

MyTruAdvantage Select (HMO) offered by MyTruAdvantage

Annual Notice of Change for 2026

You're enrolled as a member of MyTruAdvantage Select (HMO).

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 MyTruAdvantage Select (HMO).
- 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 <https://www.mytruadvantage.com/information-2026> or call Member Services at 1-844-425-4280 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-844-425-4280 (TTY users call 711) for more information. This call is free.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.
- Please call Member Services if you would like to receive materials in alternate formats (e.g., braille, large print, audio CD, or data CD).

About MyTruAdvantage Select (HMO)

- MyTruAdvantage Select is an HMO plan with a Medicare contract. Enrollment in MyTruAdvantage Select (HMO) depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means MyTruAdvantage. When it says “plan” or “our plan,” it means MyTruAdvantage Select (HMO).
- On January 1, 2026, MyTruAdvantage will be combining MyTruAdvantage Select Plus H6529.002 with one of our plans, MyTruAdvantage Select (HMO) H6529.004. This material tells you about the differences between your current benefits in MyTruAdvantage Select Plus H6529.002 and the benefits you’ll have on January 1, 2026, as a member of MyTruAdvantage Select (HMO) H6529.004.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MyTruAdvantage Select (HMO).** Starting January 1, 2026, you’ll get your medical and drug coverage through MyTruAdvantage Select (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Table of Contents

Summary of Important Costs for 2026	4
SECTION 1 Changes to Benefits & Costs for Next Year	8
Section 1.1 Changes to the Monthly Plan Premium	8
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	8
Section 1.3 Changes to the Provider Network	9
Section 1.4 Changes to the Pharmacy Network	9
Section 1.5 Changes to Benefits & Costs for Medical Services.....	10
Section 1.6 Changes to Part D Drug Coverage	27
Section 1.7 Changes to Prescription Drug Benefits & Costs	28
SECTION 2 Administrative Changes	34
SECTION 3 How to Change Plans	35
Section 3.1 Deadlines for Changing Plans.....	35
Section 3.2 Are there other times of the year to make a change?	35
SECTION 4 Get Help Paying for Prescription Drugs	36
SECTION 5 Questions?	37
Get Help from MyTruAdvantage Select (HMO).....	37
Get Free Counseling about Medicare.....	38
Get Help from Medicare	38

Summary of Important Costs for 2026

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0 per month	\$0 per month
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.)	In-Network: \$3,700	In-Network: \$3,300
Primary care office visits	In-Network: \$0 per visit	In-Network: \$0 per visit
Specialist office visits	In-Network: \$30 per visit	In-Network: \$25 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.	In-Network: Days 1-6: \$335 per day Days 7-90: \$0 per day	In-Network: Days 1-6: \$335 per day Days 7-90: \$0 per day

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
The day before you're discharged is your last inpatient day.		
Part D drug coverage deductible (Go to Section 1.7 for details.)	The deductible is \$200 for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier) MyTruAdvantage Select Plus (HMO), except for covered insulin products and most adult Part D vaccines.	The deductible is \$200 for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier) for MyTruAdvantage Select (HMO), except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Standard retail cost sharing (in network) for up to a 30-day supply:</p> <p>Drug Tier 1: \$6</p> <p>Drug Tier 2: \$15</p> <p>Drug Tier 3: \$47</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 29%</p> <p>You pay no more than \$35 per month supply of</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Standard retail cost sharing (in network) for up to a 30-day supply:</p> <p>Drug Tier 1: \$0</p> <p>Drug Tier 2: \$0</p> <p>Drug Tier 3: \$47</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 33%</p> <p>You pay no more than \$35 per month supply of</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	<p>each covered insulin product on this tier.</p> <p>Drug Tier 5: 30% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: \$0</p> <p>Preferred retail cost sharing (in-network) for up to a 30-day supply:</p> <p>Drug Tier 1: \$0</p> <p>Drug Tier 2: \$5</p> <p>Drug Tier 3: \$41 You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 29% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 30% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: \$0</p> <p>Catastrophic Coverage Stage:</p>	<p>each covered insulin product on this tier.</p> <p>Drug Tier 5: 30% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: \$0</p> <p>Preferred retail cost sharing (in-network) for up to a 30-day supply:</p> <p>Drug Tier 1: \$0</p> <p>Drug Tier 2: \$0</p> <p>Drug Tier 3: \$41 You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 33% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 30% You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: \$0</p> <p>Catastrophic Coverage Stage:</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	<p>During this payment stage, you pay nothing for your covered Part D drugs.</p> <p>You can have cost sharing for drugs that are covered under our enhanced benefit.</p>	<p>During this payment stage, you pay nothing for your covered Part D drugs.</p> <p>You can have cost sharing for drugs that are covered under our enhanced benefit.</p>

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.) There is no change to your monthly premium. For the 2026 plan year, your premium will remain \$0.	\$0	\$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	\$3,700	\$3,300
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.		Once you've paid \$3,300 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 Directory* <https://secure.healthx.com/s/directorymytruadvantage> 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 <https://secure.healthx.com/s/directorymytruadvantage>.
- Call Member Services at 1-844-425-4280 (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 Member Services at 1-844-425-4280 (TTY 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 *Pharmacy Directory* <https://openenrollment.medimpact.com/#/web/sih/chooseplan> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at <https://openenrollment.medimpact.com/#/web/sih/chooseplan>.
- Call Member Services at 1-844-425-4280 (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 Member Services at 1-844-425-4280 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Ambulance Services- Air Ambulance	In-Network: You pay a \$325 copayment for Ambulance Services-Medicare-covered Air Ambulance.	In-Network: You pay a \$325 copayment for Ambulance Services-Medicare-covered Air Ambulance.
Ambulance Services- Ground Ambulance	In-Network: You pay a \$265 copayment for Ambulance Services-Medicare-covered Ground Ambulance.	In-Network: You pay a \$260 copayment for Ambulance Services-Medicare-covered Ground Ambulance.
Ambulatory Surgical Center (ASC) Services	In-Network: You pay a \$250 copayment for Ambulatory Surgery Center services.	In-Network: You pay a \$250 copayment for Ambulatory Surgery Center services.
Annual Physical Exam	In-Network: You pay a \$0 copayment for Annual Physical Exam.	In-Network: You pay a \$0 copayment for Annual Physical Exam.
Barium Enemas	In-Network: You pay a \$0 copayment for Medicare-covered Barium Enemas.	Barium Enema is not covered.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Cardiac Rehabilitation Services	In-Network: You pay \$30 copayment per Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit.	In-Network: You pay \$25 copayment per Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit.
Chiropractic Services	In-Network: You pay a \$20 copayment for Medicare-covered Chiropractic Services.	In-Network: You pay a \$20 copayment for Medicare-covered Chiropractic Services.
Comprehensive Dental - Adjunctive General Services	In-Network: You pay a \$0 copayment for Comprehensive Dental - Adjunctive General Services up to \$2,560 yearly max.	In-Network: You pay a \$0 copayment for Comprehensive Dental - Adjunctive General Services up to \$2,500 yearly max. Anesthesia paid with qualifying services. Emergency Palliative is a covered service. Occlusal Guards are covered once in a 5-year period.
Comprehensive Dental - Endodontics Services	In Network: You pay a 0% coinsurance of the total cost for Endodontics Services. All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,560 for all services.	In-Network: You pay a 0% coinsurance of the total cost for Endodontics Services. All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,500 for all services.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Comprehensive Dental - Implant Services	In-Network: You pay a \$0 copayment for Comprehensive Dental - Implant Services up to \$2,560 yearly max. 1 implant per tooth per 5-year period.	In-Network: You pay a \$0 copayment for Comprehensive Dental - Implant Services up to \$2,500 yearly max. 1 implant per tooth per 5-year period.
Comprehensive Dental - Maxillofacial Prosthetics	In-Network: You pay a \$0 copayment for Comprehensive Dental - Maxillofacial Prosthetics up to \$2,560 yearly max. 1 extraction per tooth per lifetime.	In-Network: You pay a \$0 copayment for Comprehensive Dental - Maxillofacial Prosthetics up to \$2,500 yearly max. 1 extraction per tooth per lifetime.
Comprehensive Dental - Oral Exams	In-Network: You pay a 0% coinsurance of the total cost for Oral Exams. All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,560 for all services.	In-Network: You pay a 0% coinsurance the total cost for Oral Exams. All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,500 for all services.
Comprehensive Dental - Periodontics Services	In-Network: You pay a \$0 copayment for all covered dental services up to \$2,560 yearly max. Perio maint is included in the cleaning frequency of 2 per calendar year. Root planning and scaling is payable once	In-Network: You pay a \$0 copayment for all covered dental services up to \$2,500 yearly max. Perio maint is included in the cleaning frequency of 2 per calendar year. Root planning and scaling is payable once

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	per quadrant in 24 consecutive months. Full mouth debridement is a benefit once in a lifetime.	per quadrant in 24 consecutive months. Full mouth debridement is a benefit once in a lifetime.
Comprehensive Dental - Prosthodontics fixed	<p>In-Network:</p> <p>You pay a \$0 copayment for Comprehensive Dental - Prosthodontics fixed up to \$2,560 yearly max.</p> <p>Relines & repairs to bridges covered once per tooth per five-year period.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for Comprehensive Dental - Prosthodontics fixed up to \$2,500 yearly max.</p> <p>Bridges are covered once in a 5-year period. Relines & repairs to bridges covered once per tooth per five-year period.</p>
Comprehensive Dental - Prosthodontics Services Removable	<p>In-Network:</p> <p>You pay a \$0 copayment for all covered dental services up to \$2,560 yearly max.</p> <p>Full and partial dentures are limited to once in a five-year period. Relines and Rebase to existing Full and Partial Dentures covered once every 36 months.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for all covered dental services up to \$2,500 yearly max.</p> <p>Full and partial dentures are limited to once in a five-year period. Relines and Rebase to existing Full and Partial Dentures covered once every 36 months.</p>
Comprehensive Dental - Restorative Services	<p>In-Network:</p> <p>You pay a \$0 copayment for Comprehensive Dental - Restorative Services up to \$2,560 yearly max.</p> <p>Every 5 years (Cast restorations (including crowns and onlays) and associated procedures (such as cores and</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for Comprehensive Dental - Restorative Services up to \$2,500 yearly max.</p> <p>Every 5 years (Cast restorations (including crowns and onlays) and associated procedures (such</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	substructures) on the same tooth are payable once in any five-year period.) Posterior composite resin restorations are covered services.	as cores and substructures) on the same tooth are payable once in any five-year period.) Posterior composite resin restorations are covered services.
Diabetic Supplies	In-Network: You pay a \$0 copayment for Medicare-covered Diabetic Supplies.	In-Network: You pay a \$0 copayment for Medicare-covered Diabetic Supplies.
Diabetic Therapeutic Shoes or Inserts	In-Network: You pay a 15% coinsurance of the total amount for this Medicare-covered Diabetic Therapeutic Shoes or Inserts.	In-Network: You pay a 15% coinsurance of the total amount for this Medicare-covered Diabetic Therapeutic Shoes or Inserts.
Diagnostic Procedures Tests	In-Network: You pay a \$50 copayment for Medicare-covered diagnostic procedures/tests.	In-Network: You pay a \$25 copayment for Medicare-covered diagnostic procedures/tests.
Diagnostic Radiological Services	In-Network: You pay a \$0 minimum copayment for Medicare-covered complex diagnostic radiology. You pay a \$235 maximum copayment for Medicare-covered complex diagnostic radiology.	In-Network: You pay a \$0 minimum copayment for Medicare-covered for per DEXA/ bone density scan and diagnostic mammography. You pay a \$205 maximum copayment for Medicare-covered complex diagnostic radiology.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Dialysis Service	In-Network: You pay a 20% coinsurance of the total cost for Medicare-covered Dialysis Services	In-Network: You pay a 20% coinsurance of the total cost for Medicare-covered Dialysis Services
Durable Medical Equipment (DME)	In-Network: You pay a 20% coinsurance of the total amount for Durable Medical Equipment.	In-Network: You pay a 20% coinsurance of the total amount for Durable Medical Equipment.
Durable Medical Equipment/Prosthetics/Orthotics – Prior Authorization	In-Network: Durable Medical Equipment (purchases greater than \$750 and all rentals) – Please note, MyTruAdvantage may allow purchase of some rented medical equipment after a certain number of payments. Please contact Member Services for details.	In-Network: Durable Medical Equipment/Prosthetics/Orthotics (purchases greater than \$2,000 and all rentals exceeding \$150/month) – Please note, MyTruAdvantage may allow purchase of some rented medical equipment after a certain number of payments. Please contact Member Services for details.
Emergency Room	In-Network: You pay a \$140 copayment for emergency department services.	In-Network: You pay a \$120 copayment for emergency department services.
Fitness Benefit	In-Network & Out-of-Network: Fitness Benefit includes: No-cost, annual fitness center membership at a participating locations.	In-Network & Out-of-Network: Members have access to the Silver&Fit® Healthy Aging and Exercise program at no cost.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	<p>Members may also choose one Home Fitness Kit which will be mailed to the member at no additional cost. Available Home Fitness Kit options include:</p> <p>(1) Garmin® Wearable Activity Tracker, (2) Fitbit® Wearable Activity Tracker, (3) Beginner Swim Kit: includes goggles and a kickboard, (4) Advanced Swim Kit: includes aquatic resistance gloves and a pull float, (5) Beginner Yoga Kit: includes mat and hand towel, (6) Intermediate Yoga Kit: includes yoga strap and 2 yoga blocks, (7) Pilates Kit: includes ball and towel, (8) Walking/Trekking Kit: includes 2 walking poles, (9) Beginner Strength Kit: includes 2 lb. dumbbells, extra light exercise band, and light exercise band, (10) Intermediate Strength Kit: includes 3 lb. dumbbells, light exercise band, and medium exercise band, (11) Advanced Strength Kit: includes 5 lb. dumbbells, medium exercise band, and heavy exercise band.</p>	<p>Under this program, members can access no-cost annual fitness center membership. You may go to any Silver&Fit® fitness center, YMCA or exercise center near you that takes part in the Silver&Fit® program.</p> <p>In addition, members can choose 1 (one) Home Fitness Kit per benefit year at no cost. Options include: (1) Strength Kit (exercise band), (2) Toning Kit (Pilates ball), (3) Yoga Kit (yoga mat), (4) Self-Care Kit (foam roller), or (5) Walking Kit (pedometer), (6) Fitbit Wearable Fitness Tracker.</p> <p>Members can also access other Silver&Fit® program features including thousands of on-demand workout videos and fitness plans, virtual events, and specialized coaching sessions through the Well-Being Club.</p>
Fitting Evaluation for Hearing Aid	<p>In-Network:</p> <p>You pay a \$0 copayment for Fitting Evaluation for Hearing Aid.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for Fitting Evaluation for Hearing Aid.</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	Hearing aid purchase includes fitting and two follow-up visits within the first year of hearing aid purchase. Hearing aid fittings/evaluations must occur within the first year of hearing aid purchase in order to be covered.	Each hearing aid purchase includes one year of follow-up provider visits for fitting and adjustments. These visits are available for 12 months following hearing aid purchase and only with the purchase of a hearing aid.
Genetic Testing and Molecular Testing Services - Prior Authorization	Genetic Testing and Molecular Testing Services and treatments related to gender reassignment.	Select Genetic and Molecular Testing Services and Treatments related to gender reassignment.
Home Health Care - Prior Authorization	In-Network: Home Health Care – includes home infusion and associated medical equipment.	In-Network: Home Health Care (Visits exceeding 10 each annually: Physical Therapy, Occupational Therapy, and Skilled Nursing).
Inpatient Acute Medicare-covered stay	In-Network: For Medicare-covered stays: Days 1-6: you pay a \$335 copayment per day. Days 7-90: you pay a \$0 copayment per day.	In-Network: For Medicare-covered stays: Days 1-6: you pay a \$335 copayment per day. Days 7-90: you pay a \$0 copayment per day.
Inpatient Psychiatric Medicare-covered	In-Network: For Medicare-covered stays: Days 1-6: you pay a \$335 copayment per day. Days 7-90: you pay a \$0 copayment per day.	In-Network: For Medicare-covered stays: Days 1-6: you pay a \$335 copayment per day. Days 7-90: you pay a \$0 copayment per day.

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Lab Services	In-Network: You pay a \$10 copayment for Medicare-covered Lab Services. Prior Authorization applies to Genetic and Molecular Test.	In-Network: You pay a \$0 copayment for Medicare-covered Lab Services. Prior Authorization applies to Genetic and Molecular Test.
Meal Benefit	Meal Benefit is not covered.	In-Network: You pay a \$0 copayment for Meal Benefit. Post discharge meals benefit includes 2 meals a day for 14 days through Mom's Meals. Meal delivery permitted following a SNF and/or inpatient visit discharge. The benefit is available 14 days at a time and would not be permitted without a 30-day window between inpatient hospital/SNF stays.
Medical Supplies	In-Network: You pay a 20% coinsurance of the total amount for Medicare-covered Medical Supplies.	In-Network: You pay a 20% coinsurance of the total amount for this Medicare-covered Medical Supplies.
Medicare Part B Insulin Drug	In-Network: You pay a \$35 copayment for Medicare Part B Insulin Drug.	In-Network: You pay a \$35 copayment for Medicare Part B Insulin Drug.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Medicare Part B Rx Drugs	In-Network: You pay a 0% minimum coinsurance of the total amount for Medicare Part B Chemotherapy/Radiation Drugs. You pay a 20% maximum coinsurance of the total amount for Medicare Part B Chemotherapy/Radiation Drugs.	In-Network: You pay a 0% minimum coinsurance of the total amount for Medicare Part B Chemotherapy/Radiation Drugs. You pay a 20% maximum coinsurance of the total amount for Medicare Part B Chemotherapy/Radiation Drugs.
Mental Health Specialty Services Group Sessions	In-Network: You pay a \$30 copayment for Mental Health Specialty Services Medicare-covered Group Sessions.	In-Network: You pay a \$25 copayment for Mental Health Specialty Services Medicare-covered Group Sessions.
Mental Health Specialty Services Individual Sessions	In-Network: You pay a \$30 copayment for Mental Health Specialty Services Medicare-covered Individual Sessions.	In-Network: You pay a \$25 copayment for Mental Health Specialty Services Medicare-covered Individual Sessions.
Observation Services	In-Network: You pay a \$250 copayment for each Medicare-covered Observation Service.	In-Network: You pay a \$250 copayment for each Medicare-covered Observation Service.
Occupational Therapy Services	In-Network: You pay a \$35 copayment for Medicare-covered Occupational Therapy Services.	In-Network: You pay a \$35 copayment for Medicare-covered Occupational Therapy Services.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Oncology Services – Prior Authorization	Oncology Services – Chemotherapy and Radiation	Select Oncology Services – Chemotherapy and Radiation
Opioid Treatment Services	In-Network: You pay a \$0 copayment for Medicare-covered Opioid Treatment Services.	In-Network: You pay a \$0 copayment for Medicare-covered Opioid Treatment Services.
Other Health Care Professional Services	In-Network: You pay a \$30 copayment for Medicare-covered Other Health Care Professional Services.	In-Network: You pay a \$25 copayment for Medicare-covered Other Health Care Professional Services.
Other Medicare Part B Drugs	In-Network: You pay a 0% minimum coinsurance of the total amount for Other Medicare Part B Drugs. You pay a 20% maximum coinsurance of the total amount for Other Medicare Part B Drugs.	In-Network: You pay a 0% minimum coinsurance of the total amount for Other Medicare Part B Drugs. You pay a 20% maximum coinsurance of the total amount for Other Medicare Part B Drugs.
Outpatient Blood Services	In-Network: You pay a \$0 copayment for Medicare-covered Outpatient Blood Services.	In-Network: You pay a \$0 copayment for Medicare-covered Outpatient Blood Services.
Outpatient Hospital Services	In-Network: You pay a \$40 copayment for Medicare-covered outpatient services, such as hospital oncology visits. You pay a \$300 copayment for	In-Network: You pay a \$25 copayment for Medicare-covered outpatient services, such as hospital oncology visits. You pay a \$250 copayment

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	Medicare-covered outpatient surgery.	for Medicare-covered outpatient surgery.
Outpatient Substance Abuse Services Group Sessions	In-Network: You pay a \$25 copayment for Outpatient Substance Abuse Services Medicare-covered Group Sessions.	In-Network: You pay a \$25 copay for Outpatient Substance Abuse Services Medicare-covered Group Sessions.
Outpatient Substance Abuse Services Individual Sessions	In-Network: You pay a \$25 copayment for Outpatient Substance Abuse Services Medicare-covered Individual Sessions.	In-Network: You pay a \$25 copayment for Outpatient Substance Abuse Services Medicare-covered Individual Sessions.
Over the Counter (OTC) Benefit	Benefits for Over the Counter (OTC) use MyTruAdvantage Select Plus Identification card for the cost of OTC services . Over the Counter (OTC): \$100 quarterly allowance	Use your OTC benefit card administered by CVS to purchase eligible OTC items. Over the Counter (OTC): \$100 quarterly allowance
Part B Medications – Prior Authorization	In-Network: Part B Medications (includes specialty medication infusions) – Please refer to medication list at https://www.mytruadvantage.com/information-2025 for full listing	In-Network: Part B Medications (includes select specialty medication) – Please refer to medication list at https://www.mytruadvantage.com/information-2026 for full listing
Partial Hospitalization	In-Network: You pay a \$55 copayment for Medicare-covered Partial Hospitalization.	In-Network: You pay a \$55 copayment for Medicare-covered Partial Hospitalization.
Personal Emergency Response System (PERS)	Personal Emergency Response System (PERS) is not covered.	Personal Emergency Response System (PERS) you pay a \$0 copayment for one

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
		device. Personal Emergency Response System (PERS) is provided and monitored by Valued Relationships, Inc. (VRI).
Physical Therapy and Speech-Language Pathology Services	In-Network: You pay a \$35 copayment for Medicare-covered Physical Therapy and Speech-Language Pathology Services.	In-Network: You pay a \$15 copayment for Medicare-covered Physical Therapy and Speech-Language Pathology Services.
Physician Specialist Services	In-Network: You pay a \$30 copayment for Medicare-covered Physician Specialist Services.	In-Network: You pay a \$25 copayment for Medicare-covered Physician Specialist Services.
Podiatry Services	In-Network: You pay a \$40 copayment for Medicare-covered Podiatry Services.	In-Network: You pay a \$25 copayment for Medicare-covered Podiatry Services.
Prescription Hearing Aids	In-Network: You pay: Standard- copayment \$399 Advanced- copayment \$599 Premium- copayment \$899 for hearing aids.	In-Network: You pay: Standard- copayment \$399 Advanced- copayment \$599 Premium- copayment \$899 for hearing aids.
Preventive Dental - Dental X Rays	In-Network: You pay a \$0 copayment for Preventive Dental - Dental X Rays up to the annual allowance of \$2,560. Bitewing X-rays covered once	In-Network: You pay a \$0 copayment for Preventive Dental - Dental X Rays up to the annual allowance of \$2,500. Bitewing X-rays covered

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	per calendar year. Full mouth series (including bitewing X-rays) or panorex X-rays are covered once every five years.	once per calendar year. Full mouth series (including bitewing X-rays) or panorex X-rays are covered once every five years.
Preventive Dental - Fluoride Treatment	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Fluoride Treatment.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,560 for all services.</p>	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Fluoride Treatment.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,500 for all services.</p>
Preventive Dental - Oral Exams	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Oral Exams.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,560 for all services.</p>	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Oral Exams.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,500 for all services.</p>
Preventive Dental - Other Diagnostic Dental Services	<p>In-Network:</p> <p>You pay a 0% coinsurance of the total cost for all covered dental services.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual</p>	<p>In-Network:</p> <p>You pay a 0% coinsurance of the total cost for all covered dental services.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	allowance of \$2,560 for all services.	allowance of \$2,500 for all services.
Preventive Dental - Prophylaxis	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Prophylaxis.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,560 for all services.</p>	<p>In Network:</p> <p>You pay a 0% coinsurance of the total cost for Prophylaxis.</p> <p>All Delta Dental covered services for Preventive and Comprehensive have a \$0 copayment up to the annual allowance of \$2,500 for all services.</p>
Preventive Services	<p>In-Network:</p> <p>You pay a \$0 copayment for Medicare-covered Preventive Services.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for Medicare-covered Preventive Services.</p>
Primary Care Physician Services	<p>In-Network:</p> <p>You pay a \$0 copayment for Medicare-covered Primary Care Physician Services.</p>	<p>In-Network:</p> <p>You pay a \$0 copayment for Medicare-covered Primary Care Physician Services.</p>
Prosthetic Devices	<p>In-Network:</p> <p>You pay a 20% coinsurance of the total amount for Medicare-covered Prosthetic Devices.</p>	<p>In-Network:</p> <p>You pay a 20% coinsurance of the total amount for Medicare-covered Prosthetic Devices.</p>
Psychiatric Services - Group Sessions	<p>In-Network:</p> <p>You pay a \$30 copayment for Psychiatric Services Medicare-covered Group Sessions.</p>	<p>In-Network:</p> <p>You pay a \$25 copay for Psychiatric Services Medicare-covered Group Sessions.</p>

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Psychiatric Services - Individual Sessions	In-Network: You pay a \$30 copayment for Psychiatric Services Medicare-covered Individual Sessions.	In-Network: You pay a \$25 copayment for Psychiatric Services Medicare-covered Individual Sessions.
Pulmonary Rehabilitation Services	In-Network: You pay a \$30 copayment per Medicare-covered pulmonary rehabilitation services.	In-Network: You pay a \$25 copayment per Medicare-covered pulmonary rehabilitation services.
SET Services	In-Network: You pay a \$30 copayment for Medicare-covered SET Services.	In-Network: You pay a \$25 copayment for Medicare-covered SET Services.
Skilled Nursing Facility (SNF)	In-Network: For Medicare-covered stays: Days 1-20: you pay a \$0 copayment per day. Days 21-100: you pay a \$214 copayment per day.	In-Network: For Medicare-covered stays: Days 1-20: you pay a \$0 copayment per day. Days 21-100: you pay a \$218 copayment per day.
Therapeutic Radiological Services	In-Network: You pay a \$40 copayment for Medicare-covered Therapeutic Radiological Services.	In-Network: You pay a \$40 copayment for Medicare-covered Therapeutic Radiological Services.
Three (3) pints deductible waived	In-Network: You pay a \$0 copayment for Outpatient Blood Services. There is no deductible for the first three pints of blood	In-Network: You pay a \$0 copayment for Outpatient Blood Services. There is no deductible for the first three pints of blood

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
Transplant Evaluations and Procedures – Prior Authorization	In-Network: Transplant Evaluations and Procedures	In-Network: Transplant Services – Including Organ, Cell & Gene Therapy Services, Ventricular Assist Devices
Urgent Care	In-Network: You pay a \$30 copayment for Urgent Care.	In-Network: You pay a \$30 copayment for Urgent Care.
Vision	In-Network: \$250 total annual allowance MyTruCard Vision Benefit Card for eye exams, eyeglasses (frames / lenses) eyeglass lenses, eyeglass frames or contacts.	In-Network: \$300 total annual allowance for qualified eyewear including: eyeglasses (frames / lenses), eyeglass lenses, eyeglass frames or contacts and use your MyTruAdvantage Identification card for services provided by EyeMed. You pay a \$0 copayment for routine eye exam. Routine eye exam and eyewear must be provided by an EyeMed “Insight” Provider.
Worldwide Emergency/Urgent Coverage	In-Network: You pay a \$90 copayment for Worldwide Emergency Coverage. You pay a \$25 copayment for Worldwide Urgent Coverage. You pay a \$260 copayment for Worldwide Emergency Transportation - ground ambulance services.	In-Network: You pay a \$120 copayment for Worldwide Emergency Coverage. You pay a \$30 copayment for Worldwide Urgent Coverage. You pay a \$260 copayment for Worldwide Emergency Transportation - ground ambulance services.

	2025 MyTruAdvantage Select Plus (HMO) (this year)	2026 MyTruAdvantage Select (HMO) (next year)
	You pay a \$325 copayment for Worldwide Emergency Transportation - air ambulance services. Maximum Plan Benefit Worldwide Emergency/Urgent Coverage amount = \$50,000	You pay a \$325 copayment for Worldwide Emergency Transportation - air ambulance services. Maximum Plan Benefit Worldwide Emergency/Urgent Coverage amount = \$100,000
X-Ray	In-Network: You pay \$25 copayment for each Medicare-covered basic imaging service (x-ray).	In-Network: You pay \$25 copayment for each Medicare-covered basic imaging service (x-ray).

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. **You can get the complete Drug List** by calling Member Services at 1-844-425-4280 (TTY users call 711) or visiting our website at <https://client.formularynavigator.com/Search.aspx?siteCode=3933073133>.

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 Member Services at 1-844-425-4280 (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, 2025, call Member Services at 1-844-425-4280 (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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier), except for covered insulin products and most adult Part D vaccines until you've reached the yearly deductible of \$200.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **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	<p>The deductible is \$200 for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier).</p> <p>During this stage, you pay:</p> <p>Tier 1 (Preferred Generic): Standard Cost Sharing: You pay \$6 per prescription. Preferred Cost Sharing: You pay \$0 per prescription.</p> <p>Tier 2 (Generic): Standard Cost Sharing: You pay \$15 per prescription. Preferred Cost Sharing: You pay \$5 per prescription.</p> <p>Tier 6 (Select Care Drugs): Standard Cost Sharing: You pay \$0 per prescription. Preferred Cost Sharing:</p>	<p>The deductible is \$200 for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier).</p> <p>During this stage, you pay:</p> <p>Tier 1 (Preferred Generic): Standard Cost Sharing: You pay \$0 per prescription. Preferred Cost Sharing: You pay \$0 per prescription.</p> <p>Tier 2 (Generic): Standard Cost Sharing: You pay \$0 per prescription. Preferred Cost Sharing: You pay \$0 per prescription.</p> <p>Tier 6 (Select Care Drugs): Standard Cost Sharing: You pay \$0 per prescription. Preferred Cost Sharing:</p>

	2025 (this year)	2026 (next year)
	<p>You pay \$0 per prescription.</p> <p>During this stage you pay the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>	<p>You pay \$0 per prescription.</p> <p>During this stage you pay the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Brand), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>

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):	<p><i>Standard Cost Sharing:</i> You pay \$6 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 2.</p>	<p><i>Standard Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i></p>

	2025 (this year)	2026 (next year)
	<p><i>Preferred Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 2.</p> <p><i>Mail-Order Prescription:</i> You pay \$2 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 2.</p>	<p>You pay \$0 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> You pay \$0 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$2 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> You pay \$2 per prescription.</p>
Tier 2 (Generic):	<p><i>Standard Cost Sharing:</i> You pay \$15 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> You pay \$15 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$5 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> You pay \$5 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$8 per prescription.</p>	<p><i>Standard Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 1.</p> <p><i>Preferred Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 1.</p> <p><i>Mail-Order Prescription:</i> You pay \$8 per prescription.</p>

	2025 (this year)	2026 (next year)
	<i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> You pay \$8 per prescription.	<i>Enhanced Benefit (Erectile Dysfunction Generic Drug)</i> Moved to Tier 1.
Tier 3 (Preferred Brand):	<p><i>Standard Cost Sharing:</i> You pay \$47 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$41 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$47 per prescription.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard Cost Sharing:</i> You pay \$47 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$41 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$47 per prescription.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>
Tier 4 (Non-Preferred Drug):	<p><i>Standard Cost Sharing:</i> You pay 29% of the total cost.</p> <p><i>Preferred Cost Sharing:</i> You pay 29% of the total cost.</p> <p><i>Mail-Order Prescription:</i> You pay 29% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard Cost Sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred Cost Sharing:</i> You pay 33% of the total cost.</p> <p><i>Mail-Order Prescription:</i> You pay 33% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>

	2025 (this year)	2026 (next year)
Tier 5 (Specialty Tier):	<p><i>Standard Cost Sharing:</i> You pay 30% of the total cost.</p> <p><i>Preferred Cost Sharing:</i> You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Standard Cost Sharing:</i> You pay 30% of the total cost.</p> <p><i>Preferred Cost Sharing:</i> You pay 30% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>
Tier 6 (Select Care Drugs):	<p><i>Standard Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$0 per prescription.</p>	<p><i>Standard Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred Cost Sharing:</i> You pay \$0 per prescription.</p> <p><i>Mail-Order Prescription:</i> You pay \$0 per prescription.</p>

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.

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)
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.	<p>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.</p> <p>To learn more about this payment option, call us at 1-844-425-4280 (TTY users call 711) or visit www.Medicare.gov</p>
MyTruAdvantage Select (HMO)	Contract number H6529.002	Contract number H6529.004
Updated Plan Service Area	Our service area includes these counties in Indiana: Bartholomew, Brown, Clay, Hamilton, Hancock, Howard, Jackson, Jennings, Johnson, Madison, Marion, Parke, Pike, Posey, Sullivan, Vanderburgh, Vermillion, Vigo, and Warrick.	Our service area includes these counties in Indiana: Bartholomew, Brown, Clay, Decatur, Dubois, Gibson, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jennings, Johnson, Madison, Marion, Parke, Perry, Pike, Posey, Shelby, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, and Warrick

SECTION 3 How to Change Plans

To stay in MyTruAdvantage Select (HMO) 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 MyTruAdvantage Select (HMO).

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 MyTruAdvantage Select (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MyTruAdvantage Select (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-844-425-4280 (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 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, MyTruAdvantage Select (HMO) 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, 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).** Indiana has a program called HoosierRx 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 Indiana State Department of Health HIV/STD Viral Hepatitis Division. 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 1-866-588-4948. 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 1-844-425-4280 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from MyTruAdvantage Select (HMO)

- **Call Member Services at 1-844-425-4280. (TTY users call 711.)**

We're available for phone calls. Calls to these numbers are free.

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.
- **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 MyTruAdvantage

Select (HMO). 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 <https://www.MyTruAdvantage.com/information-2026> or call Member Services at 1-844-425-4280 (TTY users call 711) to ask us to mail you a copy.

- Visit <https://www.MyTruAdvantage.com/information-2026>.

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

Call Indiana 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 Indiana State Health Insurance Assistance Program at 1-800-452-4800. Learn more about Indiana State Health Insurance Assistance Program by visiting <https://www.indianaship.com>.

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.

Notice of Nondiscrimination and Language Assistance Services

MyTruAdvantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MyTruAdvantage does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

MyTruAdvantage provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

MyTruAdvantage provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact MyTruAdvantage Member Services by calling 1.844.425.4280 (TTY users call x711). Hours are 8:00 a.m. - 8:00 p.m., local time, 7 days a week. On Thanksgiving and Christmas Day, and weekends and holidays from April 1 through September 30 alternate technologies (for example, voicemail) will be used and we will return your call within one (1) business day.

To file a civil rights grievance

If you believe that MyTruAdvantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

MyTruAdvantage
Attention: Compliance Officer
P.O. Box 428
Columbus, IN 47202
Toll free: 1.844.372.8392
(TTY users call x711) Fax: 855.633.7673
compliance@mytruadvantage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MyTruAdvantage Member Services and the Compliance Officer are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Phone: 1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-425-4280 (TTY: 711) for or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-425-4280 (TTY: 711) o hable con su proveedor.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-425-4280 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 (Chinese-Simplified)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-425-4280（文本电话：711）或咨询您的服务提供商。

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-425-4280 (TTY: 711) или обратитесь к своему поставщику услуг.

한국어 (Korean)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-425-4280 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-425-4280（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

(Arabic) العربية

انية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات
بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-425-844-1 (711) أو تحدث إلى مقدم الخدمة.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-425-4280 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Pennsylvanisch Deitsch (Pennsylvania Dutch)

Uffgepasst: Wann Sie Pennsylvaanisch Deitsch schwetze, sinn freie Schprooch Hilfe-Services fer Sie do. B passende Hilfsmiddel un Services fer Information in leicht grickliche Wege gewwe sinn aa frei. Ruf 1-844-425-4280 (TTY: 711) fer oder schwetz zu deem Dokter.

Nederlands (Dutch)

Aandacht: Als u Nederlands spreekt, zijn er gratis taalassistentiediensten voor u beschikbaar. Passende hulpmiddelen en diensten voor informatie in toegankelijke formaten zijn ook gratis. Bel 1-844-425-4280 (TTY: 711) of spreek met uw zorgaanbieder.

ဂရူစိုက်ပါ (Burmese)

သင်သည် အင်္ဂလိပ်စကား ပြောနိုင်ပါက အခမဲ့ဘာသာစကားကူညီမှု ဝန်ဆောင်မှုများ ရရှိနိုင်ပါသည်။
အသေးစိတ်အချက်အလက်များကို စီစဉ်ရင်း ဝင်ရောက်သုံးစွဲနိုင်သော ဖော်မတ်များအား
ပေးစွပ်စနစ်များနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ရရှိနိုင်ပါသည်။ ၁-၈၀၀-၃၃၀-၂၇၃၂ ကို ဖုန်းခေါ်ပါ
(TTY: 711) သို့မဟုတ် သင်၏ ပေးသူနှင့် ပြောပါ

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-425-4280 (TTY : 711) ou parlez à votre fournisseur.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-425-4280 (TTY: 711) o makipag-usap sa iyong provider.

हिंदी (Hindi)

ज्ञान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निः शुल्क उपलब्ध हैं। 1-844-425-4280 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-844-425-4280 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.