



Blue Best Life Classic (HMO) offered by Medisun, Inc. (Blue Cross® Blue Shield® of Arizona (AZ Blue)) – Pima County

Annual Notice of Change for 2027

You're enrolled as a member of Blue Best Life Classic.

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

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Blue Best Life Classic.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at azblue.com/MAPDDocs or call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331**. (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
ATENCIÓN: si habla español, tiene disponibles servicios de asistencia lingüística sin cargo. Llame al **480-937-0409** o llamando gratis al **1-800-446-8331** (TTY: **711**).
- Call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) for more information. Hours are 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31. This call is free.
- This information is available electronically or in large print.

About Blue Best Life Classic

- Blue Cross® Blue Shield® of Arizona is contracted with Medicare to offer HMO Medicare Advantage plans. Enrollment in Blue Cross® Blue Shield® of Arizona plans depends on contract renewal.
- When this material says "we," "us," or "our," it means Medisun, Inc. (Blue Cross® Blue Shield® of Arizona (AZ Blue)) When it says "plan" or "our plan," it means Blue Best Life Classic.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue Best Life Classic.** Starting January 1, 2027, you'll get your medical and drug coverage through Blue Best Life Classic. 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 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	\$2,800	\$3,550
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$8 copayment per visit No Prior Authorization Required	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at office setting Prior Authorization Required
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Days 1-5: \$150 copayment per day	Day 1: \$280 copayment per day Days 2-5: \$180 copayment per day

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible Tier 1, Tier 2, and Tier 6: \$0 Tier 3, Tier 4, and Tier 5: \$385 except for covered insulin products and most adult Part D vaccines Copay/coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 • Drug Tier 2: \$9 • Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 28% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$0 Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your	Part D drug coverage deductible Tier 1, Tier 2, and Tier 6: \$0 Tier 3, Tier 4, and Tier 5: \$500 except for covered insulin products and most adult Part D vaccines Copay/coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$0 • Drug Tier 2: \$9 • Drug Tier 3: 20% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 28% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 28% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 6: \$0 Catastrophic Coverage Stage:

	2026 (this year)	2027 (next year)
	covered Part D drugs.	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

	2026 (this year)	2027 (next year)
Monthly plan premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

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 Part D or 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 your Medicare drug coverage.

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.

	2026 (this year)	2027 (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.	\$2,800	\$3,550 Once you've paid \$3,550 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 2027 *Provider Directory* at azblue.com/MAPDDocs 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 azblue.com/MAPDDocs.
- Call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (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 Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to 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 2027 *Pharmacy Directory* at azblue.com/MAPDDocs to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at azblue.com/MAPDDocs.
- Call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We 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 Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture (Medicare-covered)	\$10 copayment per visit	\$5 copayment per visit
Acupuncture (Non-Medicare)	\$15 copayment per visit for 30 combined visits	\$5 copayment per visit for 30 combined visits
Acute Inpatient Hospital	Days 1-5: \$150 copayment per day	Day 1: \$280 copayment per day Days 2-5: \$180 copayment per day
Ambulatory Surgical Center (ASC)	\$50 copayment per visit	\$50 copayment per visit for auditory and endocrine system surgical services \$230 copayment per visit for all other services
Cardiac Rehabilitation	\$0 copayment per visit No Prior Authorization Required	\$0 copayment per visit if performed at home \$25 copayment per visit if performed at all settings Prior Authorization Required

	2026 (this year)	2027 (next year)
Chiropractic Services (Medicare-covered)	\$10 copayment per visit	\$5 copayment per visit
Chiropractic Services (Non-Medicare)	\$15 copayment per visit for 30 combined visits	\$5 copayment per visit for 30 combined visits
Diagnostic Radiology	\$0 - \$50 copayment per visit	\$0 - \$275 copayment per visit
Diagnostic Test and Procedures	\$0 copayment per visit for lab services \$30 copayment per visit for procedures and tests	\$0 copayment per visit for lab services \$150 copayment per visit for procedures and tests
Diagnostic Ultrasounds	\$0 copayment per visit	\$0 copayment per visit if performed at PCP office \$160 copayment per visit if performed at all other settings
Eye Exam (Medicare-covered)	\$10 copayment per visit	\$0 - \$10 copayment per visit
Inpatient OOP Max per Admission	\$750	\$1,000
Inpatient Services in a Psychiatric Hospital	Days 1-5: \$150 copayment per day	Day 1: \$280 copayment per day Days 2-5: \$180 copayment per day
Intensive Cardiac Services	\$0 copayment per visit No Prior Authorization Required	\$0 copayment per visit Prior Authorization Required

	2026 (this year)	2027 (next year)
Maximum Out-of-Pocket Limit	\$2,800	\$3,550
Meal Benefit	14 Meals provided	Meal Benefit is not covered
Occupational Therapy	\$10 copayment per visit	\$0 copayment per visit if performed at home \$40 copayment per visit if performed at all other settings
Outpatient Carotid & Peripheral Vascular Ultrasounds	\$0 copayment per visit	\$0 copayment per visit if performed at PCP office \$160 copayment per visit if performed at other settings
Outpatient CT / MRI / MRA / SPECT	\$0 PCP Office. \$50 copayment per visit all other settings	\$275 copayment per visit at all settings
Outpatient EECF, TTT & Virtual Capsule Enteroscopy	\$0 PCP Office. \$50 copayment per visit all other settings	\$200 copayment per visit at all settings
Outpatient EKG Screening	\$0 copayment per visit	\$25 copayment per visit
Outpatient Hospital Observation Services	\$85 copayment per visit	\$200 copayment per visit
Outpatient Hospital Visit including Surgery, Endoscopy, Cardiac Catheterization, and other surgically coded procedures	\$165 copayment per visit	\$250 copayment per visit

	2026 (this year)	2027 (next year)
Outpatient Mental Health Care (Group/Individual)	\$15 copayment per visit	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at an office setting
Outpatient Psychiatric Services (Group/Individual)	\$15 copayment per visit	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at an office setting
Outpatient PET Scan	\$0 PCP Office. \$50 copayment per visit all other settings	\$275 copayment per visit at all settings
Outpatient Substance Abuse (Group/Individual)	\$15 copayment per visit	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at an office setting
Outpatient X-Rays Services	\$0 copayment per visit	\$0 copayment per visit if performed at a free-standing radiological facility \$120 copayment per visit if performed at an outpatient hospital
Over-the-Counter (OTC) products	\$80 per quarter	Over-the-Counter products are not covered

	2026 (this year)	2027 (next year)
Pain Management Assessment	\$8 copayment per visit	\$0 copayment per visit if performed at PCP \$35 copayment per visit if performed at Specialist
Part D Prescription Drug Coverage		
TROOP (Out-of-Pocket Threshold)	\$2,100	\$2,400
Part D Deductible (Medicare Defined)	\$615	\$700
Part D Deductible (Non-Medicare)	Tier 1, Tier 2, and Tier 6: \$0 Tier 3, Tier 4, and Tier 5: \$385	Tier 1, Tier 2, and Tier 6: \$0 Tier 3, Tier 4, and Tier 5: \$500
Physical Therapy, Speech Therapy, Language Pathology Services	\$10 copayment per visit	\$0 copayment per visit if performed at home \$40 copayment per visit if performed at all other settings
Podiatry (Foot Care) Services (Medicare-covered)	\$8 copayment per visit No Prior Authorization Required	\$0 copayment per visit if performed at PCP \$40 copayment per visit if performed at Specialist Prior Authorization Required

	2026 (this year)	2027 (next year)
Pulmonary Rehabilitation	\$5 copayment per visit No Prior Authorization Required	\$0 copayment per visit if performed at home \$30 copayment per visit if performed at all settings Prior Authorization Required
Skilled Nursing Facility	Days 1 - 20: \$0 copayment per day Days 21 - 40: \$195 copayment per day Days 41 - 100: \$0 copayment per day	Days 1 - 20: \$0 copayment per day Days 21 - 100: \$208 copayment per day
Sleep Study	\$30 copayment per visit	\$25 copayment per visit if performed at home \$150 copayment per visit if performed at facility
Specialist Visits	\$8 copayment per visit No Prior Authorization Required	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at an office setting Prior Authorization Required

	2026 (this year)	2027 (next year)
Supervised Exercise Therapy (SET)	\$5 copayment per visit No Prior Authorization Required	\$5 copayment per visit if performed at Physician Office \$30 copayment per visit if performed at all other settings Prior Authorization Required
Therapeutic Massage Services (Non-Medicare)	\$15 copayment per visit for 30 combined visits No Prior Authorization Required	\$5 copayment per visit for 30 combined visits Prior Authorization Required
Therapeutic Radiological Services	\$0 PCP Office. \$50 copayment per visit all other settings	\$0 copayment per visit if performed at PCP office \$25 copayment per visit if performed at free-standing radiological facility \$85 copayment per visit if performed at an outpatient hospital
Urgent Care	\$25 copayment per visit	\$0 copayment per visit if performed via virtual or tele-visit \$65 copayment per visit if performed at Urgent Care Site

	2026 (this year)	2027 (next year)
Wound Care	\$8 copayment per visit	\$0 copayment per visit if performed via virtual or tele-visit \$35 copayment per visit if performed at office setting

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, please 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 Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) for more information.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of the drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users call **711**) or ask your health care provider, prescriber, or pharmacist 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 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 get this material with this packet, call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (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.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tiers 3, 4, & 5 drugs until you've reached the yearly deductible. For Tiers 1, 2, & 6 we have no 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 \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$385	\$500
	During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$9 cost sharing for drugs on Tier 2, \$0 cost sharing for drugs on Tier 6, and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.	During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$9 cost sharing for drugs on Tier 2, \$0 cost sharing for drugs on Tier 6, and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 & 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for changes from 2026 to 2027. 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.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 (Preferred Generic):	Your cost for a one-month supply is: You pay \$0 per prescription	Your cost for a one-month supply is: You pay \$0 per prescription

	2026 (this year)	2027 (next year)
Tier 2 (Generic):	You pay \$9 per prescription	You pay \$9 per prescription
Tier 3 (Preferred Brand):	You pay \$47 per prescription	You pay 20% of the total cost per prescription
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
Tier 4 (Non-Preferred Drugs):	You pay \$100 per prescription	You pay 28% of the total cost per prescription
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
Tier 5 (Specialty):	You pay 28% coinsurance	You pay 28% of the total cost per prescription
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
Tier 6 (Select Care Drugs):	You pay \$0 copayment	You pay \$0 copayment

SECTION 2 How to Change Plans

To stay in Blue Best Life Classic, 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 Best Life Classic.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Blue Best Life Classic. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage, you can** enroll in a Part D plan and you'll automatically be disenrolled from Blue Best Life Classic.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (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 [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Medisun, Inc (Blue Cross Blue Shield of Arizona (AZ Blue)) offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 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 separate 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 3 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 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arizona ADAP Assist 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 the Arizona Department of Health Services (ADHS) at 1-800-334-1540 or 602-364-3610. Their address is: ADAP, Arizona Department of Health Services, 150 N. 18th Avenue, Suite 110, Phoenix, AZ 85007-3233 and their fax number is 602-364-3263. Or you can visit their website at: <http://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php#aids-drug-assistance-program-home>. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, please call us at **480-937-0409** (TTY users call **711**) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 Questions?

Get Help from Blue Best Life Classic

- **Call Member Services at 480-937-0409 (in Arizona) or toll-free at 1-800-446-8331. (TTY users call 711).**

We're available for phone calls 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Blue Best Life Classic. 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 azblue.com/MAPDDocs or call Member Services at **1-800-446-8331** (TTY users call **711**) to ask us to mail you a copy.

- **Visit azblue.com/medicare**

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 Arizona, the SHIP is called Arizona State Health Insurance Assistance Program.

Call the Arizona State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Arizona State Health Insurance Assistance Program at 602-542-4446 or toll-free at 1-800-432-4040. Learn more about the Arizona State Health Insurance Assistance Program by visiting their website <https://des.az.gov/services/aging-and-adult/state-health-insurance-assistance-program-ship>.

Get Help from Medicare

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

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

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

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

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-446-8331 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-446-8331 (TTY: 711).

Navajo: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiik'eh n1 h0l=. Bee ahi[hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiik'eh h0l=. Kohj8' 1-800-446-8331 (TTY: 711).

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-446-8331 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-446-8331 (TTY: 711).

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-446-8331 (TTY: 711).

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-446-8331 (Người khuyết tật: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-446-8331 (TTY: 711).

Korean: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-446-8331 (TTY: 711).

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-446-8331 (TTY: 711).

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-446-8331 (TTY: 711).

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-800-446-8331 (TTY: 711)।

Farsi (Persian):

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: 1-800-446-8331 (تله‌نایب: 711) با شماره اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-446-8331 (TTY: 711).

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル (誰もが利用できるよう配慮された) な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-446-8331 (TTY: 711)。

