BlueRx℠ Essential (PDP) offered by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company

Annual Notice of Change for 2027

You're enrolled as a member of **BlueRx Essential**.

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 **BlueRx Essential**.
- 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 **BCBSALMedicare.com/Documents (AL)/BlueRxAlaTenn.com/Documents (TN)** or call Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (TTY users call **711**) to get a copy by mail.

More Resources

- Call Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (TTY users call **711**) for more information. Hours are Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. This call is free.
- To receive this material in an alternative format, including braille, large print and audio, contact **Member Services**.

About BlueRx Essential

- **BlueRx** is a PDP with a Medicare contract. Enrollment in **BlueRx (PDP)** depends on contract renewal.
- When this material says "we," "us," or "our," it means **Blue Cross and Blue Shield of Alabama and UTIC Insurance Company**. When it says "plan" or "our plan," it means **BlueRx Essential**.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in BlueRx Essential**. Starting January 1, 2027, you'll get your drug coverage through **BlueRx Essential**. Go to Section 3 for more information about how to change plans and deadlines for making a change.

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Visit AlabamaBlue.com/NoticeofNondiscrimination to view an electronic version of this notice.

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

English: ATTENTION: 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 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说普通话，我们可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，以易读格式向您提供信息。请拨打 1-855-216-3144（TTY: 711）或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-216-3144 (TTY: 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-216-3144 (TTY: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें। .

Japanese: ご案内：日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供し ております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어을(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ: Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: Paunawa: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT: Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	**$76.20**	**$61.10**
Part D drug coverage (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible **$615** except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: **Drug Tier 1:** *Retail cost-sharing:* **$2** copay for a one-month (30 day) supply. *Mail-order cost sharing:* **$2** copay for a one-month (30 day) supply. **Drug Tier 2:** *Retail cost-sharing:* **$10** copay for a one-month (30 day) supply. *Mail-order cost sharing:* **$10** copay for a one-month (30 day) supply. **Drug Tier 3:** *Retail cost-sharing:* **19%** of the total cost for a one-month (30 day) supply.	**Part D drug coverage deductible** **$700 except for covered insulin products and most adult Part D vaccines** **Copayment/ Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** ***Retail cost-sharing:*** **$2 copay for a one-month (30 day) supply.** ***Mail-order cost sharing:*** **$2 copay for a one-month (30 day) supply.** **Drug Tier 2:** ***Retail cost-sharing:*** **$9 copay for a one-month (30 day) supply.** ***Mail-order cost sharing:*** **$9 copay for a one-month (30 day) supply.** **Drug Tier 3:** ***Retail cost-sharing:*** **19% of the total cost for a one-month (30 day) supply.**

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	You pay no more than **$35** copay per month supply of each covered insulin product on this tier. *Mail-order cost sharing:* **19%** of the total cost for a one-month (30 day) supply. You pay no more than **$35** copay per month supply of each covered insulin product on this tier. **Drug Tier 4:** *Retail cost-sharing:* **41%** of the total cost for a one-month (30 day) supply. You pay no more than **$35** copay per month supply of each covered insulin product on this tier. *Mail-order cost sharing:* **41%** of the total cost for a one-month (30 day) supply. You pay no more than **$35** copay per month supply of each covered insulin product on this tier. **Drug Tier 5:** *Retail cost-sharing:* **25%** of the total cost for a one-month (30 day) supply.	**You pay no more than $35 copay per month supply of each covered insulin product on this tier.** ***Mail-order cost sharing:*** **19% of the total cost for a one-month (30 day) supply.** **You pay no more than $35 copay per month supply of each covered insulin product on this tier.** **Drug Tier 4:** ***Retail cost-sharing:*** **40% of the total cost for a one-month (30 day) supply.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** ***Mail-order cost sharing:*** **40% of the total cost for a one-month (30 day) supply.** **You pay no more than $35 copay per month supply of each covered insulin product on this tier.** **Drug Tier 5:** ***Retail cost-sharing:*** **25% of the total cost for a one-month (30 day) supply.**

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)		**You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** **A long-term supply (up to 100 days) is not available for drugs in tier 5.**
	Mail-order cost sharing: **25%** of the total cost for a one-month (30 day) supply.	***Mail-order cost sharing:*** **25% of the total cost for a one-month (30 day) supply.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** **A long-term supply (up to 100 days) is not available for drugs in tier 5.**
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	**$76.20**	**$61.10**

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.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to 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.

There are no changes to our network of pharmacies for next year.

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 Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (TTY users call **711**) for help.

Section 1.3 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 posted online at **BCBSALMedicare.com/Documents (AL)/BlueRxAlaTenn.com/Documents (TN)**.

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 Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (TTY users call **711**) for more information.

Section 1.4 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 sent you 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 you don't get this material by September 30, 2026, call Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (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 Part D drugs until you've reached 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	**$615**	**$700**

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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid **$2,400** out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 (Preferred Generic): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Retail cost-sharing:* **$2** copay for a one-month (30 day) supply. *Mail-order cost sharing:* Your cost for a one-month (30 day) mail-order prescription is **$2**.	***Retail cost-sharing:*** **$2 copay for a one-month (30 day) supply.** ***Mail-order cost sharing:*** **Your cost for a one-month (30 day) mail-order prescription is $2.**
Tier 2 (Generic): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Retail cost-sharing:* **$10** copay for a one-month (30 day) supply. *Mail-order cost sharing:* Your cost for a one-month (30 day) mail-order prescription is **$10**.	***Retail cost-sharing:*** **$9 copay for a one-month (30 day) supply.** ***Mail-order cost sharing:*** **Your cost for a one-month (30 day) mail-order prescription is $9.**

	2026 (this year)	2027 (next year)
Tier 3 (Preferred Brand): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Retail cost-sharing:* **19%** of the total cost for a one-month (30 day) supply. You pay no more than a **$35** copay per month supply of each covered insulin product on this tier. *Mail-order cost sharing:* Your cost for a one-month (30 day) mail-order prescription is **19%** of the total cost. You pay no more than a **$35** copay per month supply of each covered insulin product on this tier.	***Retail cost-sharing:*** **19% of the total cost for a one-month (30 day) supply.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** ***Mail-order cost sharing:*** **Your cost for a one-month (30 day) mail-order prescription is 19% of the total cost.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.**
Tier 4 (Non-Preferred Drug): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Retail cost-sharing:* **41%** of the total cost for a one-month (30 day) supply. You pay no more than a **$35** copay per month supply of each covered insulin product on this tier. *Mail-order cost sharing:* Your cost for a one-month (30 day) mail-order prescription is **41%** of the total cost. You pay no more than a **$35** copay per month supply of each covered	***Retail cost-sharing:*** **40% of the total cost for a one-month (30 day) supply.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** ***Mail-order cost sharing:*** **Your cost for a one-month (30 day) mail-order prescription is 40% of the total cost.** **You pay no more than a $35 copay per month supply of each covered**

	2026 (this year)	2027 (next year)
Tier 4 (Non-Preferred Drug): (continued)	insulin product on this tier.	**insulin product on this tier.**
Tier 5 (Specialty): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Retail cost-sharing:* **25%** of the total cost for a one-month (30 day) supply. *Mail-order cost sharing:* Your cost for a one-month (30 day) mail-order prescription is **25%** of the total cost.	***Retail cost-sharing:*** **25% of the total cost for a one-month (30 day) supply.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** **A long-term supply (up to 100 days) is not available for drugs in tier 5.** ***Mail-order cost sharing:*** **Your cost for a one-month (30 day) mail-order prescription is 25% of the total cost.** **You pay no more than a $35 copay per month supply of each covered insulin product on this tier.** **A long-term supply (up to 100 days) is not available for drugs in tier 5.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan	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 2026. To learn more about this payment option, call us at the Medicare Prescription Payment Plan Support Line at 1-833-202-8162 (TTY users call 711) or visit Medicare.gov.	**Beginning January 1, 2027, Medicare Prescription Payment Plan services will transition from the current platform to Judi Rx. Your current participation will not change because of this transition. Please continue to use the current platform and contact information for the remainder of 2026. To learn more about this payment option for 2027, call Judi Rx at 1-833-246-9619 (TTY users call 711) or visit Medicare.gov**

SECTION 3 How to Change Plans

To stay in BlueRx Essential, 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 **BlueRx Essential**.

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from **BlueRx Essential**. 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.
    - You'll automatically be disenrolled from **BlueRx Essential** if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), that plan doesn't include prescription drug coverage.

- If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep **BlueRx Essential** for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from **BlueRx Essential**. If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from **BlueRx Essential**. To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from **BlueRx Essential**.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (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 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 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, 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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Alabama has a program called Alabama SenioRx Prescription Assistance program that helps people pay for prescription drugs based on their financial need, age, or medical condition. Tennessee has a program called Tennessee Drug Card that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Alabama 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 Alabama AIDS Drug Assistance Program at 1-866-574-9964. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number. In Tennessee, Medicare Part D

prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the Tennessee Department of Health at 1-615-741-7500. 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 SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-246-9691 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from BlueRx Essential

- **Call Member Services at 1-800-327-3998 (AL)/ 1-888-311-7508 (TN). (TTY users call 711**.)

  We're available for phone calls Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. 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 **BlueRx Essential**. 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 **BCBSALMedicare.com/Documents (AL)/BlueRxAlaTenn.com/Documents (TN)** or call Member Services at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (TTY users call **711**) to ask us to mail you a copy.

- **Visit BCBSALMedicare.com/Documents (AL)/BlueRxAlaTenn.com/Documents (TN)**

  Our website has the most up-to-date information about our pharmacy network (*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 Alabama, the SHIP is called Alabama State Health Insurance Assistance Program. In Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

Call SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the SHIP at the numbers below.

Alabama's SHIP	Tennessee's SHIP
Alabama Department of Senior Services 201 Monroe Street, Suite 350 Montgomery, Alabama 36104 1-800-AGE-LINE (1-800-243-5463) You can learn more about Alabama SHIP by visiting their website: (alabamaageline.gov)	**Tennessee Commission on Aging and Disability** Davy Crockett Tower 500 James Robertson Parkway Nashville, TN 37243 1-800-535-9725 You can learn more about Tennessee SHIP by visiting their website: (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 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 prescription drug 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.

BlueRx is a PDP with a Medicare approved contract.
Enrollment in BlueRx (PDP) depends on contract renewal.

BlueRx℠
A Medicare Approved Part D Plan

BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.