 441877**<br>**Detroit, MI 48244** |

## SECTION 3 How to Change Plans

**To stay in Medicare Plus Blue PPO Secure, you don't need to do anything.** Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Medicare Plus Blue PPO Secure.

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 Medicare Plus Blue PPO Secure. 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,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Medicare Plus Blue PPO Secure.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-877-241-2583 (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**, 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).

## Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people 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 (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.

- **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 Michigan Drug Assistance Program (MIDAP). 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 1-888-826-6565 (toll-free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027: you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your 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 1-877-241-2583 (TTY users should call 711) or visit **Medicare.gov**.

## SECTION 5 Questions?

### Get Help from Medicare Plus Blue PPO Secure

- Call Customer Service at 1-877-241-2583. (TTY users call 711.)

  We're available for phone calls 8 a.m. to 9 p.m. Eastern time, seven days a week (October 1 through March 31) and from 8 a.m. to 9 p.m. Eastern time, Monday through Friday (April 1 through September 30). 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 Plus Blue PPO Secure. 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 **bcbsm.com/medicare** or call Customer Service at 1-877-241-2583 (TTY users call 711) to ask us to mail you a copy.

- Visit **bcbsm.com/medicare**

  Our website has the most up-to-date information about our provider network (*Provider/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 Michigan, the SHIP is called MI Options.

Call MI Options to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call MI Options at 1-800-803-7174. Learn more about MI Options by visiting **michigan.gov/MDHHSMIOptions**.

## 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**.

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