BCN Advantage℠ HMO-POS

Blue Care Network of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage Elements (HMO-POS)
offered by Blue Care Network of Michigan

Annual Notice of Change for 2027

You're enrolled as a member of BCN Advantage Elements.

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 BCN Advantage Elements.
- 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 1-800-450-3680 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-800-450-3680 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This information may be available in other formats, including large print.

About BCN Advantage Elements

- Blue Care Network is an HMO-POS plan with a Medicare contract. Enrollment in Blue Care Network depends on contract renewal.

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- When this material says “we,” “us,” or “our,” it means Blue Care Network of Michigan. When it says “plan” or “our plan,” it means BCN Advantage Elements.
- Out-of-network/non-contracted providers are under no obligation to treat BCN Advantage Elements members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in BCN Advantage Elements.** Starting January 1, 2027, you’ll get your medical coverage through BCN Advantage Elements. Go to Section 2 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* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Deductible	$0 In-network $500 Point-of-Service except for insulin furnished through an item of durable medical equipment	**$0 In-network** **$500 Point-of-Service 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.)	$4,500	**$4,500**
Primary care office visits	**In-Network** $0 copayment per visit **Point-of-Service** $35 copayment after deductible	**In-Network** **$0 copayment per visit** **Point-of-Service** **$35 copayment after deductible**
Specialist office visits	**In-Network** $35 copayment per visit **Point-of-Service** $35 copayment after deductible	**In-Network** **$35 copayment per visit** **Point-of-Service** **$35 copayment after deductible**

	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.	For Medicare-covered hospital admissions, per admission: **In-Network** Days 1-7: $250 copayment per day. Days 8-90: $0 copayment per day. **Point-of-Service** Days 1-7: $325 copayment, after deductible, per day. Days 8-90: $0 copayment per day.	**For Medicare-covered hospital admissions, per admission:** **In-Network** **Days 1-7: $250 copayment per day.** **Days 8-90: $0 copayment per day.** **Point-of-Service** **Days 1-7: $325 copayment, after deductible, per day.** **Days 8-90: $0 copayment per day.**

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.	$20	**$20**
Additional premium for optional supplemental 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.)	Additional Dental and Vision: $17.90	**Additional Dental and Vision: $26.60**

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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount.	$4,500	**$4,500** **Once you've paid $4,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.** **Care received through our point-of-service benefit will count toward your maximum out-of-pocket amount.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* **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 Directory*:

- Visit our website at **bcbsm.com/providersmedicare**.
- Call Customer Service at 1-800-450-3680 (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 Service at 1-800-450-3680 (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)
Health and wellness education programs Nutrition education	$0 copayment for nutrition education.	**Nutrition education is <u>not</u> covered.**
Skilled nursing facility (SNF) care	**For Medicare-covered SNF stays:** **<u>In-Network</u>** Days 21-100: $218 copayment per day. **<u>Point-of-Service</u>** Days 21-100: $218 copayment after deductible per day.	**For Medicare-covered SNF stays:** **<u>In-Network</u>** **Days 21-100: $221 copayment per day.** **<u>Point-of-Service</u>** **Days 21-100: $221 copayment after deductible per day.**

SECTION 2 How to Change Plans

To stay in BCN Advantage Elements, 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 BCN Advantage Elements.

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 BCN Advantage Elements. 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 BCN Advantage Elements.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-800-450-3680 (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.

- **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 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Blue Care Network of Michigan offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

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

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

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

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

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

and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- 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. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from BCN Advantage Elements

- **Call Customer Service at 1-800-450-3680. (TTY users call 711.)**

  We're available for phone calls 8 a.m. to 8 p.m. Eastern time, Monday through Friday, with weekend hours October 1 through 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, look in the 2027 *Evidence of Coverage* for BCN Advantage Elements. 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 1-800-450-3680 (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 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 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 (TTY 711). 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.