Independence

Keystone 65 Basic Rx (HMO) offered by Keystone Health Plan East, Inc., a subsidiary of Independence Blue Cross, LLC ("IBX")

Annual Notice of Change for 2026

You're enrolled as a member of Keystone 65 Basic Rx.

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 Keystone 65 Basic Rx.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.ibxmedicare.com or call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) to get a copy by mail. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- Call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) for more information. Hours are 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This call is free.
- To receive this document in an alternate format such as Braille, large print or audio, please contact our Member Help Team.

About Keystone 65 Basic Rx

- Independence Blue Cross offers HMO and HMO-POS Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross HMO and HMO-POS Medicare Advantage plans depends on contract renewal.
- When this material says "we," "us," or "our," it means Keystone Health Plan East, Inc. When it says "plan" or "our plan," it means Keystone 65 Basic Rx.

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

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Keystone 65 Basic Rx**. Starting January 1, 2026, you'll get your medical and drug coverage through Keystone 65 Basic Rx. 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 than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$7,250	**$8,500**
Primary care office visits	$0 copayment per visit	**$0 copayment per visit**
Specialist office visits	$30 copayment per visit	**$38 copayment per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Inpatient hospital stay - acute: $250 copayment per day for days 1-7 per admission $0 copayment per day for additional days per admission $1,750 maximum copayment per admission Inpatient hospital stay - mental health:	**Inpatient hospital stay - acute:** **$325 copayment per day for days 1-7 per admission** **$0 copayment per day for additional days per admission** **$2,275 maximum copayment per admission** **Inpatient hospital stay - mental health:**

	2025 (this year)	2026 (next year)
	$250 copayment per day for days 1-7 per admission $0 copayment per day for additional days per admission $1,750 maximum copayment per admission	**$295 copayment per day for days 1-7 per admission** **$0 copayment per day for additional days per admission** **$2,065 maximum copayment per admission**
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: $0	**Deductible: $0**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage at a standard pharmacy: Drug Tier 1: $9 Drug Tier 2: $20 Drug Tier 3: 25% You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 50% You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% You pay $35 per month supply of each covered	**Copayment/Coinsurance during the Initial Coverage Stage at a standard pharmacy:** **Drug Tier 1: $9** **Drug Tier 2: $20** **Drug Tier 3: 25%** **You pay up to $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 42%** **You pay up to $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 33%** **You pay up to $35 per month supply of each**

	2025 (this year)	2026 (next year)
	insulin product on this tier.	**covered insulin product on this tier.**
	Copayment/Coinsurance during the Initial Coverage Stage at a preferred pharmacy:	**Copayment/Coinsurance during the Initial Coverage Stage at a preferred pharmacy:**
	Drug Tier 1: $0	**Drug Tier 1: $0**
	Drug Tier 2: $0	**Drug Tier 2: $0**
	Drug Tier 3: 25%	**Drug Tier 3: 25%**
	You pay $35 per month supply of each covered insulin product on this tier.	**You pay up to $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 4: 50%	**Drug Tier 4: 42%**
	You pay $35 per month supply of each covered insulin product on this tier.	**You pay up to $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 5: 33%	**Drug Tier 5: 33%**
	You pay $35 per month supply of each covered insulin product on this tier.	**You pay up to $35 per month supply of each covered insulin product on this tier.**
	Catastrophic Coverage Stage:	**Catastrophic Coverage Stage:**
	During this payment stage, you pay nothing for your 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

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$6.10	**$0**

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.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$7,250	**$8,500** **Once you've paid $8,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider/Pharmacy Directory* www.ibxmedicare.com/directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory:*

- Visit our website at www.ibxmedicare.com/directory.
- Call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy 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 our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network 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** *Provider/Pharmacy Directory* www.ibxmedicare.com/directory to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.ibxmedicare.com/directory.
- Call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) to get current pharmacy information or to ask us to mail you a *Provider/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 our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Additional Telehealth	$30 copayment per Specialist visit. $30 copayment per Other Healthcare Professional visit.	**$38 copayment per Specialist visit.** **$38 copayment per Other Healthcare Professional visit.**
Ambulatory Surgical Services (ASC)	$150 copayment for this benefit.	**$225 copayment for this benefit.**
Dementia Support Program	$0 copayment for neurology visits, including telehealth neurology visits for members with a diagnosis of dementia. Members must be enrolled in the dementia support program provided from the plan-specified vendor. To find out if you're eligible, contact our Member Help Team.	**$0 copayment for neurology visits, including telehealth neurology visits, PT and SP, Individual MH Sessions, Individual Psychiatric Sessions, & Other healthcare professional for members with a diagnosis of dementia.** **Members must be enrolled in the dementia support program provided from the plan-specified vendor. To find**

	2025 (this year)	2026 (next year)
		out if you're eligible, contact our Member Help Team.
Dental Services	Medicare-covered Dental Services: $30 copayment for Medicare-covered dental services. Non-Medicare-Covered Dental Services: $2,500 in-network annual plan maximum allowance every year for the defined restorative dental services. Once you reach the $2,500 annual allowance, you must pay 100% of the cost of services for the rest of the year. Core buildup, including any pins when required – one per tooth every five years is not covered. Prefabricated post and core in addition to crown – one per tooth every five years is not covered.	**Medicare-covered Dental Services:** **$38 copayment for Medicare-covered dental services.** **Non-Medicare-Covered Dental Services:** **$2,000 in-network annual plan maximum allowance every year for the defined restorative dental services.** **Once you reach the $2,000 annual allowance, you must pay 100% of the cost of services for the rest of the year.** **Core buildup, including any pins when required – one per tooth every five years is covered.** **Prefabricated post and core in addition to crown – one per tooth every five years is covered.**
Diabetic Supplies	0% coinsurance for Medicare-covered diabetic test strips and diabetic glucose monitors. Test strips and monitors	**0% coinsurance for Medicare-covered diabetic test strips and diabetic glucose monitors.**

	2025 (this year)	2026 (next year)
	must be obtained from preferred vendors Accu-Chek and OneTouch. Test strips and monitors from any other vendor will not be covered.	**Test strips and monitors must be obtained from the preferred vendors Accu-Chek and Contour.** **OneTouch is <u>not</u> covered.** **Test strips and monitors from any other vendor will not be covered.**
Emergency Care	$110 copayment for this benefit.	**$115 copayment for this benefit.**
Emergency Care - Worldwide	$110 copayment for this benefit.	**$115 copayment for this benefit.**
Hearing Services	$30 copayment for Medicare-covered hearing exams.	**$38 copayment for Medicare-covered hearing exams.**
Inpatient Hospital Care	$250 copayment per day for days 1-7 per admission. $0 copayment per day for additional days per admission. $1,750 maximum copayment per admission.	**$325 copayment per day for days 1-7 per admission.** **$0 copayment per day for additional days per admission.** **$2,275 maximum copayment per admission.**
Inpatient Mental Health Care	$250 copayment per day for days 1-7 per admission. $0 copayment per day for additional days per admission. $1,750 maximum copayment per admission.	**$295 copayment per day for days 1-7 per admission.** **$0 copayment per day for additional days per admission.** **$2,065 maximum copayment per admission.**
Medical, Dental, Vision, and Hearing (Medical + DVH) Flex Benefit	A $300 annual allowance will be preloaded on the IBX Care Card.	**Medical, Dental, Vision, and Hearing (Medical +**

	2025 (this year)	2026 (next year)
	This allowance can be used to: Pay the out-of-pocket expenses (copayment or coinsurance) for covered dental, vision, and hearing benefits. Pay for dental, vision, or hearing services or supplies provided by a licensed dental, vision, or hearing professional that accepts the IBX Care Card. Pay the out-of-pocket expenses (copayment or coinsurance) for select medical services from any licensed medical provider who accepts the IBX Care Card for the following covered services: • Ambulance services • Ambulatory surgical center • Cardiac rehabilitation services (including intensive cardiac rehabilitation), pulmonary rehabilitation services, and supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) • Dialysis • Emergency care • Inpatient hospital care -	**DVH) Flex Benefit is <u>not</u> covered.**

	2025 (this year)	2026 (next year)
	acute services • Inpatient services in a psychiatric hospital • Medicare Part B prescription drugs • Other healthcare professional visits • Outpatient hospital observation • Outpatient hospital services • Outpatient mental health care • Outpatient substance use disorder services • Physician/Practitioner services -physical, speech, and occupational therapy • Podiatry services • Radiation therapy • Routine and complex radiology • Select telehealth • Skilled nursing facility (SNF) care • Specialist visits • Urgently needed services Any unused balance will not roll over to the next calendar year. The Medical, Dental, Vision, and Hearing Flex benefit annual allowance is a separate allowance amount from the quarterly over-the-counter (OTC) benefit allowance that is also preloaded on the IBX Care	

	2025 (this year)	2026 (next year)
	Card. Members should use their current IBX Care Card through the expiration date.	
Other Healthcare Professional	$30 copayment for this benefit in an outpatient setting.	**$38 copayment for this benefit in an outpatient setting.**
Outpatient Diagnostic Radiology Services	$170 copayment for complex radiology services (e.g., CT scans, MRI, MRA, Nuclear Cardiology Studies).	**$225 copayment for complex radiology services (e.g., CT scans, MRI, MRA, Nuclear Cardiology Studies).**
Outpatient Hospital Services	$300 copayment for this benefit.	**$355 copayment for this benefit.**
Outpatient Observation Stays	$300 copayment for this benefit.	**$325 copayment for this benefit.**
Outpatient Therapeutic Radiology (Radiation Services)	$60 copayment for this benefit.	**$85 copayment for this benefit.**
Over the Counter (OTC) Items	$70 allowance every three months.	**$60 allowance every three months.**
Personal Emergency Response System (PERS)	Personal Emergency Response System (PERS) is not covered.	**$0 copayment for this benefit.** **This benefit Includes a medical alert monitoring system that provides 24/7 access to help at the push of a button.** **Available in multiple styles, including mobile-enabled wearable devices.** **Members must use the plan-specified vendor for this benefit.**

	2025 (this year)	2026 (next year)
		Members must have one of the following conditions to be eligible for this benefit: **• Dementia** **• Neurological Disorders (Cerebral Palsy, Multiple Sclerosis and Transverse Myelitis, Muscular Dystrophy, Parkinsons Disease)** **• Stroke/Transient Ischemic Attack** **• Fibromyalgia** **• Chronic Pain and Fatigue** **• Mobility Impairments** **• Osteoporosis With or Without Pathological Fracture**
Skilled Nursing Facility (SNF) Care	$0 copayment per day for days 1-20. $214 copayment per day for days 21-100.	**$0 copayment per day for days 1-20.** **$218 copayment per day for days 21-100.**
Specialist Visits	$30 copayment per Specialist visit.	**$38 copayment per Specialist visit.**
Telemedicine Visits	Teladoc Health must be used for telemedicine visits. Telemedicine is offered through Teladoc Health. Telemedicine for the following services is covered:	**Teladoc Health must be used for telemedicine visits.** **Telemedicine is offered through Teladoc Health.** **Telemedicine for the following services is covered:**

	2025 (this year)	2026 (next year)
	$0 copayment for general medical visits focused on non-emergency conditions (e.g., flu, allergies, coughs, sore throats, rashes, and more) by connecting to a state-licensed physician. $0 copayment for mental/ behavioral health visits focused on therapy and counseling services by connecting a state-licensed therapist or psychiatrist. $0 copayment for dermatology consultations focused on diagnosing and treating skin, hair, and nail conditions by connecting members to board-certified dermatologists. Access to the Teladoc platform and scheduling support available 24/7, 365 days per year. Members will access Teladoc by toll-free phone, secure video chat, or through a secure website/phone application. Members must complete a comprehensive medical history assessment online with a designated Teladoc Health representative, prior	**$0 copayment for general medical visits focused on non-emergency conditions (e.g., flu, allergies, coughs, sore throats, rashes, and more) by connecting to a state-licensed physician.** **$0 copayment for mental/ behavioral health visits focused on therapy and counseling services by connecting a state-licensed therapist or psychiatrist.** **$0 copayment for dermatology consultations focused on diagnosing and treating skin, hair, and nail conditions by connecting members to board-certified dermatologists.** **Access to the Teladoc platform and scheduling support available 24/7, 365 days per year.** **Members will access Teladoc by toll-free phone, secure video chat, or through a secure website/phone application.** **Members must complete a comprehensive medical**

	2025 (this year)	2026 (next year)
	to receiving telemedicine services. Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin. Visits cannot be scheduled by phone. Members must complete a mental health assessment via the website platform prior to scheduling.	**history assessment, either online or by telephone with a designated Teladoc Health representative, prior to receiving telemedicine services.** **Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin or scheduled by phone.** **Members must complete a mental health assessment via the website platform or by phone prior to scheduling.**
Urgently Needed Services	$45 copayment for urgent care center.	**$40 copayment for urgent care center.**
Urgently Needed Services - Worldwide	$110 copayment for this benefit.	**$115 copayment for this benefit.**
Vision Services	$30 copayment for Medicare-covered vision exams.	**$38 copayment for Medicare-covered vision exams.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs,* which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, please call our Member Help Team at 1-800-645-3965 (TTY/TDD 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***

  We have no deductible, so this payment stage doesn't apply to you.

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

  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 total drug 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	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

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.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; 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 Drugs: 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.	*Standard cost sharing*: You pay $9 per prescription. *Preferred cost sharing:* You pay $0 per prescription.	***Standard cost sharing*: You pay $9 per prescription.** ***Preferred cost sharing:*** **You pay $0 per prescription.**
Tier 2 – Generic Drugs: 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.	*Standard cost sharing*: You pay $20 per prescription. *Preferred cost sharing*: You pay $0 per prescription.	***Standard cost sharing*: You pay $20 per prescription.** ***Preferred cost sharing:*** **You pay $0 per prescription.**
Tier 3 – Preferred Brand Drugs: 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.	*Standard cost sharing*: You pay 25% of the total cost. *Preferred cost sharing*: You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing*: You pay 25% of the total cost.** ***Preferred cost sharing:*** **You pay 25% of the total cost. You pay up to $35 per month supply of each covered insulin product on this tier.**

	2025 (this year)	2026 (next year)
Tier 4 – Non-Preferred Drugs: 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.	*Standard cost sharing*: You pay 50% of the total cost. *Preferred cost sharing:* You pay 50% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 50% of the total cost.	***Standard cost sharing*:** **You pay 42% of the total cost.** ***Preferred cost sharing:*** **You pay 42% of the total cost.** **You pay up to $35 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is 42% of the total cost.**
Tier 5 – Specialty Tier Drugs: 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.	*Standard cost sharing*: You pay 33% of the total cost. *Preferred cost sharing:* You pay 33% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing*:** **You pay 33% of the total cost.** ***Preferred cost sharing:*** **You pay 33% of the total cost.** **You pay up to $35 per month supply of each covered insulin product on this tier.**

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
90-Day Supply for Tier 1 and Tier 2 Drugs at Standard Pharmacies	90-Day Supply of Tier 1 and Tier 2 drugs applies a three-month supply copayment at Standard Pharmacies.	**90-Day Supply of Tier 1 and Tier 2 drugs applies a two-month supply copayment at Standard Pharmacies.**
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.	**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.** **To learn more about this payment option, call us at 1-800-645-3965 (TTY/TDD users call 711) or visit www.Medicare.gov.**
Pharmacy Network Changes	Rite Aid Pharmacy and some independent pharmacies are preferred pharmacies. Sam's Club is a standard pharmacy.	**Rite Aid Pharmacy and some independent pharmacies are standard pharmacies.** **Sam's Club is a preferred pharmacy.**
Temporary Supply Coverage of your Drug	Under certain circumstances, the plan must provide a temporary supply of a drug that you are already taking. This temporary supply gives you time to talk with your provider about the change.	**Under certain circumstances, the plan must provide a temporary supply of a drug that you are already taking. This temporary supply gives you time to talk with your provider about the change.**

	2025 (this year)	2026 (next year)
	To be eligible for a temporary supply, the drug you have been taking **must no longer be on the plan's Drug List** OR **is now restricted in some way**. **If you are a new member,** we will cover a temporary supply of your drug during the first **120 days** of your membership in the plan. **If you were in the plan last year,** we will cover a temporary supply of your drug during the first **120 days** of the calendar year. This temporary supply will be for a maximum of a 30-day supply.	**To be eligible for a temporary supply, the drug you have been taking must no longer be on the plan's Drug List OR is now restricted in some way.** **If you are a new member, we will cover a temporary supply of your drug during the first 90 days of your membership in the plan.** **If you were in the plan last year, we will cover a temporary supply of your drug during the first 90 days of the calendar year.** **This temporary supply will be for a maximum of a 30-day supply.**

SECTION 3 How to Change Plans

To stay in Keystone 65 Basic Rx, 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 Keystone 65 Basic Rx.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Keystone 65 Basic Rx.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Keystone 65 Basic Rx.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call our Member Help Team at 1-800-645-3965 (TTY/TDD 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 4).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Keystone Health Plan East, Inc. offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 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.
- **Help from your state's pharmaceutical assistance program (SPAP)**. Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) that helps 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 Pennsylvania Office of Medical Assistance Programs (OMAP) at 1 -800-922-9384. 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 Pennsylvania Office of Medical Assistance Programs (OMAP) at 1 -800-922-9384. 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 payment option. To learn more about this payment option, call us at 1-800-645-3965 (TTY/TDD users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Keystone 65 Basic Rx

- **Call our Member Help Team at 1-800-645-3965. (TTY/TDD users call 711.)**

  We're available for phone calls from 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Calls to these numbers are free.

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

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Keystone 65 Basic Rx. 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.ibxmedicare.com or call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.ibxmedicare.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

Call PA MEDI to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call PA MEDI at 1-800-783-7067. Learn more about PA MEDI by visiting www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx.

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 health plans in your area.

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

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

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

IBX Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company.

Medical Guardian is an independent company.

Isaac Health, an independent company, provides assistance to Independence Blue Cross members with diagnosed dementia.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.