

BlueMedicare Independence (HMO) offered by Arkansas Blue Medicare

Annual Notice of Change for 2026

You're enrolled as a member of BlueMedicare Independence (HMO).

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

- **You have from October 15 to 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 BlueMedicare Independence (HMO).
- To change to a **different plan**, visit **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.arkbluemedicare.com** or call Customer Service at **1-844-463-1088** (TTY users call **711**) to get a copy by mail.

More Resources

- Call Customer Service at **1-844-463-1088** (TTY users call **711**) for more information. Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. This call is free.
- This information is available in large print, braille, or audio.

About BlueMedicare Independence (HMO)

- 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 Independence (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueMedicare Independence (HMO).** Starting January 1, 2026, you'll get your medical and drug coverage through BlueMedicare Independence (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. (Go to Section 1.1 for details.)	\$20.90	\$8.90
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.)	\$4,000	\$6,200
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$25 copay per visit	\$30 copay per visit
Inpatient hospital stays 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.	For each Medicare-covered hospital stay: \$300 copay per day for days 1–5; \$0 copay per day for days 6–90 Additional days are not covered.	For each Medicare-covered hospital stay: \$390 copay per day for days 1–5; \$0 copay per day for days 6–90 Additional days are not covered.

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$590 except for covered insulin products and most adult Part D vaccines	\$615 except for covered insulin products and most adult Part D vaccines
Part D drug coverage (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>Drug Tier 1: \$4 copay</p> <p>Drug Tier 2: \$18 copay</p> <p>Drug Tier 3: 20% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 50% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$4 copay</p> <p>Drug Tier 2: \$14 copay</p> <p>Drug Tier 3: 20% of the total cost You pay the lesser of \$35 or 20% of the total cost per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 34% of the total cost You pay the lesser of \$35 or 25% of the total cost per month supply of each covered insulin product on this tier.</p>

	2025 (this year)	2026 (next year)
	<p>Drug Tier 5:</p> <p>25% of the total cost</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Drug Tier 5:</p> <p>25% of the total cost</p> <p>You pay the lesser of \$35 or 25% of the total cost per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</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)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$20.90	\$8.90

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 for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$4,000	\$6,200 Once you've paid \$6,200 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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at **www.arkbluemedicare.com** 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.arkbluemedicare.com**.
- Call Customer Service at **1-844-463-1088** (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 Service at **1-844-463-1088** (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 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* at **www.arkbluemedicare.com** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at **www.arkbluemedicare.com**.

- 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 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Barium enemas (Medicare-covered preventive)	\$0 copay	Preventive barium enemas are <u>not</u> covered.
Blue Medicare Sapphire card	\$500 allowance per year	Blue Medicare Sapphire card is <u>not</u> covered.
Dental services – Medicare-covered	\$25 copay per visit	\$30 copay per visit
Dental services – non-Medicare-covered	Restorative services are unlimited per calendar year. Endodontic services are limited to 1 per calendar year.	Restorative services are limited to 1 per calendar year. Endodontic services are <u>not</u> covered.
Diabetic testing supplies and continuous glucose monitors (CGMs)	Lifescan (i.e., OneTouch®) and Roche (i.e., Accu-Chek®) are our preferred manufacturers for diabetic testing supplies. Dexcom and Freestyle are our preferred brands for CGMs.	Roche (i.e., Accu-Check) is our preferred manufacturer for diabetic testing supplies. Dexcom is our preferred brand for CGMs.

	2025 (this year)	2026 (next year)
Diagnostic radiological services	\$300 copay per visit for diagnostic radiological services excluding diagnostic mammograms and ultrasounds	\$385 copay per visit for diagnostic radiological services excluding diagnostic mammograms and ultrasounds
Hearing exams – Medicare-covered	\$25 copay per exam	\$30 copay per exam
Emergency services	\$125 copay per visit	\$130 copay per visit
In-home support services	80 hours per year of in-home support services	In-home support services are <u>not</u> covered.
Inpatient hospital stays	For each Medicare-covered hospital stay: \$300 copay per day for days 1–5; \$0 copay per day for days 6–90	For each Medicare-covered hospital stay: \$390 copay per day for days 1–5; \$0 copay per day for days 6–90
Inpatient psychiatric stays	For each Medicare-covered hospital stay: \$300 copay per day for days 1–5; \$0 copay per day for days 6–90	For each Medicare-covered hospital stay: \$390 copay per day for days 1–5; \$0 copay per day for days 6–90
Meal benefit	14 meals per year (two meals per day for seven days)	Meal benefit is <u>not</u> covered.

	2025 (this year)	2026 (next year)
Other healthcare professional (e.g., nurse practitioner)	\$25 copay per visit for services received in specialist offices	\$30 copay per visit for services received in specialist offices
Outpatient hospital observation	\$300 copay per stay	\$385 copay per stay
Outpatient hospital services	\$300 copay per visit	\$385 copay per visit
Over-the-counter (OTC) items	\$155 per quarter Shop in-store at your local Walmart, online at Walmart.com, or through the Walmart app using your Walmart Wellness Benefits Card for OTC.	\$105 per quarter <u>You will receive a new card</u> to shop in-store at a participating retailer, online at ArkBlueMedicare.NationsBenefits.com, or through the Benefits Pro™ app.
Physician specialist services	\$25 copay per visit	\$30 copay per visit
Skilled nursing facility (SNF) care	For each Medicare-covered SNF stay: \$0 copay per day for days 1–20; \$214 copay per day for days 21–100	For each Medicare-covered SNF stay: \$0 copay per day for days 1–20; \$218 copay per day for days 21–100
Vision – Medicare-covered	\$25 copay per Medicare-covered eye exam excluding a diabetic retinopathy screening	\$30 copay per Medicare-covered eye exam excluding a diabetic retinopathy screening

	2025 (this year)	2026 (next year)
Food and produce benefit	\$25 per month for food and produce	Food and produce benefit is <u>not</u> covered.

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 Pharmacy Customer Service at **1-844-280-5833** (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 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***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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)
Yearly Deductible	\$590 During this stage, you pay \$4 cost sharing for drugs on Tier 1 (Preferred Generic) and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) until you've reached the yearly deductible.	\$615 During this stage, you pay \$4 cost sharing for drugs on Tier 1 (Preferred Generic) and the full cost of drugs on Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) until you've reached the yearly deductible.

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 (this year)	2026 (next year)
Tier 1 (Preferred Generic) 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> .	\$4 copay Your cost for a one-month mail-order prescription is \$4.	\$4 copay Mail-order prescriptions are <u>not</u> covered.
Tier 2 (Generic) 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> .	\$18 copay Your cost for a one-month mail-order prescription is \$18.	\$14 copay Mail-order prescriptions are <u>not</u> covered.
Tier 3 (Preferred Brand) 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% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 20% of the total cost.	20% of the total cost You pay the lesser of \$35 or 20% of the total cost per month supply of each covered insulin product on this tier. Mail-order prescriptions are <u>not</u> covered.
Tier 4 (Non-Preferred Drug) 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> .	50% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 50% of the total cost.	34% of the total cost You pay the lesser of \$35 or 25% of the total cost per month supply of each covered insulin product on this tier. Mail-order prescriptions are <u>not</u> covered.

	2025 (this year)	2026 (next year)
Tier 5 (Specialty Tier) 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> .	25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25% of the total cost.	25% of the total cost You pay the lesser of \$35 or 25% of the total cost per month supply of each covered insulin product on this tier. Mail-order prescriptions are <u>not</u> covered.

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 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Healthy Blue Rewards Program	This program is offered.	This program is <u>not</u> offered.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across	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.

	2025 (this year)	2026 (next year)
	the calendar year (January–December). You may be participating in this payment option.	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.

SECTION 3 How to Change Plans

To stay in BlueMedicare Independence (HMO), 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 Independence (HMO).

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 BlueMedicare Independence (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueMedicare Independence (HMO).
- **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 have different 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 to 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 and 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

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 ADAP, for those who qualify, are more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. 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**.

SECTION 5 Questions?

Get Help from BlueMedicare Independence (HMO)

- **Call Customer Service at 1-844-463-1088 (TTY users call 711)**

We're available for phone calls 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, 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, go to the 2026 *Evidence of Coverage* for BlueMedicare Independence (HMO). 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** 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**

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 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**

You can chat live at **www.Medicare.gov/talk-to-someone**.

- **Write to Medicare**

You can write to Medicare at: P.O. Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about costs, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **www.Medicare.gov** or by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.