



Blue Medicare Advantage Freedom (PPO)

2027 Annual Notice of Changes

Jackson, Lyon, Osage, Pottawatomie, Shawnee and Wabaunsee

Effective from January 1, 2027 through December 31, 2027

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

Annual Notice of Change for 2027

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, 2026, you'll stay in *Blue Medicare Advantage Freedom*.
- To change to a **different plan**, visit [Medicare.gov](https://www.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 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.
 - These calls are 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, 2026, you’ll automatically be enrolled in *Blue Medicare Advantage Freedom*.** Starting January 1, 2027, 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 that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* Go to Section 1.1 for details.	\$0	\$0
Part B Premium Credit	\$75	\$100
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$5,400 From network and out-of-network providers combined: \$8,950	From network providers: \$6,500 From network and out-of-network providers combined: \$10,750
Primary care office visits	In-Network \$0 copay per visit Out-of-Network You pay 40% coinsurance for this benefit.	In-Network \$0 per visit Out-of-Network You pay 50% coinsurance for this benefit.

	2026 (this year)	2027 (next year)
Specialist office visits	In-Network \$45 copay per visit Out-of-Network 40% Coinsurance per visit	In-Network \$50 copay per visit Out-of-Network 50% Coinsurance per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In-Network \$400 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network 40% coinsurance per admission	In-Network \$425 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network 50% coinsurance per admission

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.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$75	\$100

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.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount.	\$5,400	\$6,500 Once you've paid \$6,500 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.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$8,950	\$10,750 Once you've paid \$10,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* 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.
- 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. You may have a special enrollment period if your provider leaves the plan network. 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

	2026 (this year)	2027 (next year)
Ambulance Services- Medicare-covered Air Ambulance	In-Network: You pay \$300 copay for this benefit. Out-of-Network: You pay \$300 copay for this benefit.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 20% of the total cost.
Ambulance Services- Medicare-covered Ground Ambulance	In-Network: You pay \$300 copay for this benefit. Out-of-Network: You pay \$300 copay for this benefit.	In-Network: You pay \$350 copay for this benefit. Out-of-Network: You pay \$350 copay for this benefit.
Ambulatory Surgical Center (ASC Services)	In-Network: You pay \$275 copay for this benefit. Out-of-Network: You pay \$275 copay for this benefit.	In-Network: You pay \$300 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Annual Physical Exam	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Chiropractic Services	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Dental Service	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost. Up to a maximum benefit of \$2,000 every year for non-Medicare-covered preventive and comprehensive dental services.	In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost. Up to a maximum benefit of \$2,500 every year for non-Medicare-covered preventive and comprehensive dental services.
Doctor Office Visit	In-Network: Primary Care: You pay \$0 copay for this benefit. Specialist Care: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: Primary Care: You pay \$0 copay for this benefit. Specialist Care: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Eye Exams	Medicare covered: In-Network: You pay \$0 - \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost. Non-Medicare covered: Out-of-Network: You pay 40% of the total cost.	Medicare covered: In-Network: You pay \$0 - \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost. Non-Medicare covered: Out-of-Network: You pay 50% of the total cost.
Eyewear	Medicare covered: In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost. Non-Medicare covered: \$0 copayment for all other supplemental eyewear up to a \$200 annual allowance.	Medicare covered: In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost. Non-Medicare covered: \$0 copayment for all other supplemental eyewear up to a \$200 annual allowance.
Inpatient Acute Medicare-covered stay	In-Network: \$400 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network: You pay 40% of the total cost.	In-Network: \$425 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital	In-Network: \$350 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network: You pay 40% of the total cost.	In-Network: \$350 copay per day for days 1-6. \$0 copay per day for days 7-90. Out-of-Network: You pay 50% of the total cost.
Medicare Part B Chemotherapy/Radiation Drugs	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare Part B Insulin Drug	In-Network: You pay 0% - 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 0% - 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Cardiac Rehabilitation Services	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Diabetes Self-Management Training	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Diabetic Supplies	In-Network: You pay 0% - 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 0% - 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Diabetic Therapeutic Shoes or Inserts	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Diagnostic Procedures Tests	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Digital Rectal Exams	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered DME	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered EKG following Welcome Visit	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Emergency Care	In-Network: You pay \$125 copay for this benefit.	In-Network: You pay \$130 copay for this benefit.
Medicare-covered Glaucoma screening	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Hearing Services	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Home Health Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Intensive Cardiac Rehabilitation Services	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Intensive Outpatient Program Services	In-Network: You pay \$30 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$150 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Kidney Disease Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Lab Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Medical Supplies	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Observation Services	In-Network: You pay \$325 copay for this benefit. Out-of-Network: You pay \$325 copay for this benefit.	In-Network: You pay \$375 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Occupational Therapy Services	In-Network: You pay \$40 copay for this benefit. You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$40 copay for this benefit. You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Opioid Treatment Services	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Outpatient Blood Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Outpatient Hospital Services	In-Network: You pay \$325 copay for this benefit. Out-of-Network: You pay \$325 copay for this benefit.	In-Network: You pay \$375 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Partial Hospitalization	In-Network: You pay \$30 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$150 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Prosthetic Devices	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Pulmonary Rehabilitation Services	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$10 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Medicare-covered Therapeutic Radiological Services	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay 20% of the total cost. Out-of-Network: You pay 50% of the total cost.
Medicare-covered X-Ray Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Medicare-covered Zero Dollar Preventive Services	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.
Mental Health Specialty Services Medicare-covered Group Sessions	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Mental Health Specialty Services Medicare-covered Individual Sessions	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Non-Medicare covered Hearing Aids (all types)	In-Network: You pay \$295 minimum copay for this benefit. You pay \$1,495 maximum copay for this benefit. Out-of-Network: Not covered.	In-Network: You pay \$295 minimum copay for this benefit. You pay \$1,495 maximum copay for this benefit. Out-of-Network: You pay 80% of the total cost.
Non-Medicare covered Routine Hearing Exams	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 80% of the total cost.
Other Health Care Professional Services	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Outpatient Diagnostic Radiology Services	In-Network: You pay \$45 - \$250 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$50 - \$250 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Outpatient Substance Abuse Services Medicare-covered Group Sessions	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Outpatient Substance Abuse Services Medicare-covered Individual Sessions	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Physical Therapy and Speech Language Pathology	In-Network: You pay \$40 copay for evaluations. You pay 20% of the total cost of therapies. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$40 copay for evaluations. You pay 20% of the total cost of therapies. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Podiatry Services	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$50 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Psychiatric Services	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Psychiatric Services Medicare-covered Group Sessions	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay 50% of the total cost.
Remote Access Technologies	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 40% of the total cost.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 50% of the total cost.

	2026 (this year)	2027 (next year)
Skilled Nursing Facility (SNF) Medicare-covered stay	In-Network: \$0 copay per day for days 1-20. \$218 copay per day for days 21-100. Out-of-Network: You pay 40% of the total cost.	In-Network: \$10 copay per day for days 1-20. \$221 copay per day for days 21-100. Out-of-Network: You pay 50% of the total cost.
Worldwide Emergency Coverage	In-Network: You pay \$125 copay for this benefit.	In-Network: You pay \$130 copay for this benefit.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Geographic/Service Area	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,	Service area consists of Jackson, Lyon, Osage, Pottawatomie, Shawnee, Wabaunsee counties.

	2026 (this year)	2027 (next year)
	Ottawa, Pottawatomie, Reno, Rice, Riley, Russell, Saline, Sedgwick, Shawnee, Sumner, Wabaunsee, Wilson, Woodson counties.	

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 Medicare health 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*. 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.
- **To change to Original Medicare with separate 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 [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* 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, 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, 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.

- 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?

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 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 *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 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 benefits or cost changes affect you.

- **Visit 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.

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](https://www.medicare.gov)**

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