VIVA MEDICARE *Extra Value* (HMO D-SNP) offered by VIVA HEALTH, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of VIVA MEDICARE *Extra Value*.

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 VIVA MEDICARE *Extra Value*.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at VivaHealth.com/Medicare/Member-Resources or call Member Services at 1-800-633-1542 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-633-1542 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). This call is free.
- If you need this information in another format, such as audio or large print, please contact Member Services (phone number is listed above).

About VIVA MEDICARE *Extra Value*

- VIVA HEALTH, Inc. is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal. Our plan also has a written agreement with the Alabama Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means VIVA HEALTH, Inc. When it says "plan" or "our plan," it means VIVA MEDICARE *Extra Value*.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in VIVA MEDICARE *Extra Value*.** Starting January 1, 2027, you'll get your medical and drug coverage through VIVA MEDICARE *Extra Value*. 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 2027

	2026 (this year)	2027 (next year)
Monthly plan premium	$0 or $27.70 (you pay $0 if you get "Extra Help")	**$0 or $13.70 (you pay $0 if you get "Extra Help")**
Maximum out-of-pocket amount This is the most you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$6,750	**$6,750**
Primary Care Provider (PCP) office visits	$0 per visit for Medicare-covered services.	**$0 per visit for Medicare-covered services.**
Specialist office visits	$18 copay per visit for Medicare-covered services; $0 for Medicare-covered specialist visits in a skilled nursing facility.	**$25 copay per visit for Medicare-covered services; $0 for Medicare-covered specialist visits in a skilled nursing facility.**
Inpatient hospital stays Includes various inpatient acute 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.	$440 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization. $0 for additional days.	**$440 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.** **$0 for additional days.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial	$0 or $615 except for covered insulin products and most adult Part D	**$0 or $700 except for covered insulin products and most adult Part D**

	2026 (this year)	2027 (next year)
Coverage, and Catastrophic Coverage Stages.)	vaccines (you pay $0 if you get "Extra Help"). Copayment/Coinsurance during the Initial Coverage Stage: If you get "Extra Help," you pay $0, $1.60, or $5.10 per prescription for drugs treated as generic (your cost depends on your level of "Extra Help") and $0, $4.90, or $12.65 per prescription for all other drugs (your cost depends on your level of "Extra Help"). If you do not get "Extra Help," you pay 25% of the total cost and no more than $35 per month supply of each covered insulin product. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**vaccines (you pay $0 if you get "Extra Help").** **Copayment/Coinsurance during the Initial Coverage Stage:** **If you get "Extra Help," you pay $0, $1.65, or $5.80 per prescription for drugs treated as generic (your cost depends on your level of "Extra Help") and $0, $5.00, or $14.40 per prescription for all other drugs (your cost depends on your level of "Extra Help"). If you do not get "Extra Help," you pay 25% of the total cost and no more than $35 per month supply of each covered insulin product.** **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.)	$0 or $27.70 (you pay $0 if you get "Extra Help").	**$0 or $13.70 (you pay $0 if you get "Extra Help").**

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, except for the costs described below) 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. Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium (if any), Medicare Part A and Part B premiums, non-	$6,750	**$6,750** **Once you've paid $6,750 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)
Medicare-covered eyewear (glasses, contacts, lenses and frames), non-Medicare-covered dental services, hearing aids, over-the-counter drugs and supplies and/or food, costs for prescription drugs, and any amount you pay over the $50,000 annual coverage limit for emergency care received outside the United States and its territories **don't count** toward your maximum out-of-pocket amount. **There is no change to your maximum out-of-pocket for 2027.**		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at VivaHealth.com/Medicare/Member-Resources 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 VivaHealth.com/Medicare/Member-Resources.
- Call Member Services at 1-800-633-1542 (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 1-800-633-1542 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at VivaHealth.com/Medicare/Member-Resources to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at VivaHealth.com/Medicare/Member-Resources.
- Call Member Services at 1-800-633-1542 (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 1-800-633-1542 (TTY users call 711) for help.

Section 1.5 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)**
Dental Services	You have a $1,050 allowance for preventive, diagnostic and comprehensive dental services per calendar year.	**You have a $1,150 allowance for preventive, diagnostic and comprehensive dental services per calendar year.**
Flex Card for over-the-counter (OTC) drugs and supplies and/or healthy food/produce Healthy food/produce are only offered to members who qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI). *See Section 2 of this document for more details about eligibility for SSBCI.	If you qualify for SSBCI, you get a $50 monthly allowance to use on: • Plan-approved healthy food and produce (through SSBCI), and • Plan-approved over-the-counter (OTC) drugs and supplies. If you do not qualify for SSBCI, you can only use your $50 monthly allowance to buy plan-	**If you qualify for SSBCI, you get a $60 monthly allowance to use on:** • **Plan-approved healthy food and produce (through SSBCI), and** • **Plan-approved over-the-counter (OTC) drugs and supplies.** **If you do not qualify for SSBCI, you can only use your $60 monthly allowance to buy plan-**

	2026 (this year)	2027 (next year)
	approved OTC drugs and supplies. • You can order plan-approved items from VIVA MEDICARE's Product Catalog through NationsBenefits or use your Flex Card at in-network retail stores. • Unused allowances do not carry over to the next month.	**approved OTC drugs and supplies.** • **You can order plan-approved items from VIVA MEDICARE's Product Catalog through NationsBenefits or use your Flex Card at in-network retail stores.** • **Unused allowances do not carry over to the next month.**
Hearing services	You pay a $18 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a physician specialist.	**You pay a $25 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a physician specialist.**
Physician/Practitioner specialist services for podiatry, mental health, substance use disorder, opioid treatment, physical therapy, occupational therapy, speech therapy, and other physician or practitioner specialists unless listed separately in this chart. Note: This does not include chiropractic care.	You pay a $18 copay for each physician specialist visit for Medicare-covered services; $0 for Medicare-covered specialist visits in a skilled nursing facility.	**You pay a $25 copay for each physician specialist visit for Medicare-covered services; $0 for Medicare-covered specialist visits in a skilled nursing facility.**
Telehealth services provided by a physician specialist	You pay a $18 copay for each covered telehealth specialist visit. Covered	**You pay a $25 copay for each covered telehealth specialist visit. Covered**

	2026 (this year)	2027 (next year)
	services remain unchanged.	**services remain unchanged.**
Vision services	You pay a $18 copay for each specialist visit for Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye); $0 for the routine annual eye exam (eye refractions) for eyeglasses/contacts.	**You pay a $25 copay for each specialist visit for Medicare-covered eye exams (diagnosis and treatment for diseases and conditions of the eye); $0 for the routine annual eye exam (eye refractions) for eyeglasses/contacts.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our *Drug List*

Our list of covered drugs is called a *formulary* or *Drug List*. A copy of our *Drug List* is posted online at VivaHealth.com/Medicare/Member-Resources.

We made changes to our *Drug List*, which could include removing or adding drugs or changing the restrictions that apply to our coverage for certain drugs. **Review the *Drug List* to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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 1-800-633-1542 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D drugs may not apply to you.** We have included separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get "Extra Help" and didn't get this material with this packet, call Member Services at 1-800-633-1542 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. If you have "Extra Help" this payment stage does not apply to you. If you do not have "Extra Help," you must 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, if applicable, 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	$0 or $615 (you pay $0 if you get "Extra Help").	**$0 or $700 (you pay $0 if you get "Extra Help").**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy.

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 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)**
Single Drug Tier	If you get "Extra Help," you pay $0, $1.60, or $5.10 per prescription for drugs treated as generic (your cost depends on your level of "Extra Help") and $0, $4.90, or $12.65 per prescription for all other drugs (your cost depends on your level of "Extra Help"). If you do not get "Extra Help," you pay 25% of the total cost and no more than $35 per month supply of each covered insulin product.	**If you get "Extra Help," you pay $0, $1.65, or $5.80 per prescription for drugs treated as generic (your cost depends on your level of "Extra Help") and $0, $5.00, or $14.40 per prescription for all other drugs (your cost depends on your level of "Extra Help"). If you do not get "Extra Help," you pay 25% of the total cost and no more than $35 per month supply of each covered insulin product.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Changes to Eligibility for the Healthy Food Benefit under the Special Supplemental Benefits for the Chronically Ill (SSBCI) Program	Members who qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI) program may receive the Healthy Food Benefit.	**Due to updated guidance from the Centers for Medicare & Medicaid Services (CMS), VIVA HEALTH is changing how we determine who is eligible to receive the Healthy Food Benefit through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program. VIVA HEALTH will review your health information to see if you qualify. To qualify, you must have a chronic condition listed in Chapter 4 of your *Evidence of Coverage* and meet other CMS requirements. These requirements include how your condition affects your health and daily life, your risk for a hospital stay or other negative health outcomes, your need for ongoing care coordination, and whether access to healthy foods or prepared meals is expected to help improve your health or your ability to carry out daily activities. If our review shows that you do not qualify for this benefit in 2027, we will send you a letter to let you know in October 2026.**

SECTION 3 How to Change Plans

To stay in VIVA MEDICARE *Extra Value*, 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 VIVA MEDICARE *Extra Value*.

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 VIVA MEDICARE *Extra Value*. 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 VIVA MEDICARE *Extra Value*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-633-1542 (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.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, VIVA HEALTH offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get "Extra Help" paying for their drugs

- Have or are leaving employer coverage
- Move out of our plan's service area

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 4 Get Help Paying for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday, for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid office.
- **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 Alabama AIDS 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 Alabama AIDS Drug Assistance Program at 1-866-574-9964. 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, and 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 ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, please contact CVS Caremark Customer Care at 1-866-788-5146 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from VIVA MEDICARE *Extra Value*

- **Call Member Services at 1-800-633-1542. (TTY users call 711.)**

  We're available for phone calls from 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). 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 VIVA MEDICARE *Extra Value.* 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 VivaHealth.com/Medicare/Member-Resources or call Member Services at 1-800-633-1542 (TTY users call 711) to ask us to mail you a copy.

- **Visit VivaHealth.com/Medicare/Member-Resources**

  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 Alabama, the SHIP is called Alabama Department of Senior Services.

Call Alabama Department of Senior Services to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Alabama Department of Senior Services at 1-800-243-5463. Learn more about Alabama Department of Senior Services by visiting alabamaageline.gov.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

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

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Alabama Medicaid at 1-800-362-1504 toll-free. TTY users should call 1-800-253-0799.