

## **Blue Advantage® Premier (PPO) offered by Blue Cross and Blue Shield of Alabama**

# **Annual Notice of Change for 2026**

You're enrolled as a member of **Blue Advantage Premier**.

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 **Blue Advantage Premier**.
- 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 [BCBSALMedicare.com/Documents](http://BCBSALMedicare.com/Documents) or call **Member Services** at **1-888-234-8266** (TTY users call **711**) to get a copy by mail.

### **More Resources**

- Call **Member Services** at **1-888-234-8266** (TTY users call **711**). 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.
- **Member Services** has free language interpreter services available for non-English speakers (phone numbers are in Section 5 of this document). You may also receive this material in an alternative format, including braille, large print and audio by calling **Member Services**.

### **About Blue Advantage Premier (PPO)**

- **Blue Advantage** is a PPO with a Medicare contract. Enrollment in **Blue Advantage (PPO)** depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Blue Cross and Blue Shield of Alabama. When it says “plan” or “our plan,” it means **Blue Advantage Premier**.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Advantage Premier.** Starting January 1, 2026, you'll get your medical and drug coverage through **Blue Advantage Premier**. 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](http://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 Sprachassistentendienste 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 નિ:શુલ્ક 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 કોલ કરો.

**Hindi:** ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क 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: 한국어(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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີແມ່ນມີໃຫ້ທ່ານ. 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 2026

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1 for details.</p>	<b>\$153</b>	<b>\$163</b>
<p><b>Maximum out-of-pocket amount</b></p> <p>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.)</p>	<p>From network providers: <b>\$2,900</b></p> <p>From network and out-of-network providers combined: <b>\$5,100</b></p>	<p><b>From network providers: \$2,900</b></p> <p><b>From network and out-of-network providers combined: \$5,100</b></p>
<b>Primary care office visits</b>	<b>\$0</b> copay per visit or telehealth visit.	<b>\$0 copay per visit or telehealth visit.</b>
<b>Specialist office visits</b>	<b>\$20</b> copay per visit or telehealth visit.	<b>\$20 copay per visit or telehealth visit.</b>
<p><b>Inpatient hospital stays</b></p> <p>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.</p>	<p>Medicare-covered hospital stays:</p> <p><b>\$175</b> copay per day for days 1 through 5.</p> <p><b>\$0</b> copay per day for days 6 through 90.</p> <p><b>\$0</b> copay for each additional hospital day.</p> <p><b>\$875</b> out-of-pocket limit every "benefit period." The "benefit period" is based on Original Medicare.</p>	<p><b>Medicare-covered hospital stays:</b></p> <p><b>\$199 copay per day for days 1 through 5, per admission.</b></p> <p><b>\$0 copay per day for days 6 through 90, per admission.</b></p> <p><b>\$0 copay for each additional hospital day, per admission.</b></p> <p><b>\$995 out-of-pocket limit "per admission."</b></p> <p><b>Original Medicare hospital benefit periods do not apply. For</b></p>

	2025 (this year)	2026 (next year)
<b>Inpatient hospital stays (continued)</b>		<b>inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital. A transfer to a separate facility type (such as an Inpatient Rehabilitation Hospital or Long Term Care Hospital) is considered a new admission. Copays apply per admission.</b>
<b>Part D drug coverage deductible</b> (Go to Section 1.7 for details.)	<b>\$0</b>	<b>\$0</b>
<b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> <i>Preferred cost-sharing:</i> <b>\$0</b> copay for a one-month (30 day) supply. <i>Standard cost-sharing:</i> <b>\$7</b> copay for a one-month (30 day) supply. <i>Preferred mail-order cost-sharing:</i> <b>\$0</b> copay for a one-month (30 day) supply. <i>Standard mail-order cost-sharing:</i> <b>\$7</b> copay for a one-month (30 day) supply.</p>	<p><b>Copayment/Coinsurance during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1:</b></p> <p><b>Retail cost-sharing:</b> <b>\$0 copay for a one-month (30 day) supply.</b></p> <p><b>Mail-order cost-sharing:</b> <b>\$0 copay for a one-month (30 day) supply.</b></p>

	2025 (this year)	2026 (next year)
<b>Part D drug coverage (continued)</b>	<p><b>Drug Tier 2:</b></p> <p><i>Preferred cost-sharing:</i> <b>\$8</b> copay for a one-month (30 day) supply.</p> <p><i>Standard cost-sharing:</i> <b>\$15</b> copay for a one-month (30 day) supply.</p> <p><i>Preferred mail-order cost-sharing:</i> <b>\$8</b> copay for a one-month (30 day) supply.</p> <p><i>Standard mail-order cost-sharing:</i> <b>\$15</b> copay for a one-month (30 day) supply.</p> <p><b>Drug Tier 3:</b></p> <p><i>Preferred cost-sharing:</i> <b>\$40</b> copay for a one-month (30 day) supply.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> <b>\$47</b> copay for a one-month (30 day) supply.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred mail-order cost-sharing:</i> <b>\$40</b> copay for a one-month (30 day) supply.</p>	<p><b>Drug Tier 2:</b></p> <p><b><i>Retail cost-sharing:</i></b> <b>\$15 copay for a one-month (30 day) supply.</b></p> <p><b><i>Mail-order cost-sharing:</i></b> <b>\$15 copay for a one-month (30 day) supply.</b></p> <p><b>Drug Tier 3:</b></p> <p><b><i>Retail cost-sharing:</i></b> <b>\$42 copay for a one-month (30 day) supply.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p>

	2025 (this year)	2026 (next year)
<p><b>Part D drug coverage (continued)</b></p>	<p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Standard mail-order cost-sharing:</i> <b>\$47</b> copay for a one-month (30 day) supply.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b></p> <p><i>Preferred cost-sharing:</i> <b>33%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> <b>38%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred mail-order cost-sharing:</i> <b>33%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p>	<p><b><i>Mail-order cost-sharing:</i></b> <b>\$42 copay for a one-month (30 day) supply.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 4:</b></p> <p><b><i>Retail cost-sharing:</i></b> <b>35% of the total cost.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p>

	2025 (this year)	2026 (next year)
<b>Part D drug coverage (continued)</b>	<p><i>Standard mail-order cost-sharing:</i> <b>38%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b></p> <p><i>Preferred cost-sharing:</i> <b>33%</b> of the total cost.</p> <p><i>Standard cost-sharing:</i> <b>33%</b> of the total cost.</p> <p><i>Preferred mail-order cost-sharing:</i> <b>33%</b> of the total cost.</p> <p><i>Standard mail-order cost-sharing:</i> <b>33%</b> of the total cost.</p> <p><b>Catastrophic Coverage Stage:</b></p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><b><i>Mail-order cost-sharing:</i></b> <b>35% of the total cost.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:</b></p> <p><b><i>Retail cost-sharing:</i></b> <b>33% of the total cost.</b></p> <p><b><i>Mail-order cost-sharing:</i></b> <b>33% of the total cost.</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p>

## 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.)	\$153	\$163

#### 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 4 for more information about Extra Help from Medicare.

### 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.

	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. Our plan premium and your costs	\$2,900	\$2,900 <b>Once you've paid \$2,900 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</b>

	2025 (this year)	2026 (next year)
<p><b>In-network maximum out-of-pocket amount (continued)</b> for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>		<p><b>network providers for the rest of the calendar year.</b></p>
<p><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. Your plan premium and costs for outpatient prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount for medical services.</p>	<p><b>\$5,100</b></p>	<p><b>\$5,100</b> <b>Once you've paid \$5,100 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</b></p>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [BCBSALMedicare.com/Documents](https://www.bcbsalmedicare.com/Documents) 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 [BCBSALMedicare.com/Documents](https://www.bcbsalmedicare.com/Documents).
- Call **Member Services** at **1-888-234-8266** (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 Services** at **1-888-234-8266** (TTY users call **711**) for help.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [BCBSALMedicare.com/Documents](https://www.bcbsalmedicare.com/Documents) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [BCBSALMedicare.com/Documents](https://www.bcbsalmedicare.com/Documents).
- Call **Member Services** at **1-888-234-8266** (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call **Member Services** at **1-888-234-8266** (TTY users call **711**) for help.

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

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

	2025 (this year)	2026 (next year)
<b>Chronic Pain Management and Treatment Services</b>	Chronic Pain Management and Treatment Services are <u>not</u> covered.	<b>Up to \$20 copay per visit for Medicare-covered Chronic Pain Management and Treatment Services.</b> <b>Starting in 2026, you can receive Medicare-covered monthly services for people living with chronic pain (persistent or recurring pain lasting longer than 3 months). Services may include pain assessment, medication management, and care coordination and planning.</b>
<b>Dental Services</b>	A <b>\$1,300</b> combined allowance for preventive and comprehensive services.	A <b>\$1,000</b> combined allowance for preventive and comprehensive services.

	2025 (this year)	2026 (next year)
<b>Diabetic Self Management Training, Diabetic Services &amp; Supplies</b>	<p>Diabetic testing supplies obtained through the pharmacy are limited to Ascensia products (e.g., Contour) and LifeScan products (e.g., OneTouch) for meters and test strips. All test strips are subject to a quantity limit of 204 per 30 days.</p> <p>Continuous glucose monitors (CGMs) obtained through the pharmacy are limited to Dexcom and Abbott products (e.g., Freestyle). Prior approval is required for any other brands of meters, test strips or CGMs.</p> <p>If you obtain diabetic supplies (blood glucose meters and test strips) and CGMs through one of our Durable Medical Equipment (DME) suppliers, standard DME benefits apply.</p>	<p><b>Diabetic testing supplies obtained through the pharmacy are limited to Ascensia products (e.g., Contour) and Abbott products (e.g., Freestyle) for meters and test strips. All test strips are subject to a quantity limit of 204 per 30 days.</b></p> <p><b>Continuous glucose monitors (CGMs) obtained through the pharmacy are limited to Dexcom and Abbott products (e.g., Freestyle). Prior approval is required for any other brands of meters, test strips or CGMs.</b></p> <p><b>If you obtain diabetic supplies (blood glucose meters and test strips) and CGMs through one of our Durable Medical Equipment (DME) suppliers, standard DME benefits apply.</b></p>
<b>Emergency Care</b>	<b>\$120</b> copay per visit for Medicare-covered emergency room visits.	<b>\$130</b> copay per visit for Medicare-covered emergency room visits.
<b>Fitness Benefit</b>	Your fitness benefit will be a <b>\$90</b> allowance every three months and will be loaded on the FlexCard mailed to you at enrollment.* It can be	<b>Fitness benefit is <u>not</u> covered.</b>

	2025 (this year)	2026 (next year)
<b>Fitness Benefit (continued)</b>	<p>used toward memberships at a health club. For complete benefit information and additional details, please call Member Services at 1-800-962-1964 (TTY 711).</p> <p>*The Alabama FlexCard Mastercard® Prepaid Card is issued by Stride Bank, N.A., Member FDIC, pursuant to license by Mastercard International.</p>	
<b>Home Infusion Therapy</b>	<b>20%</b> of the total cost for Home Infusion Therapy services.	<b>Up to 20% of the total cost for Home Infusion Therapy services.</b>
<b>Inpatient Hospital Care</b>	<p>Medicare-covered hospital stays:</p> <p><b>\$175</b> copay per day for days 1 through 5.</p> <p><b>\$0</b> copay per day for days 6 through 90.</p> <p><b>\$0</b> copay for each additional hospital day.</p> <p><b>\$875</b> out-of-pocket limit every “benefit period.”</p> <p>The “benefit period” is based on Original Medicare.</p>	<p><b>Medicare-covered hospital stays:</b></p> <p><b>\$199 copay per day for days 1 through 5, per admission.</b></p> <p><b>\$0 copay per day for days 6 through 90, per admission.</b></p> <p><b>\$0 copay for each additional hospital day, per admission.</b></p> <p><b>\$995 out-of-pocket limit “per admission.”</b></p> <p><b>Original Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing</b></p>

	2025 (this year)	2026 (next year)
<b>Inpatient Hospital Care (continued)</b>		<p>described above applies each time you are admitted to the hospital. A transfer to a separate facility type (such as an Inpatient Rehabilitation Hospital or Long Term Care Hospital) is considered a new admission.</p> <p>Copays apply per admission.</p>
<b>Inpatient Services in a Psychiatric Hospital</b>	<p>Medicare-covered hospital stays:</p> <p><b>\$175</b> copay per day for days 1 through 5.</p> <p><b>\$0</b> copay per day for days 6 through 90.</p> <p><b>\$0</b> copay for each additional day up to the 190-day lifetime limit.</p> <p><b>\$875</b> out-of-pocket limit every “benefit period.”</p> <p>The “benefit period” is based on Original Medicare.</p>	<p><b>Medicare-covered hospital stays:</b></p> <p><b>\$199 copay per day for days 1 through 5, per admission.</b></p> <p><b>\$0 copay per day for days 6 through 90, per admission.</b></p> <p><b>\$0 copay for each additional day up to the 190-day lifetime limit, per admission.</b></p> <p><b>\$995 out-of-pocket limit “per admission.”</b></p> <p><b>Original Medicare psychiatric hospital benefit periods do not apply. For inpatient services in a psychiatric hospital, the cost-sharing described above applies each time you are admitted. The 190-day lifetime limit for an inpatient stay is a lifetime</b></p>

	2025 (this year)	2026 (next year)
<b>Inpatient Services in a Psychiatric Hospital (continued)</b>		<p>maximum and does not reset with each benefit period.</p> <p>Copays apply per admission.</p>
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b>	<p><b>\$25</b> copay per visit for Medicare-covered diagnostic radiology services such as MRI, nuclear stress test and cardiac imaging, CT and PET scans (not including X-rays).</p>	<p><b>\$50</b> copay per visit for Medicare-covered diagnostic radiology services such as MRI, nuclear stress test and cardiac imaging, CT and PET scans (not including X-rays).</p>
<b>Outpatient Hospital Observation</b>	<p><b>\$150</b> facility copay per visit for each Medicare-covered outpatient hospital observation.</p>	<p><b>\$0-\$200</b> facility copay per visit, depending upon the service, for each Medicare-covered outpatient hospital observation.</p>
<b>Outpatient Hospital Services</b>	<p><b>\$0-\$150</b> facility copay per visit, depending upon the service, for each Medicare-covered outpatient hospital service received.</p>	<p><b>\$0-\$200</b> facility copay per visit, depending upon the service, for each Medicare-covered outpatient hospital service received.</p>
<b>Outpatient Surgery, including Services provided at Hospital Outpatient Facilities and Ambulatory Surgical Centers</b>	<p><b>\$0-\$150</b> copay, depending upon the service, for each Medicare-covered outpatient surgery or service received.</p>	<p><b>\$0-\$200</b> copay, depending upon the service, for each Medicare-covered outpatient surgery or service received at an outpatient hospital facility.</p> <p><b>\$0-\$150</b> copay, depending upon the service, for each Medicare-covered</p>

	2025 (this year)	2026 (next year)
<b>Outpatient Surgery, including Services provided at Hospital Outpatient Facilities and Ambulatory Surgical Centers (continued)</b>		<b>outpatient surgery or service received at an ambulatory surgical center.</b>
<b>Over-the-counter (OTC) drugs and supplies</b>	You are eligible for a <b>\$50</b> allowance every three months to be used toward the purchase of over-the-counter (OTC) health and wellness products. Your allowance is available at the beginning of each quarter of the plan year (January, April, July, and October) on the FlexCard mailed to you at enrollment. The unused quarterly allowance amount will not carry over to the next quarter.	<b>Over the counter allowance is <u>not</u> covered.</b>
<b>Partial Hospitalization Services and Intensive Outpatient Services</b>	<b>\$55</b> copay per visit for each Medicare-covered partial hospitalization program or telehealth service.	<b>\$140 copay per visit for each Medicare-covered partial hospitalization program or telehealth service.</b>
<b>Skilled Nursing Facility (SNF) Care</b>	<p><b>\$0</b> copay per day for days 1-20.</p> <p><b>\$100</b> copay per day for days 21-55.</p> <p><b>\$0</b> copay per day for days 56-100.</p>	<p><b>\$0 copay per day for days 1-20.</b></p> <p><b>\$125 copay per day for days 21-55.</b></p> <p><b>\$0 copay per day for days 56-100.</b></p>

	2025 (this year)	2026 (next year)
<b>Worldwide Emergency Care</b>	<p>Up to <b>\$50,000</b> total coverage annually.</p> <p><b>\$0</b> copay for Urgent Care Physician.</p> <p><b>\$20</b> copay for Urgent Care Specialist.</p> <p><b>\$120</b> copay for Emergency Care.</p> <p><b>\$175</b> copay for Emergency Worldwide Transportation. Cost-sharing applies to each one-way trip.</p>	<p><b>Up to \$50,000 total coverage annually.</b></p> <p><b>\$0 copay for Urgent Care Physician.</b></p> <p><b>\$20 copay for Urgent Care Specialist.</b></p> <p><b>\$130 copay for Emergency Care.</b></p> <p><b>\$175 copay for Emergency Worldwide Transportation. Cost-sharing applies to each one-way trip.</b></p>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or

working to find a new drug. Call **Member Services** at **1-888-234-8266** (TTY users call **711**) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025 call **Member Services 1-888-234-8266** (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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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 **\$2,100**.

- **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.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn't apply to you.	<b>Because we have no deductible, this payment stage doesn't apply to you.</b>

### 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 **\$2,100** out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<p><b>Tier 1 (Preferred Generic):</b></p> <p>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.</p>	<p><i>Standard cost-sharing:</i> <b>\$7</b> copay for a one-month (30 day) supply.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$7</b>.</p> <p><i>Preferred cost-sharing:</i> <b>\$0</b> copay for a one-month (30 day) supply.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$0</b>.</p>	<p><i>Retail cost-sharing:</i> <b>\$0 copay for a one-month (30 day) supply.</b></p> <p><i>Mail-order cost-sharing:</i> <b>Your cost for a one-month (30 day) mail-order prescription is \$0.</b></p>
<p><b>Tier 2 (Generic):</b></p> <p>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.</p>	<p><i>Standard cost-sharing:</i> <b>\$15</b> copay for a one-month (30 day) supply.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$15</b>.</p>	<p><i>Retail cost-sharing:</i> <b>\$15 copay for a one-month (30 day) supply.</b></p> <p><i>Mail-order cost-sharing:</i> <b>Your cost for a</b></p>

	2025 (this year)	2026 (next year)
<p><b>Tier 2 (Generic): (continued)</b></p>	<p><i>Preferred cost-sharing:</i>  <b>\$8</b> copay for a one-month (30 day) supply.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$8</b>.</p>	<p><b>one-month (30 day) mail-order prescription is \$15.</b></p>
<p><b>Tier 3 (Preferred Brand):</b></p> <p>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.</p>	<p><i>Standard cost-sharing:</i>  <b>\$47</b> copay for a one-month (30 day) supply.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$47</b>.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i>  <b>\$40</b> copay for a one-month (30 day) supply.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>\$40</b>.</p>	<p><b>Retail cost-sharing:</b>  <b>\$42 copay for a one-month (30 day) supply.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p> <p><b>Mail-order cost-sharing:</b>  <b>Your cost for a one-month (30 day) mail-order prescription is \$42.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p>

	2025 (this year)	2026 (next year)
<b>Tier 3 (Preferred Brand): (continued)</b>	You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.	
<b>Tier 4 (Non-Preferred Drug):</b>  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.	<p><i>Standard cost-sharing:</i> <b>38%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>38%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> <b>33%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>33%</b> of the total cost.</p> <p>You pay no more than a <b>\$35</b> copay per month</p>	<p><b>Retail cost-sharing:</b> <b>35% of the total cost.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p> <p><b>Mail-order cost-sharing:</b> <b>Your cost for a one-month (30 day) mail-order prescription is 35% of the total cost.</b></p> <p><b>You pay no more than a \$35 copay per month supply of each covered insulin product on this tier.</b></p>

	2025 (this year)	2026 (next year)
<b>Tier 4 (Non-Preferred Drug): (continued)</b>	supply of each covered insulin product on this tier.	
<b>Tier 5 (Specialty):</b>  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.	<p><i>Standard cost-sharing:</i> <b>33%</b> of the total cost.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>33%</b> of the total cost.</p> <p><i>Preferred cost-sharing:</i> <b>33%</b> of the total cost.</p> <p>Your cost for a one-month (30 day) mail-order prescription is <b>33%</b> of the total cost.</p>	<p><b>Retail cost-sharing:</b> <b>33% of the total cost.</b></p> <p><b>Mail-order cost-sharing:</b> <b>Your cost for a one-month (30 day) mail-order prescription is 33% of the total cost.</b></p>

### Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	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.	<p><b>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.</b></p> <p><b>To learn more about this payment option, call us at Medicare Prescription Payment</b></p>

Description	2025 (this year)	2026 (next year)
		<b>Plan Support Line</b> <b>1-833-202-8162 (TTY users call 711) or visit</b> <b><a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b>

## SECTION 3 How to Change Plans

**To stay in Blue Advantage Premier, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our **Blue Advantage Premier**.

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 **Blue Advantage Premier**.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from **Blue Advantage Premier**.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call **Member Services** at **1-888-234-8266** (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 [www.Medicare.gov](http://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 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 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

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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).** 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. 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](http://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 1-866-574-9964. 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 1-833-202-8162 (TTY users should call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Blue Advantage Premier

- **Call Member Services at 1-888-234-8266. (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 2026 Evidence of Coverage**

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* for **Blue Advantage Premier**. 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](http://BCBSALMedicare.com/Documents) or call **Member Services 1-888-234-8266** (TTY users call **711**) to ask us to mail you a copy.

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

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

Call Alabama 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 Alabama State Health Insurance Assistance Program at 1-800-AGELINE (1-800-243-5463). Learn more about Alabama State Health Insurance Assistance Program by visiting [www.alabamaageline.gov](http://www.alabamaageline.gov).

## 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.

Blue Advantage is a PPO with a Medicare contract.  
Enrollment in Blue Advantage (PPO) depends on contract renewal.



Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama,  
an independent licensee of the Blue Cross and Blue Shield Association.