



Personal Choice 65SM Medical-Only (PPO) offered by QCC Insurance company, a subsidiary of Independence Blue Cross, LLC (“IBX”)

Annual Notice of Change for 2026

You're enrolled as a member of Personal Choice 65SM Medical-Only.

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 Personal Choice 65 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 1-888-718-3333 (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 1-888-718-3333 (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 Personal Choice 65 Medical-Only

- Independence Blue Cross offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO Medicare Advantage plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means QCC Insurance Company. When it says “plan” or “our plan,” it means Personal Choice 65 Medical-Only.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Personal Choice 65 Medical-Only.** Starting January 1, 2026, you'll get your medical through Personal Choice 65 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.

Y0041_H3909_PC_26_123673_M

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* Go to Section 1.1 for details.	\$102.50	\$119
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.)	From network providers: \$5,500 From network and out-of-network providers combined: \$8,950	From network providers: \$5,950 From network and out-of-network providers combined: \$9,900
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$35 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: \$240 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,440 maximum copayment per admission Inpatient hospital stay - mental health: \$240 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,440 maximum copayment per admission	Inpatient hospital stay - acute: \$270 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,620 maximum copayment per admission Inpatient hospital stay - mental health: \$270 copayment per day for days 1-6 per admission \$0 copayment per day for additional days per admission \$1,620 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 (You must also continue to pay your Medicare Part B premium.)	\$102.50	\$119

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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium doesn't count toward your maximum out-of-pocket amount.	\$5,500	\$5,950 Once you've paid \$5,950 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.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium doesn't count toward your maximum out-of-pocket amount.	\$8,950	\$9,900 Once you've paid \$9,900 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 in-network or 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 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 1-888-718-3333 (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 1-888-718-3333 (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.
Additional Telehealth	\$35 copayment per Specialist visit. \$35 copayment per Other Healthcare Professional visit. \$20 copayment per Physical Therapy, Occupational Therapy, and Speech Therapy visit.	\$40 copayment per Specialist visit. \$40 copayment per Other Healthcare Professional visit. \$25 copayment per Physical Therapy, Occupational Therapy, and Speech Therapy visit.
Ambulance Services	\$175 copayment for this benefit.	\$195 copayment for this benefit.
Ambulatory Surgical Services (ASC)	\$150 copayment for this benefit.	\$200 copayment for this benefit.
Chiropractic Services	\$20 copayment for this benefit.	\$15 copayment for this benefit.

	2025 (this year)	2026 (next year)
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 out if you're eligible, contact our Member Help Team.
Dental Services	<p>Medicare-Covered Dental Services:</p> <p>\$35 copayment for Medicare-covered dental services.</p> <p>Non-Medicare-Covered Dental Services:</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>Medicare-Covered Dental Services:</p> <p>\$40 copayment for Medicare-covered dental services.</p> <p>Non-Medicare-Covered Dental Services:</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>

	2025 (this year)	2026 (next year)
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 <u>not</u> 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.
Food and Produce	<p>\$0 copayment for this benefit.</p> <p>Food and Produce will be provided for a maximum of four weeks per year, per member. Members must be diagnosed with both of the following conditions to be eligible to receive the food and produce benefit from the plan-specified vendor:</p>	Food and Produce is <u>not</u> covered.

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> • Diabetes • Depression or depressive disorders 	
Hearing Services	\$35 copayment for Medicare-covered hearing exams.	\$40 copayment for Medicare-covered hearing exams.
Inpatient Hospital Care	<p>\$240 copayment per day for days 1-6.</p> <p>\$0 copayment per day for additional days per admission.</p> <p>\$1,440 maximum copayment per admission.</p>	<p>\$270 copayment per day for days 1-6.</p> <p>\$0 copayment per day for additional days per admission.</p> <p>\$1,620 maximum copayment per admission.</p>
Inpatient Mental Health Care	<p>\$240 copayment per day for days 1-6.</p> <p>\$0 copayment per day for additional days per admission.</p> <p>\$1,440 maximum copayment per admission.</p>	<p>\$270 copayment per day for days 1-6.</p> <p>\$0 copayment per day for additional days per admission.</p> <p>\$1,620 maximum copayment per admission.</p>
Other Healthcare Professional	\$35 copayment for this benefit in an outpatient setting.	\$40 copayment for this benefit in an outpatient setting.
Out-of-Network Coverage	30% of the total cost for the defined benefits out of network.	50% of the total cost for the defined benefits out of network.
Outpatient Hospital Services	\$300 copayment for this benefit.	\$350 copayment for this benefit.

	2025 (this year)	2026 (next year)
Outpatient Observation Stays	\$300 copayment for this benefit.	\$270 copayment for this benefit.
Outpatient Rehabilitation Services	\$20 copayment for this benefit.	\$25 copayment for this benefit.
Outpatient Therapeutic Radiology (Radiation Services)	\$80 copayment for this benefit.	\$85 copayment for this benefit.
Podiatry Services	\$20 copayment for this benefit.	\$15 copayment for this benefit.
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	\$35 copayment for this benefit.	\$40 copayment for this benefit.
Telemedicine Visits	Teladoc Health must be used for telemedicine visits. Telemedicine is offered through Teladoc Health. Telemedicine for the following	Teladoc Health must be used for telemedicine visits. Telemedicine is offered through Teladoc Health. Telemedicine for the following

	2025 (this year)	2026 (next year)
	<p>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>\$0 copayment for mental/behavioral health visits focused on therapy and counseling services by connecting a state-licensed therapist or psychiatrist.</p> <p>\$0 copayment for dermatology consultations focused on diagnosing and treating skin, hair, and nail conditions by connecting members to board-certified dermatologists.</p> <p>Access to the Teladoc platform and scheduling support available 24/7, 365 days per year.</p> <p>Members will access Teladoc by toll-free phone, secure video chat, or through a secure website/phone application.</p>	<p>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>\$0 copayment for mental/behavioral health visits focused on therapy and counseling services by connecting a state-licensed therapist or psychiatrist.</p> <p>\$0 copayment for dermatology consultations focused on diagnosing and treating skin, hair, and nail conditions by connecting members to board-certified dermatologists.</p> <p>Access to the Teladoc platform and scheduling support available 24/7, 365 days per year.</p> <p>Members will access Teladoc by toll-free phone, secure video chat, or through a secure website/phone application.</p> <p>Members must complete a</p>

	2025 (this year)	2026 (next year)
	<p>Members must complete a comprehensive medical history assessment, online with a designated Teladoc Health representative, prior to receiving telemedicine services.</p> <p>Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin. Visits cannot be scheduled by phone.</p> <p>Members must complete a mental health assessment via the website platform prior to scheduling.</p>	<p>comprehensive medical history assessment, either online or by telephone with a designated Teladoc Health representative, prior to receiving telemedicine services.</p> <p>Mental/behavioral health visits must be scheduled via the online platform at www.teladochealth.com/signin or by phone.</p> <p>Members must complete a mental health assessment via the website platform or by phone prior to scheduling.</p>
Transportation services	<p>\$0 copayment for this benefit.</p> <p>Plan members that have been diagnosed with both of the following conditions are eligible to receive the transportation benefit from the plan-specified vendor:</p> <ul style="list-style-type: none"> • Diabetes 	Transportation services Benefit is <u>not</u> covered.

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> • Congestive heart failure (CHF) <p>The transportation benefit includes 24 one-way trips per year to plan-approved medical facilities. Modes of transportation include taxi, rideshare services, van, medical sedan and wheelchair van. Mileage limits of 80 miles per one-way trip apply. When booking their rides, members can specify the mode of transportation they need.</p>	
Urgently Needed Services	\$5 copayment for retail clinic. \$55 copayment for urgent care center.	\$5 copayment for retail clinic. \$50 copayment for urgent care center.
Urgently Needed Services - Worldwide	\$125 copayment for this benefit.	\$130 copayment for this benefit.
Vision Services	\$35 copayment for Medicare-covered vision exams.	\$40 copayment for Medicare-covered vision exams.

SECTION 2 How to Change Plans

To stay in Personal Choice 65 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 Personal Choice 65 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 Personal Choice 65 Medical-Only.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Personal Choice 65 Medical-Only
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online www.ibxmedicare.com. Call our Member Help Team at 1-888-718-3333 (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. As a reminder, QCC Insurance Company offers other Medicare health plans and Medicare prescription 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, yearly deductibles, and coinsurance. Also, those 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). 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.

SECTION 4 Questions?

Get Help from Personal Choice 65 Medical-Only

- **Call our Member Help Team at 1-888-718-3333. (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 Personal Choice 65 Medical-Only. 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 *Evidence of Coverage* on our website at www.ibxmedicare.com/EOC or call our Member Help Team at 1-888-718-3333 (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 QCC Insurance Company, 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.

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

The transportation benefit is provided by Roundtrip, an independent company.

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.