Peak Advantage Vista (PPO) offered by Peak Health

Annual Notice of Change for 2026

You're enrolled as a member of Peak Advantage Vista (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 Peak Advantage Vista (PPO).
- 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 medicare.peakhealth.org or call Member Services at 1-855-962-7325 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-855-962-7325 (TTY users call 711). Hours are 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday. This call is free.
- This document may be available in other formats such as braille, large print or other alternate formats.

About Peak Advantage Vista (PPO)

- Peak Advantage Vista (PPO) is a PPO plan with a Medicare contract. Enrollment in Peak Health depends on contract renewal.
- When this material says "we," "us," or "our," it means Peak Health. When it says "plan" or "our plan," it means Peak Advantage Vista (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Peak Advantage Vista (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through Peak Advantage Vista (PPO). 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 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: $7,250 From network and out-of-network providers combined: $10,750	**From network providers: $7,000** **From network and out-of-network providers combined: $10,500**
Primary care office visits	**In-Network:** $0 per visit. **Out-of-Network:** 35% of the total cost.	**In-Network:** **$0 per visit.** **Out-of-Network:** **35% of the total cost.**
Specialist office visits	**In-Network:** $25 per visit. **Out-of-Network:** 35% of the total cost.	**In-Network:** **$25 per visit.** **Out-of-Network:** **$35 copay.**
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-Network:** Medicare covers the first 2 days of your hospital stay. During this period, there is a $0 copay. If you stay in the hospital longer than 2 days, you pay a $225 copay per day for days 1-3 and a $0 copay for days 4-90. Our plan provides a maximum of 60 Lifetime Reserve days. You pay a	**In-Network:** **$615 copay per hospital stay of up to 90 days.** **Our plan provides a maximum of 60 Lifetime Reserve days. You pay a $800 copay per day for days 1-60.** **Out-of-Network:** **35% of the total cost.**

	2025 (this year)	2026 (next year)
Inpatient hospital stays (continued)	$800 copay per day for days 1-60. **Out-of-Network:** 35% of the total cost.	
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0	**$0**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1:** $15 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply) • **Drug Tier 2:** $20 per prescription (*Standard cost-sharing* 30-day supply) $4 per prescription (*Preferred cost-sharing* 30-day supply)	**Copayment/ Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: $15 per prescription (*Standard cost-sharing* 30-day supply)** **$0 per prescription (*Preferred cost-sharing* 30-day supply)** • **Drug Tier 2: $20 per prescription (*Standard cost-sharing* 30-day supply)** **$4 per prescription (*Preferred cost-sharing* 30-day supply)**

	2025 (this year)	2026 (next year)
Part D drug coverage (continued)	• **Drug Tier 3:** $47 per prescription (*Standard cost-sharing* 30-day supply) $42 per prescription (*Preferred cost-sharing* 30-day supply) You pay $35 per month supply of each covered insulin product on this tier	• **Drug Tier 3: $47 per prescription (*Standard cost-sharing* 30-day supply)** **$42 per prescription (*Preferred cost-sharing* 30-day supply)** **You pay $35 per month supply of each covered insulin product on this tier**
	• **Drug Tier 4:** $100 per prescription (*Standard cost-sharing* 30-day supply) $95 per prescription (*Preferred cost-sharing* 30-day supply) You pay $35 per month supply of each covered insulin product on this tier	• **Drug Tier 4: $100 per prescription (*Standard cost-sharing* 30-day supply)** **$95 per prescription (*Preferred cost-sharing* 30-day supply)** **You pay $35 per month supply of each covered insulin product on this tier**

	2025 (this year)	2026 (next year)
Part D drug coverage (continued)	• **Drug Tier 5:** 33% of the total cost (*Standard cost-sharing* 30-day supply) 33% of the total cost (*Preferred cost-sharing* 30-day supply) Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.	• **Drug Tier 5: 33% of the total cost (*Standard cost-sharing* 30-day supply)** **33% of the total cost (*Preferred cost-sharing* 30-day supply)** **Catastrophic Coverage Stage:** • **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	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.	$1.30	**$1.30**

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 (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount.	$7,250	**$7,000** **Once you've paid $7,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and**

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount (continued) Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		**Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$10,750	**$10,500** **Once you've paid $10,500 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 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* at medicare.peakhealth.org 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 medicare.peakhealth.org.
- Call Member Services at 1-855-962-7325 (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 1-855-962-7325 (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 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* at medicare.peakhealth.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at medicare.peakhealth.org.
- Call Member Services at 1-855-962-7325 (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 1-855-962-7325 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

	2025 (this year)	2026 (next year)
Aging Well	Not covered.	**$0 for Aging Well services.** **Please see your *Evidence of Coverage* for more details.**
Ambulance services	**In-Network:** $250 copay for each one-way trip by ground. $290 copay for each one-way trip by air.	**In-Network:** **$280 copay for each one-way trip by ground or air.**
Annual physical exam	Not covered.	**In-Network** **You pay a $0 copay.** **Out-of-Network** **You pay 35% of the total cost.** **Please see your *Evidence of Coverage* for more details.**
Cardiac rehabilitation services	**In-Network:** $10 copay per service.	**In-Network:** **$0 copay per service.**

	2025 (this year)	2026 (next year)
Chronic pain management and treatment services	Chronic pain management and treatment services are not covered.	**You are covered for chronic pain management and treatment services. Please see your *Evidence of Coverage* for more details.**
Dental services (Medicare-covered)	$0 copay for Medicare-covered dental benefits.	**$20 copay for Medicare-covered dental benefits.**
Durable medical equipment (DME) and related supplies	**Out-of-Network:** You pay 30% of the total cost.	**Out-of-Network: You pay 35% of the total cost.**
Flexible Spending Debit Card	You have $525 per year to apply towards approved health-related expenses.	**You have $565 per year to apply towards approved health-related expenses.**
Hearing services	**In-Network:** $0 copay for Medicare-covered hearing exams. **Hearing aids:** $599 copay for TruHearing advanced hearing aids. $899 copay for TruHearing premium hearing aids. You pay 35% of the total cost for other hearing aids.	**In-Network: $20 copay for Medicare-covered hearing exams.** **Hearing aids: $399 copay for TruHearing basic hearing aids.** **$599 copay for TruHearing advanced hearing aids.** **$899 copay for TruHearing premium hearing aids.** **You pay 35% of the total cost for other hearing aids.**
Home-delivered meals	$0 copay for up to 28 delivered meals per discharge.	**Not covered.**

	2025 (this year)	2026 (next year)
Inpatient hospital care	**In-Network:** You pay a $225 copay per day for days 1-3 and a $0 copay for days 4-90.	**In-Network:** **$615 copay per hospital stay of up to 90 days.**
Inpatient services in a psychiatric hospital	**In-Network:** Medicare covers the first 2 days of your hospital stay. During this period, there is $0 copay. If you stay in the hospital longer than 2 days, you pay a $425 copay per day for days 1-3 and a $0 copay for days 4-90.	**In-Network:** $425 copay per day for days 1-3 and a $0 copay for days 4-90.
Medicare Part B prescription drugs	Medicare Part B drugs are not subject to Step Therapy requirements.	**Medicare Part B drugs may be subject to step therapy requirements. Our Part B step therapy categories and targeted drugs may change periodically. Please visit our website at medicare.peakhealth.org for an updated list. Drugs requiring step therapy are denoted on our Prior Authorization List. See your *Evidence of Coverage* for more information.**
Outpatient hospital observation	**In-network:** $275 copay per stay.	**In-network:** **$250 copay per stay.**

	2025 (this year)	2026 (next year)
Over the Counter (OTC)	$75 allowance every 3 months for Over-the-Counter (OTC) drugs and supplies. Unused allowance may not be carried over from one quarter to the next.	**$100 allowance every 3 months for Over-the-Counter (OTC) drugs and supplies. Unused allowance may not be carried over from one quarter to the next.**
Physician/Practitioner services, including doctor's office visits	**Out-of-Network:** 35% of the total cost for PCP and specialist visits.	**Out-of-Network:** **35% of the total cost for PCP visits.** **$35 copay for each specialist visit.**
PrEP for HIV	Pre-exposure prophylaxis (PrEP) for HIV prevention is not covered.	**You pay $0 for Pre-exposure prophylaxis (PrEP) for HIV prevention services. Please see your *Evidence of Coverage* for more details.**
Pulmonary rehabilitation services	**In-Network:** $10 copay for Medicare-covered services.	**In-Network:** **$0 copay for Medicare-covered services.**
Screening for Hepatitis C Virus infection	Hepatitis C screenings are not covered.	**You are covered for one Hepatitis C screening per year. Please see your *Evidence of Coverage* for more details.**
Skilled nursing facility (SNF) care	**In-Network:** You pay a $214 copay per day for days 21-100.	**In-Network:** **You pay a $218 copay per day for days 21-100.**
Supervised Exercise Therapy (SET)	**In-Network:** $10 copay.	**In-Network:** **$0 copay.**

	2025 (this year)	2026 (next year)
Vision care	**In-Network:** $0 copay for Medicare-covered eye exams.	**In-Network:** **$20 copay for Medicare-covered eye exams.**

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.

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 1-855-962-7325 (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 Member Services at 1-855-962-7325 (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***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  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	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

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; 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).

Initial Coverage Stage	2025 (this year)	2026 (next year)
Preferred generic drugs (Tier1) 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. *Preferred cost-sharing:* You pay $0 per prescription.	***Standard cost-sharing:*** **You pay $15 per prescription.** ***Preferred cost-sharing:*** **You pay $0 per prescription.**
Generic drugs (Tier 2) 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 $20 per prescription. *Preferred cost-sharing:* You pay $4 per prescription.	***Standard cost-sharing:*** **You pay $20 per prescription.** ***Preferred cost-sharing:*** **You pay $4 per prescription.**
Preferred brand drugs (Tier 3) 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 per prescription. *Preferred cost-sharing:* You pay $42 per prescription. You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost-sharing:*** **You pay $47 per prescription.** ***Preferred cost-sharing:*** **You pay $42 per prescription.** **You pay $35 per month supply of each covered insulin product on this tier.**

Initial Coverage Stage	2025 (this year)	2026 (next year)
Non-preferred drugs (Tier 4) 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 per prescription. *Preferred cost-sharing:* You pay $95 per prescription. You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost-sharing:*** **You pay $100 per prescription.** ***Preferred cost-sharing:*** **You pay $95 per prescription.** **You pay $35 per month supply of each covered insulin product on this tier.**
Specialty drugs (Tier 5) 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 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost.	***Standard cost-sharing:*** **You pay 33% of the total cost.** ***Preferred cost-sharing:*** **You pay 33% of the total cost.**

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

The table below compares the administrative changes for next year:

Description	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	**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.**

Description	2025 (this year)	2026 (next year)
	(January-December). You may be participating in this payment option	**To learn more about this payment option, call us at Member Services 1-855-962-7325 (TTY users call 711) or visit www.Medicare.gov**.

SECTION 3 How to Change Plans

To stay in Peak Advantage Vista (PPO), 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 Peak Advantage Vista (PPO).

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 Peak Advantage Vista (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Peak Advantage Vista (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online medicare.peakhealth.org. Call Member Services at 1-855-962-7325 (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).

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 2 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% 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 call 1-800-325-0778.
    - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the West Virginia Office of Epidemiology and Prevention Services. 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 1-304-232-6822. 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 1-855-962-7325 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Peak Advantage Vista (PPO)

- **Call Member Services at 1-855-962-7325. (TTY users call 711.)**

  We're available for phone calls 10/1 - 3/31: 8 am - 8 pm EST, 7 days a week and 4/1 - 9/30: 8 am - 8 pm EST, Monday - Friday. 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 Peak Advantage Vista (PPO). 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 medicare.peakhealth.org or call Member Services 1-855-962-7325 (TTY users call 711) to ask us to mail you a copy.

- **Visit medicare.peakhealth.org**

  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 West Virginia, the SHIP is called WV SHIP.

Call WV SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call WV SHIP at 1-877- 987-4463. Learn more about WV SHIP by visiting www.wvship.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 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-855-962-7325]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-855-962-7325]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 [1-855-962-7325]。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 [1-855-962-7325]。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-855-962-7325]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-855-962-7325]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi [1-855-962-7325] sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-855-962-7325]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-855-962-7325]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-855-962-7325]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-855-962-7325]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना केबारे में आपकेकिसी भी परश्न केजवाब देने केलिए हमारे पास मुफ्त दुभाषिया सेवाएँउपलब्ध हैं. एक दुभाषिया पराप्त करने केलिए, बस हमें [1-855-962-7325] पर फोन करें कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-855-962-7325]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-855-962-7325]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-855-962-7325]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-855-962-7325]. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、[1-855-962-7325]にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサ ー ビスです。