

2027

ANNUAL NOTICE OF CHANGE

Blue adVantage Dual Plus (HMO-POS D-SNP)

H6453-019

CONTACT CUSTOMER SERVICE

1-866-508-7145 (TTY: 711)

www.lablue.com/blueadvantage

Blue adVantage (HMO-POS)

January 1, 2027 - December 31, 2027

Service Area:

The entire state of Louisiana

Hours of Operation:

October - March: 8 a.m. to 8 p.m., 7 days a week

April – September: 8 a.m. to 8 p.m., Monday - Friday

NOTICE: HOW TO GET YOUR BLUE ADVANTAGE EVIDENCE OF COVERAGE, PROVIDER DIRECTORY, PHARMACY DIRECTORY AND FORMULARY.

It's easy to get your Blue Advantage Evidence of Coverage, Provider Directory, Pharmacy Directory and Formulary. Check the cover of the enclosed Annual Notice of Change document to see the name of your 2027 plan. You will need to know this to find these plan documents.

Go to **my.lablue.com** to register for or log in to your online member account. You can also access your account from the MyLABlue app.

Click the **Menu** at the top left, then select **Plan Documents** to view or download:

- Evidence of Coverage (EOC) - available by Oct. 15, 2026

Under **General Documents** you will find :

- Provider Directory - available by Oct. 15, 2026
- Pharmacy Directory - available by Oct. 15, 2026
- Formulary (list of covered drugs) - available by Oct. 15, 2026

If you are unable to access the website, we can help!

Request a printed copy

- Call **1-866-508-7145 (TTY 711)**. Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.
- Email **customerservice@blueadvantagela.com**.

Find a provider, hospital or pharmacy

- Call **1-866-508-7145 (TTY 711)**. Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

Blue adVantage Dual Plus (HMO-POS D-SNP) offered by HMO Louisiana, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Blue adVantage Dual Plus (HMO-POS D-SNP).

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 adVantage Dual Plus (HMO-POS D-SNP).
- 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 www.lablue.com/blueadvantage or call Customer Service at 1-866-508-7145 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-866-508-7145 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. CST, 7 days a week from October - March and 8 a.m. to 8 p.m. CST, Monday - Friday from April - September. This call is free.
- You may choose to access your Blue Advantage (HMO-POS D-SNP) plan documents, including this Annual Notice of Change for 2027, via the Blue Advantage website instead of traditional paper booklets. You can view Blue Advantage (HMO-POS D-SNP) documents at www.lablue.com/blueadvantage, or download them from the website. You may also request copies of your documents by contacting Customer Service at the phone number on the back cover of this booklet.
- In addition to the digital format, we can also give you this information in large print, languages other than English, and other accessible formats.

About Blue adVantage Dual Plus (HMO-POS D-SNP)

- Blue Advantage from Blue Cross and Blue Shield of Louisiana is an HMO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal. This plan is available to anyone who has both medical assistance from Medicare and Medicaid.

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- When this material says “we,” “us,” or “our,” it means HMO Louisiana, Inc. When it says “plan” or “our plan,” it means Blue adVantage Dual Plus (HMO-POS D-SNP).
 - **If you do nothing by December 7, 2026, you'll automatically be enrolled in Blue adVantage Dual Plus (HMO-POS D-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Blue adVantage Dual Plus (HMO-POS D-SNP). 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 or lower than this amount. Go to Section 1 for details.	\$0 or \$18.20	\$0 or \$14.90
Deductible	Your yearly deductible is \$283 for Part B services and \$1,736 for Part A services. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay \$0. \$500 for out-of-network benefits except for insulin furnished through an item of durable medical equipment.	The Part A deductible was \$1,736 and the Part B deductible was \$283. These are the 2026 cost-sharing amounts and may change for 2027. Blue adVantage Dual Plus (HMO-POS D-SNP) will provide updated rates as soon as they are released. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay \$0. \$500 for out-of-network benefits except for insulin furnished through an item of durable medical equipment.
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	From network providers: \$9,250 If you are eligible for Medicare cost-sharing help under Louisiana Medicaid,	From network providers: \$9,850 If you are eligible for Medicare cost-sharing help under Medicaid, you most

	2026 (this year)	2027 (next year)
services. (Go to Section 1 for details.)	you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	In-Network: \$0 or 20% coinsurance per visit If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you most likely pay \$0 per visit. Out-of-Network: 50% coinsurance per visit	In-Network: \$0 or 20% coinsurance per visit If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you most likely pay \$0 per visit. Out-of-Network: 50% coinsurance per visit
Specialist office visits	In-Network: \$0 or 20% coinsurance per visit If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you most likely pay \$0 per visit. Out-of-Network: 50% coinsurance per visit	In-Network: \$0 or 20% coinsurance per visit If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you most likely pay \$0 per visit. Out-of-Network: 50% coinsurance per visit

	2026 (this year)	2027 (next year)
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.	In-Network: You pay the 2026 Original Medicare cost-sharing amounts. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay \$0. Out-of-Network: 50% coinsurance for each Medicare-covered hospital stay.	In-Network: You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. Blue adVantage Dual Plus (HMO-POS D-SNP) will provide updated rates as soon as they are released. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you most likely pay \$0. Out-of-Network: 50% coinsurance for each Medicare-covered hospital stay.
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 Deductible: Your deductible amount is either \$0 or \$615 depending on the level of "Extra Help" you receive	Part D drug coverage deductible Deductible: Your deductible amount is either \$0 or \$700 depending on the level of

	2026 (this year)	2027 (next year)
	(look at the insert we sent you separately, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drug costs, your deductible is \$615, except for Tier 1 drugs, covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Depending on your level of "Extra Help," you only have to pay the following cost-sharing amounts for your prescription drugs: For generic drugs on Drug Tier 1: \$0 copay For generic drugs (including brand drugs treated as generic): • Level 1: \$5.10 copay • Level 2: \$1.60 copay • Level 3: \$0 copay For all other covered drugs: • Level 1: \$12.65 copay • Level 2: \$4.90 copay • Level 3: \$0 copay	"Extra Help" you receive (look at the insert we sent you separately, the "LIS Rider" for your deductible amount). If you do not qualify for "Extra Help" from Medicare to help pay for your prescription drug costs, your deductible is \$700, except for Tier 1 drugs, covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Depending on your level of "Extra Help," you only have to pay the following cost-sharing amounts for your prescription drugs: For generic drugs on Drug Tier 1: \$0 copay For generic drugs (including brand drugs treated as generic): • Level 1: \$5.80 copay • Level 2: \$1.65 copay • Level 3: \$0 copay For all other covered drugs: • Level 1: \$14.40 copay • Level 2: \$5 copay • Level 3: \$0 copay

	2026 (this year)	2027 (next year)
	In the event you lose "Extra Help," you will pay the following cost-sharing amounts: • Drug Tier 1: \$0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 27% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% coinsurance Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	In the event you lose "Extra Help," you will pay the following cost-sharing amounts: • Drug Tier 1: \$0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 26% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 25% coinsurance Catastrophic Coverage Stage: 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 (You must also continue to pay your Medicare Part B premium unless it's paid for you by Louisiana Medicaid.)	\$0 or \$18.20	\$0 or \$14.90 There is no premium increase for the upcoming benefit year.

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)
In-network maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Louisiana Medicaid help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,250	\$9,850 Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Out-of-network maximum out-of-pocket amount There is no out-of-network maximum out-of-pocket. The maximum plan benefit for out-of-network covered services is \$5,000. Once the plan has paid \$5,000 for benefits, you will pay 100% of all out-of-network services for the rest of the calendar year.	Unlimited	Unlimited Because you have an unlimited out-of-pocket maximum, you'll continue to pay for your covered Part A and Part B services from out-of-network providers 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* www.lablue.com/blueadvantage 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.lablue.com/blueadvantage.
- Call Customer Service at 1-866-508-7145 (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 1-866-508-7145 (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* www.lablue.com/blueadvantage to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.lablue.com/blueadvantage.
- Call Customer Service at 1-866-508-7145 (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 Customer Service at 1-866-508-7145 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Dental services - Comprehensive dental implant Services - Cost-Sharing	In-Network You pay a \$0 copay. Out-of-Network You pay a 15% coinsurance.	Not Covered
Dental services - Maximum plan amount	Up to a \$4,000 combined credit every year for all in-network and out-of-network covered preventive and comprehensive dental services.	Up to a \$2,700 combined credit every year for all in-network and out-of-network covered preventive and comprehensive dental services.
Emergency Care - Cost-Sharing	You pay a 20% coinsurance up to a \$100 copay. If you are admitted to the hospital within 72 hours, you do not have to pay your share of the cost for emergency care. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount.	You pay a 20% coinsurance up to a \$115 copay. If you are admitted to the hospital within 72 hours, you do not have to pay your share of the cost for emergency care. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount.

	2026 (this year)	2027 (next year)
Fitting Evaluation for Hearing Aid - Cost-Sharing	In-Network You pay nothing. Out-of-Network You pay nothing.	In-Network You pay nothing. Out-of-Network You pay an 80% coinsurance.
Hearing Aids (all types) - Cost-Sharing	In-Network You pay nothing. Out-of-Network You pay nothing.	In-Network You pay nothing. Out-of-Network You pay an 80% coinsurance.
Hearing services - Prescription hearing aids - Maximum plan amount	Up to \$800 allowance for both ears combined every three years for all in-network and out-of-network covered services.	Up to \$1,450 allowance for both ears combined every year for all in-network and out-of-network covered services.

	2026 (this year)	2027 (next year)
Inpatient hospital care - Cost-Sharing	In-Network You pay the 2026 Original Medicare cost-sharing amounts. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.	In-Network You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. Blue adVantage Dual Plus (HMO-POS D-SNP) will provide updated rates as soon as they are released. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.

	2026 (this year)	2027 (next year)
Inpatient services in a psychiatric hospital - Cost-Sharing	In-Network You pay the 2026 Original Medicare cost-sharing amounts. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.	In-Network You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. Blue adVantage Dual Plus (HMO-POS D-SNP) will provide updated rates as soon as they are released. \$1,736 deductible; \$0 copay each day for days 1 to 60; \$434 copay each day for days 61 to 90; \$868 copay each day for days 91 to 150 (lifetime reserve days). Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.

	2026 (this year)	2027 (next year)
Lab Services - Cost-Sharing	In-Network You pay a \$0 copay. Out-of-Network You pay a 50% coinsurance.	In-Network You pay a \$0 - \$35 copay, depending on the place of service. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.
Over-the-counter items allowance	\$100 per month	\$95 per month
Skilled Nursing Facility - Cost-Sharing	In-Network You pay the 2026 Original Medicare cost-sharing amounts. \$0 copay each day for days 1 to 20; \$217 copay each day for days 21 to 100. Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.	In-Network You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. \$0 copay each day for days 1 to 20; \$217 copay each day for days 21 to 100. Medicare hospital benefit periods apply. If you are eligible for Medicare cost-sharing help under Louisiana Medicaid, you pay a \$0 copayment amount. Out-of-Network You pay a 50% coinsurance.

	2026 (this year)	2027 (next year)
Transportation - Periodicity	Routine transportation for up to 48 trips every year. A trip is considered one-way transportation by van or medical transport to a plan-approved health-related location. An additional 208 one-way trips per year for members with chronic kidney disease and/or end stage renal disease.	Routine transportation for up to 104 trips every year. A trip is considered one-way transportation by van or medical transport to a plan-approved health-related location. An additional 152 one-way trips per year for members with chronic kidney disease and/or end stage renal disease.
Vision care - Supplemental eyewear - Maximum plan amount	Up to a \$200 combined credit every year for all additional eyewear.	Up to a \$300 combined credit every year for all additional eyewear.

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 posted online at www.lablue.com/blueadvantage.

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 Service at 1-866-508-7145 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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 Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you reach 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 \$2,400.

- ***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	\$0 or \$615 During this stage, you pay \$0 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 until you have reached the yearly deductible unless you qualify for "Extra Help".	\$0 or \$700 During this stage, you pay \$0 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 until you have reached the yearly deductible unless you qualify for "Extra Help".

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard 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 or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

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)
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.	Your cost for a one-month supply at a network pharmacy is: Depending on your level of “Extra Help,” you only have to pay the following cost-sharing amounts for your prescription drugs: Generic drugs: You pay: • Level 1: \$5.10 copay • Level 2: \$1.60 copay • Level 3: \$0 copay All other covered drugs: • Level 1: \$12.65 copay • Level 2: \$4.90 copay • Level 3: \$0 copay In the event you lose “Extra Help,” you will pay the following cost-sharing amounts: • Drug Tier 1: \$0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance ○ You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 27% coinsurance ○ You pay \$35 per month supply of each	Your cost for a one-month supply at a network pharmacy is: Depending on your level of “Extra Help,” you only have to pay the following cost-sharing amounts for your prescription drugs: Generic drugs: You pay: • Level 1: \$5.80 copay • Level 2: \$1.65 copay • Level 3: \$0 copay All other covered drugs: • Level 1: \$14.40 copay • Level 2: \$5 copay • Level 3: \$0 copay In the event you lose “Extra Help,” you will pay the following cost-sharing amounts: • Drug Tier 1: \$0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance ○ You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 26% coinsurance ○ You pay \$35 per month supply of each

	2026 (this year)	2027 (next year)
	covered insulin product on this tier. • Drug Tier 5: 25% coinsurance	covered insulin product on this tier. • Drug Tier 5: 25% coinsurance

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Diabetic Monitors	Covered	Starting January 1, 2027, Medicare is changing how certain diabetes monitoring devices are categorized. This is an administrative change only and does not affect your coverage for these items.
Fitness benefit	Your fitness benefit includes access to fitness programs, which may include gym memberships, digital/at-home fitness programs, or fitness equipment/kits.	Starting January 1, 2027, Medicare now explicitly describes this benefit as including “fitness equipment or kits.” This is a clarification only and does not change your benefit. Fitness kits available through this benefit may include activity trackers and other fitness-related items. Coverage and access to the benefit are unchanged. Your fitness benefit

	2026 (this year)	2027 (next year)
		includes access to fitness programs, which may include gym memberships, digital/at-home fitness programs, or fitness equipment/kits.

SECTION 3 How to Change Plans

To stay in Blue adVantage Dual Plus (HMO-POS D-SNP), you don't need to do anything.

Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Blue adVantage Dual Plus (HMO-POS D-SNP).

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 adVantage Dual Plus (HMO-POS D-SNP). 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 separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Blue adVantage Dual Plus (HMO-POS D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-866-508-7145 (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.
- **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, HMO Louisiana, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 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 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 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 Louisiana Health Access Program (ADAP). 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 1-800-992-4379. 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 SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Blue adVantage Dual Plus (HMO-POS D-SNP)

- **Call Customer Service at 1-866-508-7145 (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m. CST, 7 days a week from October - March and 8 a.m. to 8 p.m. CST Monday - Friday from April - September. 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 adVantage Dual Plus (HMO-POS D-SNP). 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.lablue.com/blueadvantage or call Customer Service at 1-866-508-7145 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.lablue.com/blueadvantage**

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 Louisiana, the SHIP is called Senior Health Insurance Information Program (SHIIP).

Call Senior Health Insurance Information Program (SHIIP) 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 (SHIIP) at 1-800-259-5300. Learn more about Senior Health Insurance Information Program (SHIIP) by visiting <http://www.lidi.la.gov/consumers/senior-health-shiip>.

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.

Get Help from Medicaid

Call Healthy Louisiana (Medicaid) at 1-225-342-9500 (TTY users call 1-855-526-3346) for help with Medicaid enrollment or benefit questions.



Notice of Nondiscriminatory Practices

Blue Cross and Blue Shield of Louisiana (Louisiana Blue) and its subsidiary, HMO Louisiana, Inc., comply with applicable federal civil rights laws and do not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiary:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

If you believe that Louisiana Blue or its subsidiary has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email.

If you would like to file a complaint directly with Blue Advantage, you can reach us in person, by mail, by fax, or by email at the addresses below:

Section 1557 Coordinator

In Person: 5525 Reitz Ave. Baton Rouge, LA 70809

Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012

Phone: (318) 998-4018 (TTY 711)

Fax: (318) 361-2165

Email: civilrightscordinator@lablue.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Notice of Availability

Blue adVantage provides language assistance services and appropriate auxiliary aids and services free of charge. To speak to an interpreter about our health or drug plan, please call us at 1-866-508-7145 (711).

Blue adVantage ofrece servicios de asistencia lingüística, ayudas y servicios auxiliares adecuados de forma gratuita. Para hablar con un intérprete sobre nuestro plan de salud o de medicamentos, llámenos al 1-866-508-7145 (711).

Blue adVantage offre gratuitement des services d'assistance linguistique et des aides et services auxiliaires adéquats. Pour parler à un interprète sur notre régime de soins de santé ou de médicaments, appelez-nous au 1-866-508-7145 (711).

Blue adVantage cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ cũng như các dịch vụ và thiết bị hỗ trợ phù hợp. Để trao đổi với thông dịch viên về chương trình sức khỏe hoặc kế hoạch sử dụng thuốc của quý vị, vui lòng gọi cho chúng tôi theo số điện thoại 1-866-508-7145 (711).

Blue adVantage 免費提供語言援助服務與適當的輔助器具及服務。若需口譯人員協助瞭解醫療或藥物保險計畫，請撥打專線：1-866-508-7145 (711)。

توفر Blue adVantage خدمات المساعدة اللغوية وخدمات ووسائل المساعدة المناسبة مجانًا. للتحدث إلى مترجم فوري حول خطتنا الصحية أو الدوائية، يُرجى التواصل معنا على الرقم (711) 1-866-508-7145.

Nagbibigay ng libreng serbisyo ng tulong sa wika ang Blue adVantage at ng angkop na pantulong at sebisyo. Para makausap ang isang interpreter tungkol sa kalusugan namin o plano tungkol sa gamot, pakitawagan kami sa 1-866-508-7145 (711).

Blue adVantage 는 언어 지원 서비스와 적절한 보조 도구 및 서비스를 무료로 제공합니다. 당사의 건강 또는 의약 보험에 관해 통역사와 상담하려면 1-866-508-7145(711)로 전화해 주십시오.

A Blue adVantage disponibiliza, gratuitamente, serviços de assistência linguística e recursos assistivos pertinentes. Para falar com um intérprete sobre nosso plano de saúde ou de medicamentos, ligue para 1-866-508-7145 (711).

Blue adVantage ໃຫ້ບໍລິການການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າ. ເພື່ອເວົ້າກັບນາຍພາສາກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ, ກະລຸນາໂທຫາພວກເຮົາທີ່ 1-866-508-7145 (711).

Blue adVantage は、言語支援サービスや適切な補助具とサービスを無料でご提供しています。健康保険または医薬品プランに関する通訳をご希望の場合は、1-866-508-7145 (711) までお電話ください。

Blue adVantage زبان کی مدد کی خدمات اور مناسب معاون آلات اور خدمات مفت فراہم کرتا ہے۔ اپنی صحت یا دوا کے منصوبے کے حوالے سے مترجم سے بات کرنے کے لیے، برائے مہربانی ہمیں (711) 1-866-508-7145 پر کال کریں۔

Bei Bedarf stellt Blue adVantage kostenlos unterstützende Sprachdienste sowie besondere Hilfsmittel und Hilfsdienste zur Verfügung. Möchten Sie mit einem Dolmetscher über unseren Kranken- oder Arzneimittelversicherungsschutz sprechen, rufen Sie uns bitte unter der 1-866-508-7145 (711) an.

Blue adVantage خدمات کمک زبانی و کمک‌ها و خدمات امدادی مناسب را به صورت رایگان ارائه می‌دهد. برای صحبت با یک مترجم شفاهی در مورد طرح سلامت یا دارویی ما، لطفاً با شماره (711) 1-866-508-7145 تماس بگیرید.

Blue adVantage бесплатно предоставляет услуги языковой поддержки и соответствующие вспомогательные средства и услуги. Чтобы поговорить с переводчиком о нашем плане медицинского обслуживания или покрытия расходов на лекарства, позвоните нам по телефону 1-866-508-7145 (711).

Blue adVantage ให้บริการช่วยเหลือด้านภาษาและบริการเสริมต่าง ๆ ตามที่เหมาะสมโดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่ามเกี่ยวกับแผนสุขภาพหรือแผนการใช้จ่ายของเรา โปรดโทรหาเราได้ที่ 1-866-508-7145 (711)

BLUE ADVANTAGE (HMO) CUSTOMER SERVICE

METHOD	Customer Service - Contact Information
CALL	Toll-free 1-866-508-7145 Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. to 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. to 8:00 p.m. CST. An answering service will operate on weekends and holidays. When leaving a message, please leave your name, number and the time you called, and a representative will return your call. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Customer Service will operate seven (7) days a week from 8:00 a.m. to 8:00 p.m. CST from October – March. After March, Customer Service will operate five (5) days a week, Monday – Friday, 8:00 a.m. to 8:00 p.m. CST
FAX	1-877-528-5820
WRITE	Louisiana Blue Medicare Advantage P.O. Box 98004 Baton Rouge, Louisiana 70898-9004
WEBSITE	www.lablue.com/blueadvantage

LOUISIANA SENIOR HEALTH INSURANCE INFORMATION PROGRAM

Louisiana Senior Health Insurance Information Program (SHIIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

METHOD	Contact Information
CALL	1 (225) 342-5301 or toll-free 1-800-259-5300
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70802
WEBSITE	www.ldi.la.gov/SHIIP

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.