



# 2026 Annual Notice of Changes

## Blue Medicare Advantage Freedom (PPO)

Allen, Anderson, Atchison, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Coffey, Cowley, Crawford, Dickinson, Doniphan, Douglas, Elk, Ellsworth, Franklin, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Labette, Leavenworth, Lincoln, Linn, Lyon, Marion, McPherson, Miami, Montgomery, Morris, Nemaha, Neosho, Osage, Ottawa, Pottawatomie, Reno, Rice, Riley, Russell, Saline, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson and Woodson

Effective from January 1, 2026 through December 31, 2026

OMB Approval 0938-1051 (Expires: August 31, 2026)

## ***Blue Medicare Advantage Freedom (Local PPO) offered by Blue Cross and Blue Shield of Kansas***

# **Annual Notice of Change for 2026**

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

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *Blue Medicare Advantage Freedom*.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.bcbsks.com/medicare/ma-welcome](http://www.bcbsks.com/medicare/ma-welcome) or call Customer Services at 1-800-222-7645 (TTY users call 711) to get a copy by mail. You can also review the attached separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

### **More Resources**

- Call Customer Services at 1-800-222-7645 (TTY users call 711) for more information. Hours of operation.
  - October 1 through March 31 – Seven days a week from 8:00 AM to 8:00 PM.
  - April 1 through September 30 – Monday through Friday 8:00 AM to 8:00 PM. This call is free.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the Blue Medicare Advantage Freedom (PPO) counties of coverage and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication, such as braille, large print, or alternative formats.

**About *Blue Medicare Advantage Freedom***

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

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## Summary of Important Costs for 2026

|   | 2025<br>(this year)  | 2026<br>(next year)  |
|---|--|--|
| <b>Monthly plan premium*</b><br>Go to Section 1.1 for details.  | \$0  | \$0  |
| <b>Part B Premium Credit</b>  | \$75   | \$75   |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br>(Go to Section 1.2 for details.) | From network providers:<br>\$5,400<br>From network and out-of-network providers combined:<br>\$8,950           | <b>From network providers:</b><br><b>\$5,400</b><br><b>From network and out-of-network providers combined:</b><br><b>\$8,950</b> |
| <b>Primary care office visits</b>   | <b>In-Network</b><br>\$0 copay per visit<br><b>Out-of-Network</b><br>You pay 40% coinsurance for this benefit. | <b>In-Network</b><br><b>\$0 per visit</b><br><b>Out-of-Network</b><br><b>You pay 40% coinsurance for this benefit.</b>           |

|  | 2025<br>(this year)  | 2026<br>(next year)   |
|--|--|---|
| <b>Specialist office visits</b><br><br>  | <b>In-Network</b><br>\$45 copay per visit<br><b>Out-of-Network</b><br>40% Coinsurance per visit  | <b>In-Network</b><br><b>\$45 copay per visit</b><br><b>Out-of-Network</b><br><b>40% Coinsurance per visit</b>   |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | <b>In-Network</b><br>\$400 copay per day for days 1-6.<br>\$0 copay per day for days 7-90.<br><b>Out-of-Network</b><br>40% coinsurance per admission | <b>In-Network</b><br><b>\$400 copay per day for days 1-6.</b><br><b>\$0 copay per day for days 7-90.</b><br><b>Out-of-Network</b><br><b>40% coinsurance per admission</b> |

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

### Section 1.1 Changes to the Monthly Plan Premium

|  | 2025<br>(this year) | 2026<br>(next year) |
|--|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.)                                     | \$0                 | \$0                 |
| <b>Part B premium reduction</b><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | \$75                | \$75                |

### 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<br>(this year) | 2026<br>(next year)   |
|---|---------------------|---|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount. | \$5,400             | <b>\$5,400</b><br><b>Once you've paid \$5,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

|   | 2025<br>(this year) | 2026<br>(next year)   |
|---|---------------------|---|
| <b>Combined maximum out-of-pocket amount</b><br>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. | \$8,950             | <b>\$8,950</b><br><br><b>Once you've paid \$8,950 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.bcbsks.com/medicare/find-a-provider.shtml](http://www.bcbsks.com/medicare/find-a-provider.shtml) 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 [www.bcbsks.com/medicare/ma-welcome](http://www.bcbsks.com/medicare/ma-welcome).
- Call Customer Services at 1-800-222-7645 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Services at 1-800-222-7645 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

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

|                              | 2025<br>(this year)  | 2026<br>(next year)   |
|------------------------------|--|---|
| <b>Chiropractic Services</b> | <p><b>In-Network:</b><br/>You pay \$20 copay for this benefit.</p> <p><b>Out-of-Network:</b><br/>You pay 40% of the total cost.</p>  | <p><b>In-Network:</b><br/><b>You pay \$15 copay for this benefit.</b></p> <p><b>Out-of-Network:</b><br/><b>You pay 40% of the total cost.</b></p>   |
| <b>Dental Service</b>        | Up to a maximum benefit of \$1,000 every year for non-Medicare-covered preventive and comprehensive dental services.   | <b>Up to a maximum benefit of \$2,000 every year for non-Medicare-covered preventive and comprehensive dental services.</b>   |
| <b>Doctor Office Visit</b>   | <p><b>In-Network:</b></p> <p><b>Primary Care:</b><br/>You pay \$0 copay for this benefit.</p> <p><b>Specialist Care:</b><br/>You pay \$45 copay for this benefit.</p> <p><b>Out-of-Network:</b><br/>You pay 40% of the total cost.</p> | <p><b>In-Network:</b></p> <p><b>Primary Care:</b><br/><b>You pay \$0 copay for this benefit.</b></p> <p><b>Specialist Care:</b><br/><b>You pay \$45 copay for this benefit.</b></p> <p><b>Out-of-Network:</b><br/><b>You pay 40% of the total cost.</b></p> |

|   | 2025<br>(this year)  | 2026<br>(next year)   |
|---|--|---|
| <b>Medicare-covered Intensive Outpatient Program Services</b> | Not Covered  | <b>In-Network:</b><br>You pay \$30 copay for this benefit.<br><br><b>Out-of-Network:</b><br>You pay 40% of the total cost.  |
| <b>Non-Medicare-covered Eyewear</b>                           | Members are responsible for any amount over the \$150 eyewear coverage limit.  | Members are responsible for any amount over the \$200 eyewear coverage limit.   |
| <b>OTC Items</b>  | \$50 allowance every three months.   | \$50 allowance every three months.<br><b>Unused allowances will be available until 12/31/2026.</b>  |
| <b>Skilled Nursing Facility (SNF) Medicare-covered stay</b>   | <b>In-Network:</b><br>\$0 Copay per day for days 1-20.<br>\$214 Copay per day for days 21-100.<br><br><b>Out-of-Network:</b><br>You pay 40% of the total cost. | <b>In-Network:</b><br>\$0 Copay per day for days 1-20.<br><b>\$218 Copay per day for days 21-100.</b><br><br><b>Out-of-Network:</b><br>You pay 40% of the total cost. |
| <b>Urgently Needed Services</b>                               | <b>In-Network:</b><br>You pay \$40 copay for this benefit.   | <b>In-Network:</b><br>You pay \$50 copay for this benefit.  |

## SECTION 2 Administrative Changes

|                         | 2025<br>(this year)   | 2026<br>(next year)   |
|-------------------------|---|---|
| Geographic/Service Area | Service area consists of Allen , Anderson , Bourbon , Butler , Chase , Chautauqua , Cherokee , Coffey , Cowley , Crawford , Dickinson , Douglas , Elk , Franklin , Geary , Greenwood , Harper , Harvey , Jackson , Jefferson , Kingman , Labette , Leavenworth , Linn , Lyon , Marion , McPherson , Miami , Montgomery , Morris , Neosho , Osage , Pottawatomie , Reno , Riley , Sedgwick , Shawnee , Sumner , Wabaunsee , Wilson , Woodson counties. | <b>Service area consists of Allen , Anderson , Atchison, Bourbon , Brown, Butler , Chase , Chautauqua , Cherokee , Coffey , Cowley , Crawford , Dickinson , Doniphan, Douglas , Elk, Ellsworth, Franklin , Geary , Greenwood , Harper , Harvey , Jackson , Jefferson , Kingman , Labette , Leavenworth , Lincoln, Linn , Lyon , Marion , McPherson , Miami , Montgomery , Morris , Nemaha, Neosho , Osage , Ottawa, Pottawatomie , Reno , Rice, Riley , Russell, Saline, Sedgwick , Shawnee , Sumner , Wabaunsee , Wilson , Woodson counties.</b> |

## SECTION 3 How to Change Plans

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

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

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from *Blue Medicare Advantage Freedom*.

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Blue Medicare Advantage Freedom*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Services at 1-800-222-7645 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [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.

### 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 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

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Kansas Ryan White Part B 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 Kansas Ryan White Part B Program at 1-785-296-6174. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 5 Questions?

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### Get Help from *Blue Medicare Advantage Freedom*

- **Call Customer Services at 1-800-222-7645. (TTY users call 711.)**

We're available for phone calls 8:00 AM to 8:00 PM seven days a week from October 1 through March 31. We are available 8:00 AM to 8:00 PM Monday through Friday April 1 through September 30. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for *Blue Medicare Advantage Freedom*. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.bcbsks.com/medicare/forms](http://www.bcbsks.com/medicare/forms) or call Customer Services at 1-800-222-7645 (TTY users call 711) to ask us to mail you a copy. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.

- **Visit [www.bcbsks.com/medicare/ma-welcome](http://www.bcbsks.com/medicare/ma-welcome)**

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

## **Get Free Counseling about Medicare**

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

Call Senior Health Insurance Counseling for Kansas (SHICK) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior Health Insurance Counseling for Kansas (SHICK) at 1-800-860-5260. Learn more about SHICK by visiting [www.kdads.ks.gov/SHICK](http://www.kdads.ks.gov/SHICK).

## 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](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



**866-335-7042**  
**(TTY: 711)**

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[bcbsks.com/mawelcome](https://bcbsks.com/mawelcome)

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