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## Find Your Important Plan Materials Online

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To get started, go to **[bcbstmedicare.com/yourmaterials](https://bcbstmedicare.com/yourmaterials)**. Then log in to or create your account. You'll need your **Subscriber ID** and **Group Number**. You can find both on your Member ID card.

### Once you're signed in, you can:

- › See what benefits are changing next year in our Annual Notice of Changes (ANOC) — available **Oct. 1, 2025**.
- › Find a doctor, hospital or pharmacy in our network — available **Oct. 15, 2025**.
- › View a copy of our Evidence of Coverage (EOC) — available **Oct. 15, 2025**.
- › Check your claims and balances anytime.
- › See if your prescriptions are on our covered drug list, or formulary (if your plan includes Part D drug benefits) — available **Oct. 15, 2025**.
- › Sign up to get texts and emails from us.  
Just select **Account** in the top menu.  
Then go to **Communication Settings**.

### Let us know if you:

- › Need help finding a network provider or pharmacy.
- › Want more information about the ANOC, EOC or drugs we cover (if your plan includes Part D drug benefits).

Just give us a call at the Member Service number on the back of your Member ID card. You can also opt out of phone calls about your plan and request plan materials in print.

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). BlueCross BlueShield of Tennessee, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex<sup>1</sup>. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-831-2583 (TTY: 711) or speak to your provider. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-831-2583 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

<sup>1</sup> Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

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# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-831-2583 (TTY: 711) or speak to your provider.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-831-2583 (TTY: 711) o hable con su proveedor.

**LUU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-831-2583 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**주의:** [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-831-2583 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**注意:** 如果您说[中文],我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务,以无障碍格式提供信息。致电 1-800-831-2583 (文本电话:711) 或咨询您的服务提供商。

**ध्यान आपो:** જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને અકસેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-831-2583 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**ATTENTION :** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-831-2583 (TTY : 711) ou parlez à votre fournisseur.

**ማሳሰቢያ:-** አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-831-2583 (TTY: 711) ደደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

**ध्यान दें:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-831-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-831-2583 (TTY: 711) или обратитесь к своему поставщику услуг.

**تنبيه:** إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

**توجه:** اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-831-2583 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-831-2583 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

**注:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された) な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-831-2583 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang a dispozisyon w gratis. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo a dispozisyon gratis tou. Rele nan 1-800-831-2583 (TTY: 711) oswa pale avèk founisè swen w lan.

**ATENÇÃO:** Se você fala [Português], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-831-2583 (TTY: 711) ou fale com seu provedor.

**ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ, ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-831-2583 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-831-2583 (TTY: 711) o makipag-usap sa iyong provider.



BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association

## ***BlueAdvantage Freedom (PPO)<sup>SM</sup> offered by BlueCross BlueShield of Tennessee, Inc.***

# **Annual Notice of Change for 2026**

You're enrolled as a member of BlueAdvantage Freedom.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in BlueAdvantage Freedom.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [bcbstmedicare.com](http://bcbstmedicare.com) or call Member Service at **1-800-831-2583** (TTY users call **711**) to get a copy by mail.

### **More Resources**

- Call Member Service at **1-800-831-2583** (TTY users call **711**) for more information. From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. This call is free.
- This material is also available in alternate formats (e.g., braille, large print, audio).

### **About BlueAdvantage Freedom**

- BlueAdvantage Freedom is a PPO plan with a Medicare contract. Enrollment in BlueAdvantage Freedom depends on contract renewal.
- When this material says "we," "us," or "our," it means BlueCross BlueShield of Tennessee, Inc. When it says "plan" or "our plan," it means BlueAdvantage Freedom.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueAdvantage Freedom.** Starting January 1, 2026, you'll get your medical through BlueAdvantage Freedom. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: <b>\$3,200</b> From network and out-of-network providers combined: <b>\$5,750</b>	<b>From network providers:</b> <b>\$3,200</b> <b>From network and out-of-network providers combined:</b> <b>\$5,750</b>
<b>Primary care office visits</b>	<b>In-Network</b> <b>\$0</b> copay per visit <b>Out-of-Network</b> <b>\$10 copay</b> per visit	<b>In-Network</b> <b>\$0</b> copay per visit <b>Out-of-Network</b> <b>\$10 copay</b> per visit
<b>Specialist office visits</b>	<b>In-Network</b> <b>\$25 copay</b> per visit <b>Out-of-Network</b> <b>\$30 copay</b> per visit	<b>In-Network</b> <b>\$25 copay</b> per visit <b>Out-of-Network</b> <b>\$30 copay</b> per visit

	2025 (this year)	2026 (next year)
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	<b>In-Network</b> <b>Medicare-covered stay</b> <b>\$175 copay</b> per day for days 1-5 <b>\$0 copay</b> per day for additional days <b>Out-of-Network</b> <b>Medicare-covered stay</b> <b>\$225 copay</b> per day for days 1-5. <b>\$0 copay</b> per day for additional days	<b>In-Network</b> <b>Medicare-covered stay</b> <b>\$175 copay</b> per day for days 1-5 <b>\$0 copay</b> per day for additional days <b>Out-of-Network</b> <b>Medicare-covered stay</b> <b>\$225 copay</b> per day for days 1-5 <b>\$0 copay</b> per day for additional days

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b>  This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$40	\$40

### 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.

	2025 (this year)	2026 (next year)
<b>In-network maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.	\$3,200	<b>\$3,200</b>  <b>Once you've paid \$3,200 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.</b>



	2025 (this year)	2026 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount.	\$5,750	<b>\$5,750</b> <b>Once you've paid \$5,750 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 in-network or out-of-network providers for the rest of the calendar year.</b>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [bcbst.sapphirecareselect.com](http://bcbst.sapphirecareselect.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 [bcbstmedicare.com](http://bcbstmedicare.com)
- Call Member Service at **1-800-831-2583** (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 Member Service at **1-800-831-2583** (TTY users call **711**) for help.

### Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Dental services* - Supplemental (Annual allowance)</b> <b>Supplemental dental includes</b>	<b>In- and Out-of-Network:</b> You have a \$2,500 annual	<b>In- and Out-of-Network:</b> <b>You have a \$2,500</b>

	2025 (this year)	2026 (next year)
<p><b>Diagnostic and Preventive, Endodontics, Oral and Maxillofacial Surgery, Periodontics, Prosthodontics and Restorative services. Please refer to the information below for current services affiliated with each category.</b></p>	<p>allowance per year toward all covered supplemental dental services.</p> <p>You pay 100% of charges beyond the \$2,500 allowance, for non-covered services or if you exceed a service limit.</p>	<p><b>annual allowance per year toward all covered supplemental dental services.</b></p> <p><b>You pay 100% of charges beyond the \$2,500 allowance, for non-covered services or if you exceed a service limit.</b></p>
<p><b>Dental services* - Supplemental (Diagnostic and Preventive)</b></p> <p><b>Diagnostic and preventive, includes but is not limited to: standard diagnostic exams, problem focused oral evaluations, cleanings, bitewing X-rays, and panoramic or full mouth X-rays</b></p> <p><b>Prior authorization may be required.</b></p>	<p><b>In-Network:</b> You pay a \$0 copay through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p>You pay 100% of charges beyond the annual allowance, for non-covered services or if you exceed a service limit.</p>	<p><b>In-Network:</b> You pay a \$0 copay through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p><b>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</b></p>

	2025 (this year)	2026 (next year)
<p><b>Dental services* - Supplemental (Endodontics)</b></p> <p><b>Endodontics, includes but is not limited to: root canals, apicoectomy, retrograde filling</b></p> <p><b>Prior authorization may be required.</b></p>	<p><b>In-Network:</b> You pay a \$0 copay through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p>You pay 100% of charges beyond the annual allowance, for non-covered services or if you exceed a service limit.</p>	<p><b>In-Network:</b> You pay a \$0 copay through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p><b>You pay 100% of charges beyond the annual allowance, for non-covered services or if you exceed a service limit.</b></p>
<p><b>Dental services* - Supplemental (Oral and Maxillofacial Surgery)</b></p> <p><b>Oral and Maxillofacial Surgery, includes but not limited to: simple extractions and surgical extractions (including removal of impacted teeth), coronectomy and other oral surgical procedures typically not covered by a medical plan</b></p> <p><b>Prior authorization may be required.</b></p>	<p><b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of the billed charges through the annual allowance</p> <p>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</p>	<p><b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of the billed charges through the annual allowance</p> <p><b>You pay 100% of charges beyond the allowance, for non-</b></p>

	2025 (this year)	2026 (next year)
		covered services or if you exceed a service limit.
<b>Dental services* - Supplemental (Periodontics)</b> <b>Periodontics, includes but not limited to: periodontal exam, periodontal maintenance, scaling and root planning and full mouth debridement</b>  <b>Prior authorization may be required.</b>	<b>In-Network:</b> You pay a \$0 copay through the annual allowance  <b>Out-of-Network:</b> You pay 50% of the billed charges through the annual allowance  You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.	<b>In-Network:</b> You pay a \$0 copay through the annual allowance  <b>Out-of-Network:</b> You pay 50% of the billed charges through the annual allowance  You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.
<b>Dental services* - Supplemental (Prosthodontics)</b> <b>Prosthodontics, includes but not limited to: complete dentures, partial dentures and denture restoration</b>  <b>Prior authorization may be required.</b>	<b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance  <b>Out-of-Network:</b> You pay 50% of the billed charges through the annual allowance	<b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance  <b>Out-of-Network:</b> You pay 50% of the billed charges through

	2025 (this year)	2026 (next year)
	<p>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</p>	<p><b>the annual allowance</b></p> <p><b>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</b></p>
<p><b>Dental services* - Supplemental (Restorative)</b></p> <p><b>Restorative, includes but not limited to: fillings, crowns, bridges, and dental repair and adjustment</b></p> <p><b>Prior authorization may be required.</b></p>	<p><b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</p> <p><b>Note: For 2025, dental implants were a covered service.</b></p>	<p><b>In-Network:</b> You pay 20% of the Plan-allowed amount through the annual allowance</p> <p><b>Out-of-Network:</b> You pay 50% of billed charges through the annual allowance</p> <p><b>You pay 100% of charges beyond the allowance, for non-covered services or if you exceed a service limit.</b></p> <p><b>NOTE: For 2026, <u>dental implants</u> are a <u>non-covered service</u>.</b></p>

	2025 (this year)	2026 (next year)
<b>Emergency care - Domestic</b>	<b>In- and Out-of-Network:</b> You pay a <b>\$140</b> copay per visit	<b>In- and Out-of-Network:</b> You pay a <b>\$150</b> copay per visit
<b>Physician/Practitioner services - Telehealth</b>  <b>Certain telehealth services, including those for specific urgently needed medical services and individual sessions for specific mental health specialty services.</b>	<b>In-Network:</b> You pay a \$0 copay per visit  <b>Out-of-Network:</b> Not covered - must use designated vendor	<b>In-Network:</b> You pay a \$0 copay per visit  <b>Out-of-Network:</b> Not covered - must use designated vendor  <u><b>Prior authorization may be required.</b></u>
<b>Services to treat kidney disease - Dialysis</b>	<b>In-Network:</b> You pay 20% of the Plan-allowed amount for dialysis  <b>Out-of-Network:</b> You pay 20% of the Medicare-allowed amount for dialysis	<b>In-Network:</b> You pay 20% of the Plan-allowed amount for dialysis  <b>Out-of-Network:</b> You pay 20% of the Medicare-allowed amount for dialysis  <u><b>Prior authorization may be required.</b></u>

	2025 (this year)	2026 (next year)
<b>Skilled Nursing Facility (SNF) care</b>	<p><b>In-Network:</b> You pay a \$0 copay per day for days 1-20 You pay a <b>\$214</b> copay per day for days 21-100</p> <p><b>Out-of-Network:</b> You pay 50% of the Medicare-allowed amount per 100-day benefit period</p>	<p><b>In-Network:</b> <b>You pay a \$0 copay per day for days 1-20</b> <b>You pay a \$218 copay per day for days 21-100</b></p> <p><b>Out-of-Network:</b> <b>You pay 50% of the Medicare-allowed amount per 100-day benefit period</b></p>
<b>Urgently needed services - Domestic</b>	<p><b>In- and Out-of-Network:</b> You pay a <b>\$25</b> copay per visit</p>	<p><b>In- and Out-of-Network:</b> <b>You pay a \$45 copay per visit</b></p>
<b>Vision care* - Supplemental (Eyewear allowance)</b>	<p><b>In- and Out-of-Network:</b> You have a \$225 allowance for eyewear (contacts or frames and lenses) <b>per year</b></p>	<p><b>In- and Out-of-Network:</b> <b>You have a \$225 allowance for eyewear (contacts or frames and lenses) <u>every two years</u></b></p>

## SECTION 2 How to Change Plans

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**To stay in BlueAdvantage Freedom, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our BlueAdvantage Freedom.

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from BlueAdvantage Freedom.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueAdvantage Freedom.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Service at **1-800-831-2583** (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 (See page 2).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE.

### 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, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 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**

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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, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778; or
  - 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 Ryan White Program (Tennessee's AIDS Drug Assistance Program). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Ryan White Program (Tennessee's AIDS Drug Assistance Program) at 1-615-741-7500, Monday - Friday, 8:00 a.m. to 4:30 p.m. CT. Or, in Georgia, call the Ryan White Program (Georgia's AIDS Drug Assistance Program) at 1-404-757-9805, Monday - Friday 8:00 a.m. to 5:00 p.m. ET. If messages are full, you can email [GAAPP@dph.ga.gov](mailto:GAAPP@dph.ga.gov). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 4 Questions?

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### Get Help from BlueAdvantage Freedom

- **Call Member Service at 1-800-831-2583. (TTY users call 711.)**

We're available for phone calls from **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for BlueAdvantage Freedom. 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 [bcbstmedicare.com](http://bcbstmedicare.com) or call Member Service at **1-800-831-2583** (TTY users call **711**) to ask us to mail you a copy.

- **Visit [bcbstmedicare.com](http://bcbstmedicare.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

Call Tennessee State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Tennessee State Health Insurance Assistance Program at 1-877-801-0044 (Toll Free). Learn more about Tennessee State Health Insurance Assistance Program by visiting ([tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html](http://tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html)).

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.