MyAdvocate Medicare Advantage GOLD (HMO-POS)

offered by
MyAdvocate Medicare Advantage

Annual Notice of Change for 2027

You're enrolled as a member of MyAdvocate Medicare Advantage GOLD (HMO-POS).

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 MyAdvocate Medicare Advantage GOLD (HMO-POS).
- To change to a **different plan**, visit 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.myadvocatema.com/help or call Customer Service at 1-888-298-4650 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-888-298-4650 (TTY users call 711) for additional information. We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1 – March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1 – Sept. 30. This call is free.
- This information is also available in languages other than English, large print or other alternate formats.

About MyAdvocate Medicare Advantage GOLD (HMO-POS)

- MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal.
- When this material says "we," "us," or "our," it means MyAdvocate Medicare Advantage. When it says "plan" or "our plan," it means MyAdvocate Medicare Advantage GOLD (HMO-POS).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in MyAdvocate Medicare Advantage GOLD (HMO-POS).** Starting January 1, 2027, you'll get your medical and drug coverage through MyAdvocate Medicare Advantage GOLD (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.

my Advocate
MEDICARE ADVANTAGE

Table of Contents

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.	$69	$82
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 for details.)	In-Network $3,500 Combined $6,200	In Network $5,500 Combined $8,500
Primary care office visits	In-Network $0 per visit Out-of-Network $25 per visit	In Network $0 per visit Out-of-Network 50% coinsurance per visit
Specialist office visits	In-Network $35 per visit Out-of-Network $50 per visit	In Network $35 per visit Out-of-Network 50% coinsurance per visit
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 Days 1-4: $390 copay/day Days 5-90: $0 copay/day Out-of-Network Days 1-6: $450 copay/day Days 7-90: $0 copay/day	In Network Days 1-5: $400 copay/day Days 6-discharge: $0 copay/day Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Part D drug coverage deductible** $250 deductible (applies to tiers 3-5 only) except for covered insulin products and most adult Part D vaccines **Copayment/Coinsurance** during the Initial Coverage Stage: **Drug Tier 1(Preferred generic drugs):** $0 copay for a 1-month (up to a 34-day) supply; $0 copay for a 3-month (up to a 102-day) supply **Drug tier 2 (Generic drugs):** $14 copay for a 1-month (up to a 34-day) supply; $42 copay for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $14 per 1-month supply of each covered insulin product on this tier **Drug tier 3 (Preferred brand drugs):** $47 copay for a 1-month (up to a 34-day) supply; $141 copay for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier	**Part D drug coverage deductible** $250 deductible (applies to tiers 3-5 only) except for covered insulin products and most adult Part D vaccines **Copayment/Coinsurance** during the Initial Coverage Stage: **Drug Tier 1(Preferred generic drugs):** $0 copay for a 1-month (up to a 34-day) supply; $0 copay for a 3-month (up to a 102-day) supply **Drug tier 2 (Generic drugs):** $8 copay for a 1-month (up to a 34-day) supply; $24 copay for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $8 per 1-month supply of each covered insulin product on this tier **Drug tier 3 (Preferred brand drugs):** 25% coinsurance for a 1-month (up to a 34-day) supply; 25% coinsurance for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier

	2026 (this year)	2027 (next year)
	Drug tier 4 (Non-preferred drugs): 50% coinsurance for up to a 1-month (up to a 34-day) supply; 50% coinsurance for up to a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier **Drug tier 5 (Specialty drugs):** 30% coinsurance for a 1-month (up to a 34-day) supply **Drug tier 6 (Select care drugs):** $0 copay for up to a 1-month (up to a 34-day) supply; $0 copay for up to a 3-month (up to a 102-day) supply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.	**Drug tier 4 (Non-preferred drugs):** 30% coinsurance for up to a 1-month (up to a 34-day) supply; 30% coinsurance for up to a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier **Drug tier 5 (Specialty drugs):** 30% coinsurance for a 1-month (up to a 34-day) supply **Drug tier 6 (Select care drugs):** $0 copay for up to a 1-month (up to a 34-day) supply; $0 copay for up to a 3-month (up to a 102-day) supply **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.)	$69	$82
Additional premium for optional dental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	Not covered	$46

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

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 the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and coinsurance) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	In-Network $3,500 Combined $6,200	In-Network $5,500 Combined $8,500 Once you've paid $5,500 In-Network or $8,500 combined In/Out-of-Network for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* (www.myadvocatema.com/help) 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 http://www.myadvocatema.com/help.
- Call Customer Service at 1-888-298-4650 (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 1-888-298-4650 (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.MyAdvocateMA.com/pharmacy-and-drug-coverage) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage.
- Call Customer Service at 1-888-298-4650 (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 1-888-298-4650 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture (Medicare-covered) - low back pain	In-Network $35 copay Out-of-Network $50 copay	In-Network $20 copay Out-of-Network 50% coinsurance
Air Ambulance Services	$275 copay	20% coinsurance
Ambulatory Surgery Center Services	In-Network $275 copay Out-of-Network 20% coinsurance	In-Network $0 for minor procedures $275 copay for other procedures Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Annual Well Visit/Annual Physical Exam	Out-of-Network Covered 100%	Out-of-Network 50% coinsurance
Cardiac Rehabilitation Services	Out-of-Network $50 copay	Out-of-Network 50% coinsurance
Chiropractic Services	In-Network $20 copay Out-of-Network $20 copay	In-Network $15 copay Out-of-Network 50% coinsurance
Dental Services (Medicare-covered dental services)	In-Network 20% coinsurance Out-of-Network 20% coinsurance	In-Network $35 copay Out-of-Network Not covered
Dental Services (Non-Medicare-covered dental services) • Preventive • Comprehensive	In/Out-of-Network $1,250 Annual Allowance for preventive and comprehensive dental services	In-Network Preventive: • 2 Oral Exam • 2 Cleaning • 1 Xray • 1 Fluoride treatment Comprehensive: $500 Annual Allowance Out-of-Network Not covered

	2026 (this year)	2027 (next year)
Dental Services - Optional Supplemental Dental Available for an additional monthly premium upon enrollment or during the Annual Enrollment Period (AEP), October 15 - December 7. See Customer Service for details.	Not available	You can purchase for an additional monthly premium of $42.85 during qualifying enrollment period.
Diabetic Supplies (Limited to specific brands) • Diabetic Supplies/Monitors • Diabetic Therapeutic Shoes/Inserts	Out-of-Network $0 copay 20% coinsurance	Out-of-Network 50% coinsurance 50% coinsurance
Diagnostic Procedures/Tests	Out-of-Network $45 copay	Out-of-Network 50% coinsurance
Durable Medical Equipment	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance
Hearing: Exams (Medicare Covered)	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance
Hearing: Hearing Aid (prescription)	In-Network $295-$1,495 copay per aid/1 pair per year	In-Network $499-$999 copay per aid/1 pair per year • $499 copay per aid for Standard Aids. • $699 copay per aid for Advanced Aids. • $999 copay per aid for Premium Aids.

	2026 (this year)	2027 (next year)
High-end Imaging (Diagnostic Radiology) Peripheral vascular disease ultrasound, minimum copay; others, maximum copay	In-Network $25-$175 copay Out-of-Network $55-$225 copay	In-Network $0-$175 copay Out-of-Network 50% coinsurance
Home Health Agency Care	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance
Inpatient Hospital	In-Network Days 1-4: $390 copay Days 5-90: $0 copay Out-of-Network Days 1-6: $450 copay Days 7-90: $0 copay	In-Network Days 1-5: $400 copay Days 6-90: $0 copay Out-of-Network Days 1-90: 50% coinsurance
Inpatient Mental Health	In-Network Days 1-4: $390 copay Days 5-90: $0 copay Out-of-Network Days 1-6: $450 copay Days 7-90: $0 copay	In-Network Days 1-5: $400 copay Days 6-90: $0 copay Out-of-Network Days 1-90: 50% coinsurance
Medicare Part B Prescription Drugs	Out-of-Network 0-20%, Insulin $35	Out-of-Network 50% coinsurance
Observation Services	In-Network $350 copay for surgery Out-of-Network $450 copay for surgery	In-Network $0 copay for minor procedures; $350 copay for surgery Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Opioid Treatment Services Minimum copayment for PCP visit, and maximum copayment applies for mental health or specialist office visit. Part B drug coinsurance may be applicable.	In-Network $25 opioid treatment Out-of-Network $45 opioid treatment	In-Network $0-$35 copay opioid treatment, 20% coinsurance for part B drugs if applicable Out-of-Network 50% coinsurance
Outpatient Hospital	In-Network $350 copay for surgery Out-of-Network 20% coinsurance	In-Network $0 copay for minor procedures; $350 copay for surgery Out-of-Network 50% coinsurance
Outpatient Lab Services	Out-of-Network $20 copay lab	Out-of-Network 50% coinsurance
Outpatient Mental Health	In-Network $25 copay Out-of-Network $45 copay	In-Network $35 copay Out-of-Network 50% coinsurance
Outpatient Psychiatric Services	In-Network $30 copay Out-of-Network $45 copay	In-Network $35 copay Out-of-Network 50% coinsurance
Outpatient Rehabilitation Services (includes OT)	In-Network $35 copay Out-of-Network $45 copay	In-Network $40 copay Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Outpatient Rehabilitation Services (incudes PT/ST)	In-Network $25 copay Out-of-Network $45 copay	In-Network $40 copay Out-of-Network 50% coinsurance
Outpatient Substance Abuse Services	In-Network $25 copay Out-of-Network $45 copay	In-Network $35 copay Out-of-Network 50% coinsurance
Outpatient X-Ray Services	Out-of-Network $50 copay	Out-of-Network 50% coinsurance
Partial Hospitalization Services /Intensive Outpatient Program Services	In-Network $55 copay Out-of-Network $110 copay	In-Network $0 copay Out-of-Network 50% coinsurance
Physician Services	Out-of-Network $25 copay primary care $50 copay specialist	Out-of-Network 50% coinsurance primary care/specialist
Podiatry Services (Medicare-covered)	In-Network $25 copay Out-of-Network $45 copay	In-Network $35 copay Out-of-Network 50% coinsurance
Preventive Services (Medicare-covered)	In-Network $0 copay	Out-of-Network 50% coinsurance
Prosthetic Devices/ Medical Supplies	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Pulmonary Rehabilitation Services	Out-of-Network $50 copay	Out-of-Network 50% coinsurance
Renal Dialysis	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance
SET for PAD Services	In-Network $0 copay Out-of-Network $0 copay	In-Network $15 copay Out-of-Network 50% coinsurance
Skilled Nursing Facility	In-Network Days 1-20: $0 per day; Days 21-100: $196 per day Out-of-Network Days 1-20: $0 per day; Days 21-100: $217 per day	In-Network Days 1-20: $0 per day; Days 21-100: $221 per day Out-of-Network 50% coinsurance
Therapeutic Radiological Services	Out-of-Network 20% coinsurance	Out-of-Network 50% coinsurance
Urgently Needed Care	Copay waived if admitted to the hospital within 24 hours Worldwide coverage	Copay *not* waived if admitted to the hospital No Worldwide coverage
Vision: Exam (Medicare-covered)	In-Network $0 copay Out-of-Network 20% coinsurance	In-Network $35 copay Out-of-Network 50% coinsurance
Vision: Eyewear (Medicare-Covered)	In-Network 20% coinsurance Out-of-Network 20% coinsurance	In-Network $35 copay Out-of-Network 50% coinsurance

	2026 (this year)	2027 (next year)
Vision: Vision Care (Non-Medicare covered) - VSP • 1 routine eye exam • 1 refraction & diagnostic eye exam	In-Network/ 1 routine eye exam 1 refraction & diagnostic eye exam	In-Network 1 routine eye exam, OR 1 refraction & diagnostic eye exam
Vision: Eyeglasses or Contacts (Non-Medicare covered) - VSP	In-Network $300 stipend per year for glasses or contacts	In-Network $300 stipend per year for frames or $100 stipend per year for contacts
Worldwide Coverage • Emergency Care • Urgent Care • Emergency Transportation	Covered	Not covered

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.MyAdvocateMA.com/pharmacy-and-drug-coverage.

You can get the *complete* Drug List by calling Customer Service at 1-888-298-4650 (TTY users call 711) or visiting our website at www.MyAdvocateMA.com/pharmacy-and-drug-coverage.

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 1-888-298-4650 (TTY 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, call Customer Service at 1-888-298-4650 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 3-5 drugs until you've reached 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 total drug 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	The deductible is $250 for drugs on **tiers 3-5 only.** During this stage, you do not pay a deductible for drugs on tiers 1, 2 and 6. See Initial Coverage Stage below. You pay the full costs of drugs on tiers 3-5 until you've reached the yearly deductible.	The deductible is $250 for drugs on **tiers 3-5 only.** During this stage, you do not pay a deductible for drugs on tiers 1, 2 and 6. See Initial Coverage Stage below. You pay the full costs of drugs on tiers 3-5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

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

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; 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)
Tier 1 – Preferred generic drugs:	$0 copay	$0 copay
Tier 2 – Generic drugs:	$14 copay You pay $14 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $14.	$8 copay You pay $8 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $8.
Tier 3 – Preferred brand drugs:	$47 copay You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $47.	25% coinsurance You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%.
Tier 4 – Non-preferred drugs:	50% coinsurance 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% coinsurance.	30% coinsurance You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 30% coinsurance.
Tier 5 – Specialty drugs:	30% coinsurance	30% coinsurance
Tier 6 – Select care drugs:	$0 copay	$0 copay

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Dental administrator changing; A new ID card will be issued.	Delta Dental of NE - Customer Service (866) 406-2172 (TTY: 711)	Delta Dental of WI - Customer Service (866) 548-0292 (TTY: 711)
Diabetic supplies You must use Roche or Ascensia brands for blood glucose self-monitoring systems and supplies. You must use Abbott or Dexcom brands for continuous glucose monitoring (CGM) systems and supplies.	NA	Limited to specific brands
Over the Counter Items • OTC catalog mailed • Minimum order for online purchase	OTC catalog mailed annually NA	OTC electronic link to catalog provided; hard copy provided upon request. $35 minimum order for online OTC purchase
Quality Improvement Organization for Nebraska Commence Health BFFCC- QIO Contact Information	Call- (888) 755-5580 TTY- 888) 985-8775 Write- P.O. Box 2687 Virginia Beach, VA 23450 Website commencehealthqio.cms.gov	Call- (888) 755-5580 TTY- 711 Write- P.O. Box 2687 Virginia Beach, VA 23454 Website commencehealthqio.cms.gov
Service Area • Adams County	Adams county *not* included in the service area.	Adams county included in the service area

	2026 (this year)	2027 (next year)
Telehealth Benefit (covered services) Therapeutic Radiological Services; SET for PAD Services; Pulmonary Rehabilitation Services; Prosthetic Devices; Outpatient X-Ray Services; Outpatient Blood Services; Other Medicare Part B Drugs; Medicare-covered Zero Dollar Preventive Services; Medicare Part B Insulin Drugs; Medicare Part B Chemotherapy/Radiation Drugs; Medicare Dental Services; Medical Supplies; Lab Services; Intensive Cardiac Rehabilitation Services; Inpatient Hospital-Acute; Inpatient Hospital Psychiatric; Eyewear; Durable Medical Equipment (DME); Digital Rectal Exams; Dialysis Services; Diagnostic Radiological Services; Diabetic Supplies; Diabetes Self-Management Training; Chiropractic Services; Cardiac Rehabilitation Services	Telehealth services listed offered	Telehealth services listed *not* offered

SECTION 3 How to Change Plans

To stay in MyAdvocate Medicare Advantage GOLD (HMO-POS) you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MyAdvocate Medicare Advantage GOLD (HMO-POS).

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 MyAdvocate Medicare Advantage GOLD (HMO-POS). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from MyAdvocate Medicare Advantage GOLD (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-888-298-4650 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, 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, MyAdvocate Medicare Advantage offers other Medicare health 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, 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

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 Ryan White Nebraska Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-402-471-2101. 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 1-877-873-5611 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from MyAdvocate Medicare Advantage

- To contact us:
  - Log in to your MyAdvocate Medicare Advantage account and live chat with a Customer Service representative.
  - Send us an email at memberservices@myadvocatema.com
  - **Call Customer Service at 1-888-298-4650. (TTY users call 711.)**

    We're available for phone calls 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. 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 MyAdvocate Medicare Advantage GOLD (HMO-POS). 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.MyAdvocateMA.com/help or call Customer Service at 1-888-298-4650 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.myadvocatema.com/help**

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

Call the Nebraska State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Nebraska SHIP at 1-800-234-7119. Learn more about SHIP by visiting https://doi.nebraska.gov/consumer/senior-health.

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**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

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

- **Visit 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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.