CoxHealth Medicare Advantage (*HMO*) offered by *Cox HealthPlans*

Annual Notice of Change for 2027

You're enrolled as a member of *CoxHealth Medicare Advantage*.

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 *CoxHealth Medicare Advantage*.
- 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*. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- Call Customer Services at *1(855)752-3796* (TTY users call *711*) for more information. Hours are *8am to 8pm 7 days a week from October 1 through March 31, and 8am to 8pm Monday through Friday April 1 through September 30*. This call is free.
- *Alternate formats (e.g., braille, large print, audio) are available upon request.*

About *CoxHealth Medicare Advantage*

- *CoxHealth Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare Advantage depends on contract renewal.*
- When this material says "we," "us," or "our," it means *Cox HealthPlans*. When it says "plan" or "our plan," it means *CoxHealth Medicare Advantage*.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in *CoxHealth Medicare Advantage*.** Starting January 1, 2027, you'll get your medical and drug coverage through *CoxHealth Medicare Advantage*. Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	*$0*	***$0***
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	*$3,000*	***$3,600***
Primary care office visits	*$0* per visit	***$0* per visit**
Specialist office visits	*$40* per visit	***$40* 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.	*$295 copayment per day, per stay: days 1-6.* *$0 copay per day, per stay: Days 7 to 90.* *Benefit applies to each admission.*	***$295 copayment per day, per stay: days 1-6.*** ***$0 copay per day, per stay: Days 7 to 90.*** ***Benefit applies to each admission.***
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible *$0*	**Part D drug coverage deductible** ***$350*** ***For tiers 3-5* except for covered insulin products**

	2026 (this year)	2027 (next year)
		and most adult Part D vaccines
	Copayment/Coinsurance during the Initial Coverage Stage: **Preferred Pharmacy 30-day Supply:** • Drug Tier 1: $0 copay • Drug Tier 2: $10 copay • Drug Tier 3: $47 copay, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 copay, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 30% coinsurance • Drug Tier 6: $0 copay, you pay $0 per month supply of each covered insulin product on this tier. **Standard Cost Share Pharmacy 30-day Supply:**	***Copayment/Coinsurance* during the Initial Coverage Stage:** **Preferred Pharmacy 30-day Supply:** • Drug Tier 1: $0 copay • Drug Tier 2: $10 copay, you pay no more than $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 23% coinsurance, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 25% coinsurance, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 29% coinsurance

	2026 (this year)	2027 (next year)
	• Drug Tier 1: $5 copay • Drug Tier 2: $15 copay • Drug Tier 3: $47 copay, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: $100 copay, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 30% coinsurance • Drug Tier 6: $0 copay, you pay $0 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: *During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.*	**Standard Cost Share Pharmacy 30-day Supply:** • Drug Tier 1: $5 copay • Drug Tier 2: $15 copay, you pay no more than $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 23% coinsurance, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 25% coinsurance, you pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 29% coinsurance **Catastrophic Coverage Stage:** ***During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.***

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.)	$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 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.

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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$3,000	***$3,600*** **Once you've paid $3,600 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

There are no changes to our network of providers for next year.

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 Services at *1(855)752-3796* (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 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.

There are no changes to our network of pharmacies for next year.

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 Services at *1(855)752-3796* (TTY users call *711*) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	*The lesser of $295 copay or 20% coinsurance for each Medicare-covered outpatient surgery.*	*$395 copay for each Medicare-covered outpatient surgery.*
Outpatient Hospital Observation	*The lesser of $295 copay or 20% coinsurance per day for Medicare-covered outpatient hospital observation services.*	*$395 copay for Medicare-covered outpatient hospital observation services.*
Skilled Nursing Facility	*$0 days 1-20, $160 days 21-100*	***$20 days 1-20, $221 days 21-100***

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.CoxHealthMedicareAdvantage.com*.

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 Services at *1(855)752-3796* (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 have included 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 didn't get this material with this packet, call Customer Services at *1(855)752-3796* (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, tier 4, and tier 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	*$0*	***$350*** **During this stage, you pay *the copayment as* cost sharing for drugs on *tiers 1 and 2* and the full cost of drugs on *tier 3, 4, and 5* until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on *tier 3 and 4*, 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.

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 $*2,400* 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)
Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $*5.* *Preferred cost sharing:* You pay $*0.*	***Standard cost sharing:*** **You pay $*5.*** ***Preferred cost sharing:*** **You pay $*0.***

Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $*15.* *Preferred cost sharing:* You pay $*10.*	***Standard cost sharing:*** **You pay $*15.*** **You pay no more than $35 per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:*** **You pay $*10.*** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Preferred Brand: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $*47.* You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* You pay $*47.* You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing:*** **You pay 23% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:*** **You pay 23% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Non-Preferred Drug: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $*100.* *Preferred cost sharing:* You pay $100.	***Standard cost sharing:*** **You pay 25% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**

		Preferred cost sharing: **You pay 25% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Specialty: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay 30% of the total cost. *Preferred cost sharing:* You pay 30% of the total cost.	***Standard cost sharing:*** **You pay 29% of the total cost.** ***Preferred cost sharing:*** **You pay 29% of the total cost.**
Select Diabetic Drugs: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $0. *Preferred cost sharing:* You pay $0.	**This tier is removed for 2027. Diabetic drugs are moved to tiers 2-4.**

SECTION 2 How to Change Plans

To stay in *CoxHealth Medicare Advantage*, 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 *CoxHealth Medicare Advantage.*

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 *CoxHealth Medicare Advantage*. 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 *CoxHealth Medicare Advantage.*

- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Services at *1(855)752-3796* (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*).
- **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 *4*), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 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 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.

- **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(855)752-3796* (TTY users call *711*) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from *CoxHealth Medicare Advantage*

- **Call Customer Services at *1(855)752-3796* . (TTY users call *711*.)**

  We're available for phone calls *8am to 8pm 7 days a week from October 1 through March 31, and 8am to 8pm Monday through Friday April 1 through September 30. Calls to these numbers are free. Note: you can opt out of CoxHealth Medicare Advantage phone calls by contacting Customer Service.*

- **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 *CoxHealth Medicare Advantage.* The *Evidence of Coverage* is the legal, detailed description of our plan

benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *www.CoxHealthMedicareAdvantage.com* or call Customer Services at *1(855)752-3796* (TTY users call *711*) to ask us to mail you a copy. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit *www.CoxHealthMedicareAdvantage.com***

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

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In *Missouri*, the SHIP is called *Community Leaders Assisting the Insured of Missouri (CLAIM)*.

Call *CLAIM* to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *Claim at 1(800)390-3330. Learn more about CLAIM by visiting www.MissouriClaim.org.*

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.