



Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

P.O. Box 30011, Pittsburgh, PA 15222-0330

*Blue MedicareRxSM Value Plus (PDP) offered by
ANTHEM INSURANCE CO. & BCBSMA & BCBSRI
& BCBSVT/Blue MedicareRx (PDP)*

Annual Notice of Change for 2026

You're enrolled as a member of Blue MedicareRx Value Plus.

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Blue MedicareRx Value Plus.
- 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 on our Document Portal at rxmedicareplans.memberdoc.com or call Customer Care (phone numbers are listed at the back of this material) to get a copy by mail.

More Resources

- Call Customer Care at the number listed at the back of this material for additional information. TTY users call 711 for more information. Hours are 24 hours a day, 7 days a week. This call is free.
- This information is available in braille, large print, audio CD, and data CD. Please call Customer Care if you need plan information in these formats.

About Blue MedicareRx Value Plus

- Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare Contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.



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Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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- When this material says “we,” “us,” or “our,” it means Blue MedicareRx. When it says “plan” or “our plan,” it means Blue MedicareRx Value Plus.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Blue MedicareRx Value Plus.** Starting January 1, 2026, you’ll get your drug coverage through Blue MedicareRx Value Plus. 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 can be higher or lower than this amount. See Section 1.1 for details.	\$49.60	\$20.70
Part D drug coverage deductible (Go to Section 1.3 for details.)	Deductible: \$590 (applies to Tiers 2, 3, 4, and 5 only) except for covered insulin products and most adult Part D vaccines.	Deductible: \$615 (applies to Tiers 2, 3, 4, and 5 only) except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: <ul style="list-style-type: none"> \$6 30-day supply standard retail cost sharing \$1 30-day supply preferred retail cost sharing • Drug Tier 2: <ul style="list-style-type: none"> \$10 30-day supply standard retail cost sharing \$5 30-day supply preferred retail cost sharing • Drug Tier 3: <ul style="list-style-type: none"> 25% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 22% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: <ul style="list-style-type: none"> \$5 30-day supply standard retail cost sharing \$0 30-day supply preferred retail cost sharing • Drug Tier 2: <ul style="list-style-type: none"> \$11 30-day supply standard retail cost sharing \$3 30-day supply preferred retail cost sharing • Drug Tier 3: <ul style="list-style-type: none"> 25% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 17% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier.

2025 (this year)	2026 (next year)
<ul style="list-style-type: none"> • Drug Tier 4: <ul style="list-style-type: none"> 35% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 35% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: <ul style="list-style-type: none"> 25% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 25% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs. 	<ul style="list-style-type: none"> • Drug Tier 4: <ul style="list-style-type: none"> 46% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 32% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: <ul style="list-style-type: none"> 25% 30-day supply standard retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. 25% 30-day supply preferred retail cost sharing You pay \$35 per month supply of each covered insulin product on this tier. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs.

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	\$49.60	\$20.70
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

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 7 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at rxmedicareplans.memberdoc.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our Document Portal at rxmedicareplans.memberdoc.com.
- Call Customer Care 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 Customer Care (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 Customer Care (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 have included 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 didn't receive this insert with this material, call Customer Care (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **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 Part D 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	The deductible is \$590.	The deductible is \$615.
	During this stage, you pay the plan's cost sharing amount for drugs on:	During this stage, you pay the plan's cost sharing amount for drugs on:
	<p>Tier 1 (Preferred Generic): <i>Standard cost sharing:</i> You pay \$6 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>Tier 1 (Preferred Generic): <i>Standard cost sharing:</i> You pay \$5 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>
	<p>Tier 2 (Generic): <i>Standard cost sharing:</i> You pay \$10 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$5 per prescription.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>Tier 2 (Generic): <i>Standard cost sharing:</i> You pay \$11 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$3 per prescription.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>

2025 (this year)	2026 (next year)
<p>Tier 3 (Preferred Brand): <i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 22% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>Tier 3 (Preferred Brand): <i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 17% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>
<p>Tier 4 (Non-Preferred Drug): <i>Standard cost sharing:</i> You pay 35% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 35% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>Tier 4 (Non-Preferred Drug): <i>Standard cost sharing:</i> You pay 46% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 32% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>
<p>Tier 5 (Specialty Tier): <i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>Tier 5 (Specialty Tier): <i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p>You pay the full cost of drugs Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, 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):	<p><i>Standard cost sharing:</i> You pay \$6 per prescription. Your cost for a one-month mail-order prescription is \$1</p> <p><i>Preferred cost sharing:</i> You pay \$1 per prescription. Your cost for a one-month mail-order prescription is \$1.</p>	<p><i>Standard cost sharing:</i> You pay \$5 per prescription. Your cost for a one-month mail-order prescription is \$0.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$0.</p>
Tier 2 (Generic):	<p><i>Standard cost sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$5</p> <p><i>Preferred cost sharing:</i> You pay \$5 per prescription. Your cost for a one-month mail-order prescription is \$5.</p>	<p><i>Standard cost sharing:</i> You pay \$11 per prescription. Your cost for a one-month mail-order prescription is \$3.</p> <p><i>Preferred cost sharing:</i> You pay \$3 per prescription. Your cost for a one-month mail-order prescription is \$3.</p>
Tier 3 (Preferred Brand):	<p><i>Standard cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 22%</p> <p><i>Preferred cost sharing:</i> You pay 22% of the total cost. Your cost for a one-month mail-order prescription is 22%.</p>	<p><i>Standard cost sharing:</i> You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 17%.</p> <p><i>Preferred cost sharing:</i> You pay 17% of the total cost. Your cost for a one-month mail-order prescription is 17%.</p>
Tier 4 (Non-Preferred Drug):	<p><i>Standard cost sharing:</i> You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35%</p> <p><i>Preferred cost sharing:</i> You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35%.</p>	<p><i>Standard cost sharing:</i> You pay 46% of the total cost. Your cost for a one-month mail-order prescription is 32%.</p> <p><i>Preferred cost sharing:</i> You pay 32% of the total cost. Your cost for a one-month mail-order prescription is 32%.</p>
Tier 5 (Specialty Tier):	<p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p>	<p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 25% of the total cost.</p>

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 (this year)	2026 (next year)
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 the calendar year (January-December). You may be participating in this payment option.	<p>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.</p> <p>To learn more about this payment option, call Customer Care (See Section 7.1) or visit Medicare.gov.</p>
As a member, you have the right to opt out of future phone calls about plan business. If you would like to no longer receive these calls, please call Customer Care at the numbers listed in Section 7.1, 24 hours a day, 7 days a week. Calls to these numbers are free.		

SECTION 3 How to Change Plans

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

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 Blue MedicareRx Value Plus.
 - You'll automatically be disenrolled from Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue MedicareRx Value Plus. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Blue MedicareRx Value Plus. 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, 7 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 Blue MedicareRx Value Plus.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Care 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).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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).

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 are 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 separate 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 drug
- 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 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, 7 days a week.

- Social Security at 1-800-772-1213 between 8 AM to 7 PM, 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.
- **Help from your state's pharmaceutical assistance program.** Many states have programs called State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **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 ADAP in your state. 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 the ADAP in your state. 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 Customer Care (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Blue MedicareRx Value Plus

- Call Customer Care at:

State of Residence	Customer Care number
Connecticut	1-888-620-1747
Massachusetts	1-888-543-4917
Rhode Island	1-888-620-1748
Vermont	1-888-620-1746

(TTY/TDD users call 711.) We're available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

You can file a complaint if you feel that you received inaccurate, misleading or inappropriate information. Please call Customer Care at the number listed above (TTY users call 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Blue MedicareRx Value Plus. 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 Document Portal at rxmedicareplans.memberdoc.com or call Customer Care to ask us to mail you a copy.

- **Visit rxmedicareplans.memberdoc.com**

Our Document Portal 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. Please see the Appendix at the end of your *Evidence of Coverage* to find the contact information for the SHIP in your state.

Call your state's SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at 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**

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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

This information is not a complete description of benefits. Call:
Connecticut 1-888-620-1747
Massachusetts 1-888-543-4917
Rhode Island 1-888-620-1748
Vermont 1-888-620-1746

(TTY/TDD: 711) for more information.

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