# VIVA MEDICARE *Select* (HMO) offered by VIVA HEALTH, Inc.

# Annual Notice of Change for 2027

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

This material describes changes to your 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 *Select*.
- 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 additional 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 *Select***

- 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.
- When this material says "we," "us," or "our," it means VIVA HEALTH, Inc. When it says "plan" or "our plan," it means VIVA MEDICARE *Select*.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in VIVA MEDICARE *Select*.** Starting January 1, 2027, you'll get your medical coverage through VIVA MEDICARE *Select*. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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## Summary of Important Costs for 2027

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Monthly plan premium*** *Go to Section 1.1 for details. | $0 | **$0** |
| **Maximum out-of-pocket amount** This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.) | $9,250 | **$9,250** |
| **Primary Care Provider (PCP) office visits** | $0 per visit for Medicare-covered services. | **$0 per visit for Medicare-covered services.** |
| **Specialist office visits** | $35 copay per visit for Medicare-covered, excludes podiatry visits; $0 for Medicare-covered specialist visits in a skilled nursing facility. | **$35 copay per visit for Medicare-covered, excludes podiatry visits; $0 for Medicare-covered specialist visits in a skilled nursing facility.** |
| **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. | $390 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization. $0 for additional days. | **$390 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization. $0 for additional days.** |

# 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**<br>(You must also continue to pay your Medicare Part B premium.)<br>**There is no change to your premium for 2027.** | $0 | **$0** |
| **Part B premium reduction**<br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | Our plan provides a Medicare Part B premium reduction that lowers the cost of your monthly Medicare Part B premium by $65 a month (if you are not receiving government assistance that pays the Medicare Part B premium for you). Depending on how you pay your monthly Medicare Part B premium the reduction will be credited to your Social Security check or credited to the amount you owe for your monthly Part B premium. | **Our plan provides a Medicare Part B premium reduction that lowers the cost of your monthly Medicare Part B premium by $100 a month (if you are not receiving government assistance that pays the Medicare Part B premium for you). Depending on how you pay your monthly Medicare Part B premium the reduction will be credited to your Social Security check or credited to the amount you owe for your monthly Part B premium.** |

## 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**<br>Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount.<br>Your plan premium (if any), Medicare Part A and Part B premiums, non-Medicare-covered eyewear (glasses, contacts, lenses and frames), non-Medicare-covered dental services, hearing aids, over-the-counter drugs and supplies, 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.<br>**There is no change to your maximum out-of-pocket for 2027.** | $9,250 | **$9,250**<br>**Once you've paid $9,250 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.** |

## Section 1.3 Changes to the Provider Network

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 your 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.

## Section 1.4 Changes to Benefits & Costs for Medical Services

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Ambulance services** | You pay a $330 copay per one-way trip for Medicare-covered ambulance services. | **You pay a $295 copay per one-way trip for Medicare-covered ambulance services.** |
| **Dental services** | You have a $1,000 allowance for preventive, diagnostic, and comprehensive dental services per calendar year. | **You have a $1,250 allowance for preventive, diagnostic, and comprehensive dental services per calendar year.** |
| **Over-the-Counter (OTC) drugs and supplies** | You are covered for up to $40 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Product Catalog. See your *Evidence of Coverage* for more details. | **You are covered for up to $45 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Product Catalog. See your *Evidence of Coverage* for more details.** |
| **Vision care** | You get a $150 allowance toward the cost of prescription eyewear (glasses, contacts, lenses, frames and upgrades) and contact lens fitting exam once per calendar year. | **You get a $200 allowance toward the cost of prescription eyewear (glasses, contacts, lenses, frames and upgrades) and contact lens fitting exam once per calendar year.** |

## SECTION 2 How to Change Plans

**To stay in VIVA MEDICARE *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 VIVA MEDICARE *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 VIVA MEDICARE *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,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from VIVA MEDICARE *Select*.
- **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. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, VIVA HEALTH 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

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 or
    - 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.

## SECTION 4 Questions?

### Get Help from VIVA MEDICARE *Select*

- **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, look in the 2027 *Evidence of Coverage* for VIVA MEDICARE *Select*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. 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*).

## 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.