

## ***BlueMedicare Group Rx (PDP) – ArcBest Corporation offered by Arkansas Blue Medicare***

# **Annual Notice of Change for 2026**

You're enrolled as a member of BlueMedicare Group Rx (PDP) – ArcBest Corporation.

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

**Contact your employer group administrator for your deadline to make changes to your prescription drug coverage for next year.**

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.arkbluemedicare.com/egwp](http://www.arkbluemedicare.com/egwp) or call Customer Service at **1-844-463-1088** (TTY users call **711**) to get a copy by mail.

### **More Resources**

- Call Pharmacy Customer Service at **1-844-280-5833** (TTY users call **711**) for more information. Hours are 24 hours a day, seven days a week. This call is free.
- This information is available in large print, braille, or audio.

### **About BlueMedicare Group Rx (PDP)**

- Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with a Medicare contract. Enrollment in Arkansas Blue Medicare depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Arkansas Blue Medicare. When it says “plan” or “our plan,” it means BlueMedicare Group Rx (PDP).

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## Summary of Important Costs for 2026

|                                                                                                                                                  | 2025<br>(this year)                                                                                                                                                                                                               | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium can be higher or lower than this amount. Go to Section 1.1 for details.                           | Contact your employer group administrator for information about your plan premium.                                                                                                                                                | <b>You may have changes to your plan premium. Contact your employer group administrator for information about your plan premium.</b>                                                                                                                                                                                                         |
| <b>Part D drug coverage deductible</b><br>(Go to Section 1.4 for details.)                                                                       | \$0                                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                                                                                                                          |
| <b>Part D drug coverage</b><br>(Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Copayment/Coinsurance during the Initial Coverage Stage:<br>Drug Tier 1:<br>\$10 copay<br>Drug Tier 2:<br>\$10 copay<br>Drug Tier 3:<br>\$20 copay<br>You pay \$20 per month supply of each covered insulin product on this tier. | <b>Copayment/Coinsurance during the Initial Coverage Stage:</b><br><b>Drug Tier 1:</b><br><b>    \$10 copay</b><br><b>Drug Tier 2:</b><br><b>    \$10 copay</b><br><b>Drug Tier 3:</b><br><b>    \$20 copay</b><br><b>You pay the lesser of \$20 or 25% of the total cost per month supply of each covered insulin product on this tier.</b> |

|  | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                           | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Drug Tier 4:<br/>\$30 copay</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:<br/>\$30 copay</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:<br/>During this payment stage, you pay nothing for your covered Part D drugs.</p> | <p><b>Drug Tier 4:<br/>\$30 copay</b></p> <p><b>You pay the lesser of \$30 or 25% of the total cost per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:<br/>\$30 copay</b></p> <p><b>You pay the lesser of \$30 or 25% of the total cost per month supply of each covered insulin product on this tier.</b></p> <p><b>Catastrophic Coverage Stage:<br/>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<br>(this year)                                                                | 2026<br>(next year)                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.) | Contact your employer group administrator for information about your plan premium. | <b>You may have changes to your plan premium. Contact your employer group administrator for information about your plan premium.</b> |

### 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 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* [www.arkbluemedicare.com/egwp](http://www.arkbluemedicare.com/egwp) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.arkbluemedicare.com/egwp](http://www.arkbluemedicare.com/egwp).

- Call Pharmacy Customer Service at **1-844-280-5833** (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 Pharmacy Customer Service at **1-844-280-5833** (TTY users call **711**) for help.

## Section 1.3 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is 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 Pharmacy Customer Service at **1-844-280-5833** (TTY users call **711**) for more information.

## Section 1.4 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs*, which tells you about your drug costs. If you get “Extra Help” and you don't get this material by September 30, 2025, call Customer Service at **1-844-463-1088** (TTY users call **711**) and ask for the *LIS Rider*.

Drug Payment Stages

There are three **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 drug 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<br>(this year)                                                      | 2026<br>(next year)                                                      |
|-------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Yearly Deductible | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

## 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, 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<br>(this year)                                                                                                                                     | 2026<br>(next year)                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tier 1 (Preferred Generic)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> . | \$10 copay<br>Your cost for a one-month mail-order prescription is \$10.                                                                                | <b>\$10 copay</b><br><b>Mail-order prescriptions are <u>not</u> covered.</b>                                                                                                                              |
| <b>Tier 2 (Generic)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> .           | \$10 copay<br>Your cost for a one-month mail-order prescription is \$10.                                                                                | <b>\$10 copay</b><br><b>Mail-order prescriptions are <u>not</u> covered.</b>                                                                                                                              |
| <b>Tier 3 (Preferred Brand)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> .   | \$20 copay<br>You pay \$20 per month supply of each covered insulin product on this tier.<br>Your cost for a one-month mail-order prescription is \$20. | <b>\$20 copay</b><br><b>You pay the lesser of \$20 or 25% of the total cost per month supply of each covered insulin product on this tier.</b><br><b>Mail-order prescriptions are <u>not</u> covered.</b> |

|                                                                                                                                                                                                             | 2025<br>(this year)                                                                                                                                                    | 2026<br>(next year)                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Tier 4 (Non-Preferred Drug)</b></p> <p>We changed the tier for some of the drugs on our <i>Drug List</i>. To see if your drugs will be in a different tier, look them up on the <i>Drug List</i>.</p> | <p>\$30 copay</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$30.</p> | <p><b>\$30 copay</b></p> <p><b>You pay the lesser of \$30 or 25% of the total cost per month supply of each covered insulin product on this tier.</b></p> <p><b>Mail-order prescriptions are <u>not</u> covered.</b></p> |
| <p><b>Tier 5 (Specialty Tier)</b></p> <p>We changed the tier for some of the drugs on our <i>Drug List</i>. To see if your drugs will be in a different tier, look them up on the <i>Drug List</i>.</p>     | <p>\$30 copay</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$30.</p> | <p><b>\$30 copay</b></p> <p><b>You pay the lesser of \$30 or 25% of the total cost per month supply of each covered insulin product on this tier.</b></p> <p><b>Mail-order prescriptions are <u>not</u> covered.</b></p> |

### Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 4, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

|                                           | 2025<br>(this year)                                                                                                                                                                                                                                                                   | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medicare Prescription Payment Plan</b> | <p>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> | <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 Pharmacy Customer Service at 1-844-280-5833 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b></p> |

## SECTION 3 How to Change Plans

**To stay in BlueMedicare Group Rx (PDP), 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 BlueMedicare Group Rx (PDP).

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

- **To change to a different Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from BlueMedicare Group Rx (PDP).
  - You'll automatically be disenrolled from BlueMedicare Group Rx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan doesn't include prescription drug coverage.
  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll

in that new plan and keep BlueMedicare Group Rx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from BlueMedicare Group Rx (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from BlueMedicare Group Rx (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week (TTY users should call **1-877-486-2048**).

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueMedicare Group Rx (PDP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at **1-844-463-1088** (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**, 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)**. As a reminder, Arkansas Blue Medicare offers other Medicare health plans and Medicare drug plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

### 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 two 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 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, seven days a week.
  - Social Security at **1-800-772-1213** between 8:00 a.m. and 7:00 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 Arkansas AIDS Drug Assistance Program (Ryan White 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 **1-501-661-2408** or visit **<https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program>**. 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, regardless of income level. To learn more about this payment option, call Pharmacy Customer Service at **1-844-280-5833** (TTY users call **711**) or visit **[www.Medicare.gov](http://www.Medicare.gov)**.

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## SECTION 5 Questions?

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### Get Help from BlueMedicare Group Rx (PDP)

- **Call Pharmacy Customer Service at 1-844-280-5833. (TTY users call 711.)**

We're available for phone calls 24 hours a day, seven days a week. 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 BlueMedicare Group Rx (PDP). 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.arkbluemedicare.com/egwp](http://www.arkbluemedicare.com/egwp)** or call Customer Service at **1-844-463-1088** (TTY users call **711**) to ask us to mail you a copy.

- **Visit [www.arkbluemedicare.com/egwp](http://www.arkbluemedicare.com/egwp)**

Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

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

Call Senior Health Insurance Information Program 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 Information Program at **1-800-224-6330**.

Learn more about Senior Health Insurance Information Program by visiting <https://insurance.arkansas.gov/consumer-services/senior-health/>.

## 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, seven 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 prescription drug 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**.