



Keystone 65 Select Medical-Only (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 Select Medical-Only.

This material describes changes to your 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 Select Medical-Only.
- 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 additional 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 Select Medical-Only

- 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 Select Medical-Only.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Keystone 65 Select Medical-Only.** Starting January 1, 2026, you'll get your medical coverage through Keystone 65 Select Medical-Only. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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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.	\$13.50	\$20
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$6,000	\$6,750
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$40 copayment per visit	\$40 copayment per visit

	2025 (this year)	2026 (next year)
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 \$275 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,650 maximum copayment per admission Inpatient hospital stay - mental health \$275 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,650 maximum copayment per admission	Inpatient hospital stay - acute \$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 Inpatient hospital stay - mental health \$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

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	\$13.50	\$20
(You must also continue to pay your Medicare Part B premium.)		

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	\$6,000	\$6,750
<p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.</p> <p>Your plan premium doesn't count toward your maximum out-of-pocket amount.</p>		
		<p>Once you've paid \$6,750 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.</p>

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 your 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.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture	\$20 copayment for this benefit.	\$15 copayment for this benefit.
Ambulance Services	\$225 copayment for this benefit.	\$250 copayment for this benefit.
Ambulatory Surgical Services (ASC)	\$200 copayment for this benefit.	\$250 copayment for this benefit.
Chiropractic Services	\$20 copayment for this benefit.	\$15 copayment for this benefit.
Dementia Support Program	<p>\$0 copayment for neurology visits, including telehealth neurology visits for members with a diagnosis of dementia.</p> <p>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.</p>	<p>\$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.</p> <p>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.</p>
Dental Services	Non-Medicare-Covered Dental Services:	Non-Medicare-Covered Dental Services:

	2025 (this year)	2026 (next year)
	<p>\$2,000 in-network annual plan maximum allowance every year for the defined comprehensive dental services.</p> <p>Once you reach the \$2,000 annual allowance, you must pay 100% of the cost of services for the rest of the year.</p> <p>Core buildup, including any pins when required – one per tooth every five years is <u>not</u> covered.</p> <p>Prefabricated post and core in addition to crown – one per tooth every five years is <u>not</u> covered.</p>	<p>\$1,500 in-network annual plan maximum allowance every year for the defined comprehensive dental services.</p> <p>Once you reach the \$1,500 annual allowance, you must pay 100% of the cost of services for the rest of the year.</p> <p>Core buildup, including any pins when required – one per tooth every five years is covered.</p> <p>Prefabricated post and core in addition to crown – one per tooth every five years is covered.</p>
Diabetic Supplies	<p>0% coinsurance for Medicare-covered diabetic test strips and diabetic glucose monitors.</p> <p>Test strips and monitors must be obtained from preferred vendors Accu-Chek and OneTouch.</p> <p>Test strips and monitors from any other vendor will not be covered.</p>	<p>0% coinsurance for Medicare-covered diabetic test strips and diabetic glucose monitors.</p> <p>Test strips and monitors must be obtained from the preferred vendors Accu-Chek and Contour.</p> <p>OneTouch is <u>not</u> covered.</p> <p>Test strips and monitors from any other vendor will not be covered.</p>
Emergency Care	\$125 copayment for this benefit.	\$130 copayment for this benefit.
Emergency Care - Worldwide	\$125 copayment for this benefit.	\$130 copayment for this benefit.
Inpatient Hospital Care	\$275 copayment per day for days 1-6.	\$295 copayment per day for days 1-7.

	2025 (this year)	2026 (next year)
	\$0 copayment per day for additional days per admission. \$1,650 maximum copayment per admission.	\$0 copayment per day for additional days per admission. \$2,065 maximum copayment per admission.
Inpatient Mental Health Care	\$275 copayment per day for days 1-6. \$0 copayment per day for additional days per admission. \$1,650 maximum copayment per admission.	\$295 copayment per day for days 1-7. \$0 copayment per day for additional days per admission. \$2,065 maximum copayment per admission.
Outpatient Diagnostic Radiology Services	\$200 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	\$350 copayment for this benefit.	\$390 copayment for this benefit.
Outpatient Observation Stays	\$350 copayment for this benefit.	\$295 copayment for this benefit.
Outpatient Therapeutic Radiology (Radiation Services)	\$80 copayment for this benefit.	\$85 copayment for this benefit.
Personal Emergency Response System (PERS)	Personal Emergency Response System (PERS) is <u>not</u> 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. Members must have one of the

	2025 (this year)	2026 (next year)
		<p>following conditions to be eligible for this benefit:</p> <ul style="list-style-type: none"> • 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
Podiatry Services	\$20 copayment for this benefit.	\$15 copayment for this benefit.
Skilled Nursing Facility (SNF) Care	<p>\$0 copayment per day for days 1-20.</p> <p>\$214 copayment per day for days 21-100.</p>	<p>\$0 copayment per day for days 1-20.</p> <p>\$218 copayment per day for days 21-100.</p>
Telemedicine Visits	<p>Teladoc Health must be used for telemedicine visits.</p> <p>Telemedicine is offered through Teladoc Health.</p> <p>Telemedicine for the following services is covered:</p> <p>\$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.</p>	<p>Teladoc Health must be used for telemedicine visits.</p> <p>Telemedicine is offered through Teladoc Health.</p> <p>Telemedicine for the following services is covered:</p> <p>\$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.</p>

	2025 (this year)	2026 (next year)
	\$0 copayment for mental/behavioral health visits focused on therapy and counseling services by connecting a state-licensed therapist or psychiatrist.	\$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.	\$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.	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 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 to receiving telemedicine services.	Members must complete a comprehensive medical 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 .	Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin
	Visits cannot be scheduled by phone.	or scheduled by phone.
	Members must complete a	Members must complete a mental health assessment via

	2025 (this year)	2026 (next year)
	mental health assessment via the website platform prior to scheduling.	the website platform or by phone prior to scheduling.
Urgently Needed Services	\$55 copayment for urgent care center.	\$50 copayment for urgent care center.
Urgently Needed Services - Worldwide	\$125 copayment for this benefit.	\$130 copayment for this benefit.

SECTION 2 How to Change Plans

To stay in Keystone 65 Select Medical-Only, 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 Select Medical-Only.

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 Select Medical-Only.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Keystone 65 Select Medical-Only.
- **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.
- **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 4), 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 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, 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 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 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 or
- 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 the 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.

SECTION 4 Questions?

Get Help from Keystone 65 Select Medical-Only

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

We're available for phone calls seven days a week from 8 a.m. to 8 p.m. 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, look in the 2026 *Evidence of Coverage* for Keystone 65 Select Medical-Only. The *Evidence of Coverage* is the legal, detailed description of your 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/eoc or call our Member Help Team at 1-800-645-3965 (TTY/TDD users call 711) to ask us to mail you a copy.

- **Visit www.ibxmedicare.com**

Our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In 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.