

Jefferson Health Plans Select (HMO D-SNP) offered by Jefferson Health Plans

Annual Notice of Change for 2027

You're enrolled as a member of Jefferson Health Plans Select.

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 Jefferson Health Plans Select.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.JeffersonHealthPlans.com/medicare or call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) for more information. Hours are 8 a.m. - 8 p.m., 7 days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. This call is free.
- This information is available in alternate formats such as braille, large print, and audio versions.

About Jefferson Health Plans Select

- Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Enrollment in our plans depends on contract renewal. Our plan also has a written agreement with the Pennsylvania State Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means Jefferson Health Plans. When it says "plan" or "our plan," it means Jefferson Health Plans Select.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Jefferson Health Plans Select.** Starting January 1, 2027, you'll get your medical and drug coverage through Jefferson Health Plans Select. 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 or lower than this amount. Go to Section 1.1 for details.	\$32.70	\$12.80
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,250 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 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.	\$0 per stay	\$0 per stay
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615 except for covered insulin products and most adult Part D vaccines	Part D drug coverage deductible \$700 except for covered insulin products and most adult Part D vaccines

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	Copay/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 25% of the total cost • Drug Tier 2: 25% of the total cost • Drug Tier 3: 25% of the total cost • Drug Tier 4: 25% of the total cost • Drug Tier 5: 25% of the total cost • Drug Tier 6: \$0 copay You pay \$35 per month supply of each covered insulin product on tiers 3, 4, and 5. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Copay/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 25% of the total cost • Drug Tier 2: 25% of the total cost • Drug Tier 3: 25% of the total cost • Drug Tier 4: 26% of the total cost • Drug Tier 5: 25% of the total cost • Drug Tier 6: \$0 copay You pay \$35 per month supply of each covered insulin product on tiers 3 and 4. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$32.70	\$12.80

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 Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount.	\$9,250	\$9,850 Once you've paid \$9,850 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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount (continued) Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider and Pharmacy Networks

Our network of providers and pharmacies has changed for next year. Review the 2027 *Provider & Pharmacy Directory* at www.JeffersonHealthPlans.com/medicare to see if your providers (primary care provider, specialists, hospitals, etc.) and pharmacies are in our network. Here's how to get an updated *Provider & Pharmacy Directory*:

- Visit our website at www.JeffersonHealthPlans.com/medicare.
- Call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) to get current provider information or to ask us to mail you a *Provider & Pharmacy Directory*.

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.

We can make changes to the hospitals, doctors, specialists (providers), and pharmacies that are part of our plan during the year. If a mid-year change in our providers and pharmacies affects you, call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) 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 Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Over the Counter (OTC)	\$300 every three months for eligible over-the-counter items. Unused amounts will not be	\$315 every month for eligible over-the-counter items. Unused amounts will not be

	2026 (this year)	2027 (next year)
Over the Counter (OTC) (continued)	rolled over. See your <i>Evidence of Coverage</i> for details.	rolled over. See your <i>Evidence of Coverage</i> for details.
Special Supplemental Benefits for the Chronically Ill (SSBCI) Members with a qualifying chronic health condition may be eligible for SSBCI benefits and have access to additional Supplemental Flex Card benefits. Qualifying conditions include chronic alcohol use disorder and other substance use disorders (SUDs), autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes mellitus, overweight/obesity/metabolic syndrome, chronic gastrointestinal disease, chronic kidney disease (CKD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, post-organ transplantation, immunodeficiency and immunosuppressive disorders, conditions associated with cognitive impairment, and conditions with functional challenges. Please see your <i>Evidence of Coverage</i> for details about qualifying for these additional benefits.	\$700 every three months toward covered utilities, produce and other food items. Must be used for items for the member only.	\$315 every month toward covered utilities, produce and other food items. Must be used for items for the member only. For eligible members, this SSBCI benefit is combined with your OTC benefit.
Supplemental Flex Card	\$800 every year for additional vision, dental, and hearing services. See	\$550 every year for additional vision, dental, and hearing

	2026 (this year)	2027 (next year)
Supplemental Flex Card (continued)	your <i>Evidence of Coverage</i> for further details.	services. See your <i>Evidence of Coverage</i> for further details.

Section 1.5 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.JeffersonHealthPlans.com/medicare.

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 Relations at 1-866-901-8000 (TTY users call 877-454-8477) for more information.

Section 1.6 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) 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 Part D 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 \$2,400.

- ***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	\$615 During this stage, you pay \$0 copay for drugs on Tier 6 and the full cost of drugs on Tiers 1, 2, 3, 4, and 5 until you've reached the yearly deductible.	\$700 During this stage, you pay \$0 copay for drugs on Tier 6 and the full cost of drugs on Tiers 1, 2, 3, 4, and 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 supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: (Preferred Generic) 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.	25% of the total cost	25% of the total cost
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	25% of the total cost	25% of the total cost

	2026 (this year)	2027 (next year)
Tier 2: (Generic) (continued) tier, look them up on the Drug List.		
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.	25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.	25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.
Tier 4: (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.	25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.	26% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.
Tier 5: (Specialty 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.	25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.	25% of the total cost Insulin no longer available on Tier 5. You will continue to pay no more than \$35 per month supply of each covered insulin product on Tiers 3 and 4.
Tier 6: (Select Care) 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.	\$0 copay	\$0 copay

SECTION 2 How to Change Plans

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

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 Jefferson Health Plans Select. 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 separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Jefferson Health Plans Select.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) 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.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.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). As a reminder, Jefferson Health Plans offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

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 2.2 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) 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 Special Pharmaceutical Benefit Program (SPBP). 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 800-922-9384. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-855-582-2023 (TTY users call 877-454-8477) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 Questions?

Get Help from Jefferson Health Plans Select

- **Call Member Relations at 1-866-901-8000. (TTY users call 877-454-8477.)**

We're available for phone calls 8 a.m. - 8 p.m., 7 days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Jefferson Health Plans Select. 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.JeffersonHealthPlans.com/medicare or call Member Relations at 1-866-901-8000 (TTY users call 877-454-8477) to ask us to mail you a copy.

- **Visit www.JeffersonHealthPlans.com/medicare**

Our website has the most up-to-date information about our provider network (*Provider & 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 Pennsylvania, the SHIP is called PA MEDI.

Call PA MEDI to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call PA MEDI at 1-800-783-7067. Learn more about PA MEDI by visiting (www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx).

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](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://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 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](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Pennsylvania Department of Human Services at 1-800-692-7462. TTY users can call 1-800-451-5886 for help with Medicaid enrollment or benefit questions.