
**Medicare Plus BlueSM Group PPO with Prescription Drugs
offered by Blue Cross Blue Shield of Michigan****Annual Notice of Change for 2026****City of Detroit General Retiree Health Care Trust**

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

This material describes changes to our plan's costs and benefits next year. ***For premium information, please contact your group plan administrator or Customer Service (Customer Service phone numbers are in Section 5 of this document).***

- To change plans, please contact the benefits administrator of your employer, union, or retiree group. If you do not have a benefits administrator call Customer Service.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage or call Customer Service at 1-866-684-8216 (TTY users call 711) to get a copy by mail.

Contact your group plan administrator or Customer Service for your deadline to make changes to your Medicare coverage for next year.

More Resources

- Call Customer Service at 1-866-684-8216. (TTY users call 711.) Hours are Monday through Friday 8:30 a.m. to 5 p.m., Eastern time. From October 1 through March 31, we are available seven days a week from 8 a.m. to 9 p.m., Eastern time. This call is free.
- This information is available in a different format, including large print. Please call Customer Service; phone numbers are in Section 5 of this document.

About Medicare Plus Blue Group PPO

- 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 Group PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations.

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- Call our Customer Service number or go to the *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
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Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. Go to Section 1.1 for details.	Plan premium information is available through your group plan administrator or Customer Service. (Phone numbers are in Section 5).	You may have changes. Contact your group plan administrator or Customer Service for details. (Phone numbers are in Section 5).
Part D drug coverage (Go to Section 1.5 for details.)		Go to Section 1.5 for information on changes.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Plan premium information is available through your group plan administrator or Customer Service. (Phone numbers are in Section 5).	You may have changes. Contact your group plan administrator or Customer Service for details. (Phone numbers are in Section 5).

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 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 6 for information about "Extra Help" from Medicare.

Section 1.2 – There are no changes to your maximum out-of-pocket amounts

Your maximum out-of-pocket amounts will be exactly the same in 2026 as they are in 2025.

Section 1.3 – Changes to the Provider and 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 current Material Notice is included that tells you where to locate your current ***Provider/Pharmacy Directory (for members in Michigan) or Provider/Pharmacy Locator (for members outside Michigan)***.

Our network providers have changed for next year. **Review the 2026 *Provider/Pharmacy Directory (for members in Michigan) or Provider/Pharmacy Locator (for members outside Michigan)* 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 www.bcbsm.com/providersmedicare
- Call Customer Service at 1-866-684-8216. (TTY users should call 711) to get current provider/pharmacy information or to ask us to mail you a *Provider/Pharmacy Directory* (for members in Michigan) or *Provider/Pharmacy Locator* (for members outside Michigan).

We can make changes to the hospitals, doctors and specialists (providers, and pharmacies) that are part of your plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-684-8216. (TTY users should call 711) for help.

Section 1.4 – Changes to Benefits and Costs for Medical Services

	2025 (this year)	2026 (next year)
Medicare Part B Drugs	In-network Coverage for Part B drugs are <u>not</u> subject to step therapy requirements that specify a trial of Part D drugs prior to eligibility for a Part B drug.	In-network Coverage for Part B drugs may be subject to step therapy requirements that specify a trial of Part D drugs prior to eligibility for a Part B drug.

Section 1.5 – 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 and 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 1-866-684-8216. (TTY users should call 711) for more information.

Section 1.6 – There are no changes to the amounts you pay for prescription drugs

Your prescription drug costs will be exactly the same in 2026 as they are in 2025.

Do you get Extra Help to pay for your drug coverage costs?

If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also called the *Low Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the *LIS Rider*. Phone numbers for Customer Service are in Section 5 of this document.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in this stage, look at Chapter 6, Sections 6 and 7 in the *Medical Benefits Chart* enclosed with the *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in 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 2026. To learn more about this payment option, call us at 1-866-684-8216 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Medicare Plus Blue Group PPO, you don’t need to do anything. Unless you sign up for a different plan or change to Original Medicare, you’ll automatically be enrolled in our Medicare Plus Blue Group PPO.

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 Medicare Plus Blue Group PPO.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Medicare Plus Blue Group PPO.
- **To change to Original Medicare without a drug plan**, you:
 - Can send us a written request to disenroll. Call Customer Service at 1-866-684-8216. (TTY users should 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 5).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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 (1-800-633-4227).

Section 3.1 Deadline for Changing Plans

People with Medicare can make changes to their coverage by contacting your group plan administrator or Customer Service. For more information, see Chapter 10 of the *Evidence of Coverage*.

If you are 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) at any time, **but the timeframe in which you can enroll in another Medicare Advantage plan may be limited**. For more information, see Chapter 10 of the *Evidence of Coverage*, and contact your group plan administrator or Customer Service (phone numbers are in Section 5 of this document).

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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Some states have an SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. Michigan does not have SPAPs. 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. Names and phone numbers for SPAPs outside of Michigan are in *Exhibit 4* in the Appendix at the back of the *Evidence of Coverage*.
- **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 HIV/AIDS 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.
- **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. **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. All members are eligible to participate in the Medicare Prescription

Payment Plan. To learn more about this payment option, call us at 1-866-684-8216 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Help from Medicare Plus Blue Group PPO

- Call Customer Service at 1-866-684-8216. (TTY only, call 711.)

We are available for phone calls Monday through Friday 8:30 a.m. to 5 p.m., Eastern time. From October 1 through March 31, we are available seven days a week from 8 a.m. to 9 p.m., Eastern time. Calls to these numbers are free.

- **Read the 2026 *Evidence of Coverage* and *Medical Benefits Chart* (it has details about next year's benefits and costs)**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* and *Medical Benefits Chart* for Medicare Plus Blue Group PPO. 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* and the *Medical Benefits Chart* are located on our website at www.bcbsm.com/medicare or call Customer Service 1-866-684-8216. (TTY only, call 711.) to ask us to mail you a copy.

Visit

- www.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. For a list of SHIPs in other states, refer to *Exhibit 1* of the Appendix located at the back of the *Evidence of Coverage*.

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 users should call 711. Learn more about MI Options by visiting www.michigan.gov/MDHHS/MIOptions.

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**

You can chat live at 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**

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