BlueMedicare Value (PFFS) offered by *Arkansas Blue Medicare*

Annual Notice of Change for 2026

You are enrolled as a member of BlueMedicare Value (PFFS).

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 Value (PFFS).
- 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 Value (PFFS)

- 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 Value (PFFS).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in BlueMedicare Value (PFFS).** Starting January 1, 2026, you'll get your medical coverage through BlueMedicare Value (PFFS). 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. 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.

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

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium	$39	**$39**
Deductible	**In-Network and Out-of-Network (Out of Arkansas)** $0 **Out-of-Network (In Arkansas)** $1,000 except for insulin furnished through an item of durable medical equipment	**In-Network and Out-of-Network (Out of Arkansas)** **$0** **Out-of-Network (In Arkansas)** **$1,000 except for insulin furnished through an item of durable medical equipment**
Maximum out-of-pocket amount This is the most you will pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$7,500	**$7,500**
Primary care office visits	**In-Network and Out-of-Network (Out of Arkansas)** $20 copay per visit **Out-of-Network (In Arkansas)** 40% of the total cost per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$10 copay per visit** **Out-of-Network (In Arkansas)** **40% of the total cost per visit**

	2025 (this year)	2026 (next year)
Specialist office visits	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per visit **Out-of-Network (In Arkansas)** 40% of the total cost per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit** **Out-of-Network (In Arkansas)** **40% of the total cost 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.	**In-Network and Out-of-Network (Out of Arkansas)** 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. **Out-of-Network (In Arkansas)** For each Medicare-covered hospital stay: 40% of the total cost	**In-Network and Out-of-Network (Out of Arkansas)** **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.** **Out-of-Network (In Arkansas)** **For each Medicare-covered hospital stay: 40% of the total cost**

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.)	$39	**$39**

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 and deductibles) **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.	$7,500	**$7,500** **Once you've paid $7,500 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.**

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.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Barium enemas (Medicare-covered preventive)	**In-Network and Out-of-Network (Out of Arkansas)** $0 copay	**Preventive barium enemas are not covered.**
Dental services – Medicare-covered	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit**
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)
Emergency services	$110 copay per visit	**$115 copay per visit**
Hearing exams – Medicare-covered	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per exam	**In-Network and Out-of-Network (Out of Arkansas)** **$35 copay per exam**
Intensive cardiac rehabilitation services	**In-Network and Out-of-Network (Out of Arkansas)** $45 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit**
Opioid treatment program services	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit**
Other healthcare professional (e.g., nurse practitioner) services	**In-Network and Out-of-Network (Out of Arkansas)** $20 copay per visit for services received in PCP offices, rural health clinics, and federally qualified health centers $50 copay per visit for services received in specialist offices	**In-Network and Out-of-Network (Out of Arkansas)** **$10 copay per visit for services received in PCP offices, rural health clinics, and federally qualified health centers** **$40 copay per visit for services received in specialist offices**

	2025 (this year)	2026 (next year)
Over-the-counter (OTC) items	OTC items are not covered.	**$25 per quarter** **You will receive a new card to shop in-store at a participating retailer, online at ArkBlueMedicare.NationsBenefits.com, or through the Benefits Pro™ app.**
Physician specialist services	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit**
Podiatry services	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per visit**
Primary care physician (PCP) services	**In-Network and Out-of-Network (Out of Arkansas)** $20 copay per visit	**In-Network and Out-of-Network (Out of Arkansas)** **$10 copay per visit**
Skilled nursing facility (SNF) care	**In-Network and Out-of-Network (Out of Arkansas)** For each Medicare-covered SNF stay: $0 copay per day for days 1–20; $203 copay per day for days 21–100	**In-Network and Out-of-Network (Out of Arkansas)** **For each Medicare-covered SNF stay: $0 copay per day for days 1–20; $218 copay per day for days 21–100**

	2025 (this year)	2026 (next year)
Urgently needed services	$45 copay per visit	**$40 copay per visit**
Vision – Medicare-covered	**In-Network and Out-of-Network (Out of Arkansas)** $50 copay per Medicare-covered eye exam excluding a diabetic retinopathy screening $50 copay for Medicare-covered eyewear	**In-Network and Out-of-Network (Out of Arkansas)** **$40 copay per Medicare-covered eye exam excluding a diabetic retinopathy screening** **$40 copay for Medicare-covered eyewear**
Vision – non-Medicare-covered	Non-Medicare-covered vision services are not covered.	**$0 copay for one routine eye exam per year** **Combined allowance of $100 per year for contact lenses, eyeglasses (lenses and frames), and upgrades** **$0 copay for unlimited contact lenses, eyeglasses (lenses and frames), and upgrades up to the annual allowance**

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Healthy Blue Rewards Program	This program is offered.	**This program is not offered.**

SECTION 3 How to Change Plans

To stay in BlueMedicare Value (PFFS), 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 Value (PFFS).

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 Value (PFFS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from BlueMedicare Value (PFFS).
- **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 page one).
- **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 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 your Medicare drug 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 Medicare beneficiaries are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call your plan or visit **www.Medicare.gov**.

SECTION 5 Questions?

Get Help from BlueMedicare Value (PFFS)

- **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, look in the 2026 *Evidence of Coverage* for BlueMedicare Value (PFFS). 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. 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)*.

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**.