Network Health Choice (PPO) offered by Network Health Insurance Corporation

Annual Notice of Change for 2026

You're enrolled as a member of Network Health Choice (PPO).

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 Network Health Choice.
- To change to a **different plan**, visit 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 printed copy at networkhealth.com/medicare/plan-materials or call member experience at 800-378-5234 (TTY users call 711) to get a copy by mail.

More Resources

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 5 of this document).
- Our plan must provide the *Notice of Availability of Language Assistance Services and Auxiliary Aids and Services* in English and the most commonly spoken languages by people with limited English proficiency. The notice is located at the end of Section 5 of this document.
- Call our member experience team at 800-378-5234 (TTY users call 711) for more information. Hours are Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2025 through March 31, 2026, we're available every day from 8 a.m. to 8 p.m. This call is free.
- This information is available for free in other formats.

About Network Health Choice

- Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
- When this document says "we," "us" or "our," it means Network Health Insurance Corporation. When it says "plan" or "our plan," it means Network Health Choice.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Network Health Choice.** Starting January 1, 2026, you'll get your medical and drug coverage through Network Health Choice. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amounts This is the most you'll pay out-of-pocket for your covered Part A and Part B services. (Go to Section 1.2 for details)	**From in-network providers:** $4,000 **From in-network and out-of-network providers combined:** $4,000	**From in-network providers:** **$4,700** **From in-network and out-of-network providers combined:** **$4,700**
Primary care office visits	**In- and Out-of-Network** $0 copayment per visit	**In- and Out-of-Network** **$0 copayment per visit**
Specialist office visits	**In- and Out-of-Network** $45 copayment per visit	**In- and Out-of-Network** **$50 copayment 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. The day before you're discharged is your last inpatient day.	**In- and Out-of-Network** $315 copayment for Medicare-covered inpatient hospital stays for days 1 - 7 $0 copayment per day for days 8 - 90	**In- and Out-of-Network** **$315 copayment for Medicare-covered inpatient hospital stays for days 1 - 7** **$0 copayment per day for days 8 - 90**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$300 except for covered insulin products and most adult Part D vaccines	**$300** **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	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 at a preferred pharmacy and $7 at a standard pharmacy. • Drug Tier 2:	**Copayment/Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: $1 at a preferred pharmacy and $8 at a standard pharmacy.**

	2025 (this year)	2026 (next year)
Catastrophic Coverage Stages.)	$8 at a preferred pharmacy and $15 at a standard pharmacy. • Drug Tier 3: 23% at a preferred pharmacy. and 24% at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 49% at a preferred pharmacy and 49% at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 29% at a preferred pharmacy and 29% at a standard pharmacy. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.	• **Drug Tier 2:** **$8 at a preferred pharmacy and $17 at a standard pharmacy.** • **Drug Tier 3:** **23% at a preferred pharmacy and** **25% at a standard pharmacy.** **You pay the lesser of 23% of the total cost or $35 per month supply of each covered insulin product on this tier at a preferred pharmacy. You pay the lesser of 25% of the total cost or $35 per month supply of each covered insulin product on this tier at a standard pharmacy.** • **Drug Tier 4:** **28% at a preferred pharmacy and 28% at a standard pharmacy. You pay the lesser of 25% of the total cost or $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 5:** **29% at a preferred pharmacy and** **29% at a standard pharmacy.** **Catastrophic Coverage Stage:** • **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits and 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.)	$0	**$0**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$19	**$24**

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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,000 Once you've paid $4,000 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	**$4,700** **Once you've paid $4,700 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.**

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$4,000 Once you've paid $4,000 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	**$4,700** **Once you've paid $4,700 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* networkhealth.com/find-a-doctor 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 networkhealth.com.
- Call our member experience team at 800-378-5234 (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 our member experience team at 800-378-5234 (TTY users call 711) for help.

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 in-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 in-network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* networkhealth.com/find-a-pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at networkhealth.com/find-a-pharmacy.
- Call our member experience team at 800-378-5234 (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 our member experience team at 800-378-5234 (TTY users call 711) for help.

Section 1.5 Changes to Benefits and Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered acupuncture treatment.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered acupuncture treatment.**
Chiropractic services	**In- and Out-of-Network** You pay a $20 copayment for each Medicare-covered chiropractic visit.	**In- and Out-of-Network** **You pay a $15 copayment for each Medicare-covered chiropractic visit.**
Dental services	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered dental service.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered dental service.**
Emergency care	**In- and Out-of-Network** You pay a $125 copayment for each Medicare-covered emergency room visit within the United States and its territories. You pay a $125 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.	**In- and Out-of-Network** **You pay a $130 copayment for each Medicare-covered emergency room visit within the United States and its territories.** **You pay a $130 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.**
Hearing services	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered hearing exam.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered hearing exam.**
Inpatient Stay: Covered services received in a hospital or skilled nursing facility during a non-covered inpatient stay	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered specialist visit. You pay a $40 copayment for each Medicare-covered physical	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered specialist visit.** **You pay a $50 copayment for each Medicare-covered physical**

	2025 (this year)	2026 (next year)
	therapy and speech therapy visit. You pay a $40 copayment for each Medicare-covered occupational therapy visit.	**therapy and speech therapy visit.** **You pay a $50 copayment for each Medicare-covered occupational therapy visit.**
Opioid treatment program services	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered opioid treatment program service.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered opioid treatment program service.**
Outpatient hospital services	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered partial hospitalization service. You pay a $0 to $300 copayment for each Medicare-covered outpatient hospital visit.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered partial hospitalization service.** **You pay a $300 copayment for each Medicare-covered outpatient hospital visit.**
Outpatient mental health care	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered outpatient mental health individual or group therapy visit.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered outpatient mental health individual or group therapy visit.**
Outpatient rehabilitation services	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered physical therapy and speech and language therapy visit. You pay a $40 copayment for each Medicare-covered occupational therapy visit.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered physical therapy and speech and language therapy visit.** **You pay a $50 copayment for each Medicare-covered occupational therapy visit.**
Outpatient substance abuse services	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered individual or group therapy substance abuse visit.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered individual or group therapy substance abuse visit.**

	2025 (this year)	2026 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	**In- and Out-of-Network** You pay a $0 to $200 copayment for each Medicare-covered ambulatory surgical center visit. You pay a $0 to $300 copayment for each Medicare-covered outpatient hospital visit.	**In- and Out-of- Network** **You pay a $200 copayment for each Medicare-covered ambulatory surgical center visit.** **You pay a $300 copayment for each Medicare-covered outpatient hospital visit.**
Over-the-counter (OTC) catalog	**In-Network** You pay 0% of the cost of qualified OTC items, up to the $25 quarterly maximum. **Out-of-Network** OTC items must be ordered from the plan's approved service. We do not reimburse for OTC items purchased from retail stores or other mail order services.	**In-Network** **You pay 0% of the cost of qualified OTC items, up to the $40 quarterly maximum.** **Out-of-Network** **OTC items must be ordered from the plan's approved service. We do not reimburse for OTC items purchased from retail stores or other mail order services.**
Partial hospitalization and intensive outpatient services	**In- and Out-of-Network** You pay a $45 copayment for each Medicare-covered partial hospitalization services.	**In- and Out-of-Network** **You pay a $50 copayment for each Medicare-covered partial hospitalization services.**
Physician/Practitioner services, including doctor's office visits	**In- and Out-of-Network** You pay a $0 copayment for each Medicare-covered PCP office or telehealth visit. You pay a $45 copayment for each Medicare-covered specialist office or telehealth visit. You pay a $45 copayment for each Medicare-covered hearing exam. You pay a $45 copayment for each Medicare-covered dental service. You pay a $40 copayment for each Medicare-covered outpatient mental health individual or group therapy visit.	**In- and Out-of-Network** **You pay a $0 copayment for each Medicare-covered PCP office or telehealth visit.** **You pay a $50 copayment for each Medicare-covered specialist office or telehealth visit.** **You pay a $50 copayment for each Medicare-covered hearing exam.** **You pay a $50 copayment for each Medicare-covered dental service.** **You pay a $50 copayment for each Medicare-covered outpatient mental health**

	2025 (this year)	2026 (next year)
	\$0 for remote patient monitor set up and ongoing monitoring.	**individual or group therapy visit.** **\$0 for remote patient monitor set up and ongoing monitoring.**
Podiatry services	**In- and Out-of-Network** You pay a \$45 copayment for each Medicare-covered podiatry visit.	**In- and Out-of-Network** **You pay a \$50 copayment for each Medicare-covered podiatry visit.**
Skilled nursing facility (SNF)	Per Admission In- and Out-of-Network You pay a copayment of \$0 for Medicare-covered hospital stays for days 1-20. You pay a copayment of \$214 for Medicare-covered hospital stays for days 21-45. You pay a copayment of \$0 for Medicare-covered hospital stays for days 46-100.	**Per Admission** **In- and Out-of-Network** **You pay a copayment of \$0 for Medicare-covered hospital stays for days 1-20.** **You pay a copayment of \$218. for Medicare-covered hospital stays for days 21-45.** **You pay a copayment of \$0 for Medicare-covered hospital stays for days 46-100.**
Urgently needed services	**In-Network** You pay a \$45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories. You pay a \$125 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.	**In-Network** **You pay a \$50 copayment for each Medicare-covered urgently needed care visit in the United States and its territories.** **You pay a \$130 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.**
Vision Care	**In- and Out-of-Network** You pay a \$0 copayment for each Medicare-covered preventive glaucoma test. You pay a \$45 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.	**In- and Out-of-Network** **You pay a \$0 copayment for each Medicare-covered preventive glaucoma test.** **You pay a \$50 copayment for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.**

	2025 (this year)	2026 (next year)
	You pay a $0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.	**You pay a $0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.**

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 our member experience team at 800-378-5234 (TTY users call 711) or visiting our website at networkhealth.com/look-up-medications.

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 our member experience team at 800-378-5234 (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 about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call our member experience team at 800-378-5234 (TTY users call 711) and ask for the *LIS Rider*.

Drug payment stages

There are three **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 Tier 2-5 drugs until you reach 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 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

This table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	$300 During this stage, you pay $2 at a preferred pharmacy and $7 at a standard pharmacy for drugs on Tier 1, and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.	**$300** **During this stage, you pay $1 at a preferred pharmacy and $8 at a standard pharmacy for drugs on Tier 1, and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at an in-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 an in-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: 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 $7 per prescription at retail. Your cost for a one-month mail-order prescription is $7. *Preferred cost sharing*: You pay $2 per prescription at retail. Your cost for a one-month mail-order prescription is $2	***Standard cost sharing*: You pay $8 per prescription at retail. Your cost for a one-month mail-order prescription is $8.** ***Preferred cost sharing*: You pay $1 per prescription at retail. Your cost for a one-month mail-order prescription is $1.**
Tier 2 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 per prescription at retail. Your cost for a one-month mail-order prescription is $15. *Preferred cost sharing*: You pay $8 per prescription at retail. Your cost for a one-month mail-order prescription is $8.	***Standard cost sharing*: You pay $17 per prescription at retail. Your cost for a one-month mail-order prescription is $17.** ***Preferred cost sharing*: You pay $8 per prescription at retail. Your cost for a one-month mail-order prescription is $8.**
Tier 3 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 24% of the total cost at retail. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 24% *Preferred cost sharing*: You pay 23% of the total cost at retail. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 23%.	**S*tandard cost sharing*: You pay 25% of the total cost at retail. You pay the lesser of 25% of the total cost or $35 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is 25%.** ***Preferred cost sharing*: You pay 23% of the total cost at retail. You pay the lesser of 23% of the total cost or $35 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is 23%.**
Tier 4 Non-Preferred Drug:	*Standard cost sharing*: You pay 49% of the total cost at retail.	***Standard cost sharing*: You pay 28% of the total cost at**

	2025 (this year)	2026 (next year)
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.	You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 49%. *Preferred cost sharing*: You pay 49% of the total cost at retail. You pay $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 49%.	**retail. You pay the lesser of 25% of the total cost or $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 28%.** ***Preferred cost sharing*: You pay 28% of the total cost at retail. You pay the lesser of 25% of the total cost or $35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 28%.**
Tier 5 Specialty 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 29% of the total cost at retail. Your cost for a one-month mail-order prescription is 29%. *Preferred cost sharing*: You pay 29% of the total cost at retail. Your cost for a one-month mail-order prescription is 29%.	***Standard cost sharing*: You pay 29% of the total cost at retail. Your cost for a one-month mail-order prescription is 29%.** ***Preferred cost sharing*: You pay 29% of the total cost at retail. Your cost for a one-month mail-order prescription is 29%.**

Changes to the Catastrophic Coverage Stage

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	2026
Plan service area	Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan,	**Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Portage,**

	2025	2026
	Waupaca, Waushara and Winnebago	**Shawano, Sheboygan, Waupaca, Waushara and Winnebago**
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.	**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.** **To learn more about this payment option, call us at 866-845-1803 (TTY users call 800-716-3231) or visit Medicare.gov.**

SECTION 3 How to Change Plans

To stay in Network Health Choice, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Network Health Choice.

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 automatically be disenrolled from Network Health Choice.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll automatically be disenrolled from Network Health Choice.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call our member experience team at 800-378-5234 (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 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 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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, Network Health Insurance Corporation offers other Medicare health plans. These other plans may differ in coverage, monthly 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 can 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 two full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can 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 percent 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, seven 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).** Wisconsin has a program called Wisconsin SeniorCare 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 Wisconsin AIDS/HIV 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 608-261-6952, 608-267-6875 or 800-991-5532. 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. To learn more about this payment option, call us at 866-845-1803 (TTY users should call 800-716-3231) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Network Health Choice

- **Call our member experience team at 800-378-5234 (TTY users call 711).**

  We're available for phone calls Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2025 through March 31, 2026, we are available every day from 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Network Health Choice. 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 networkhealth.com/medicare/plan-materials. Or call our member experience team at 800-378-5234 (TTY users call 711) to ask us to mail you a copy.

- **Visit networkhealth.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 Wisconsin, the SHIP is called Wisconsin SHIP.

Call Wisconsin SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Wisconsin SHIP at 1-800-242-1060. Learn more about Wisconsin SHIP by visiting dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm.

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

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network Health 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:

Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY users should call 711)
Email: compliance@networkhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is 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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, 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
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: 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 800-378-5234 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. اتصل مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو تحدث إلى مقدم الخدمة.(711) 800-378-5234 على الرقم

Chinese: 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 800-378-5234（文本电话：711）或咨询您的服务提供商。

French: 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 800-378-5234 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-378-5234 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 800-378-5234 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: 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 800-378-5234 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: 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 800-378-5234 (TTY : 711) o hable con su proveedor.

Tagalog: 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 800-378-5234 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: 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 800-378-5234 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.