

Senior Care Plus Patriot Plan (HMO) offered by Senior Care Plus

Annual Notice of Change for 2026

You're enrolled as a member of *Senior Care Plus Patriot Plan*.

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, 2025, you'll stay in Senior Care Plus Patriot Plan.
- 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 www.seniorcareplus.com or call Customer Service at 888-775-7003 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at 888-775-7003 (TTY users call 711) for additional information. Hours are 7:00 a.m. to 8:00 p.m., Monday- Friday and 8:00 a.m. to 8:00 p.m. Saturday and Sunday (except Thanksgiving and Christmas) from October 1 through March 31, and 7:00 a.m. to 8:00 p.m. Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- Customer Service also has free language interpreter services available for non-English speakers.
- Esta información está disponible gratuitamente en español.
- Atención: Si usted habla español, los servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 888-775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Por favor contáctese con nuestro servicio al cliente al 775-982-3112 o llame gratuitamente al 888-775-7003 para obtener información adicional. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711). (No estamos abiertos los 7 días de la semana durante todo el año). El horario es de 8:00 a.m. A 8:00 p.m., Los 7 días de la semana (excepto Acción de Gracias y Navidad) desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes (excepto festivos) desde el 1 de abril hasta el 30 de septiembre.

- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.

About *Senior Care Plus Patriot Plan*

- Senior Care Plus Patriot Plan is a HMO plan with a Medicare contract. Enrollment in Senior Care Plus Patriot Plan depends on contract renewal.
- El Senior Care Plus Patriot Plan es un plan HMO con contrato con Medicare. La inscripción al Senior Care Plus Patriot Plan depende de la renovación del contrato.
- When this material says “we,” “us,” or “our,” it means Senior Care Plus. When it says “plan” or “our plan,” it means *Senior Care Plus Patriot Plan*.
- Cuando este material menciona "nosotros", "nos" o "nuestro", se refiere a Senior Care Plus. Cuando menciona "plan" o "nuestro plan", se refiere a Senior Care Plus Patriot Plan.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Senior Care Plus Patriot Plan (HMO).** Starting January 1, 2026, you’ll get your medical coverage through Senior Care Plus Patriot Plan (HMO). Go to Section 3 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 if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Part B rebate	\$65	\$65
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.)	\$2,750	\$2,750
Primary care office visits	\$0 Copay per visit to a preferred PCPs Medicare covered services. \$10 Copay per visit to all non-preferred PCPs for Medicare covered services. \$10 Copay per visit to Convenient Care Facilities.	\$0 Copay per visit to a preferred PCPs Medicare covered services. \$10 Copay per visit to all non-preferred PCPs for Medicare covered services. \$10 Copay per visit to Convenient Care Facilities.

	2025 (this year)	2026 (next year)
Specialist office visits	\$45 Copay per visit for each specialist.	\$45 Copay per visit for each specialist visit.
Inpatient hospital stays <p>Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities. Please refer to the online Provider Directory at https://www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services.</p> <p>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.</p>	<p>Preferred Facility: \$350 Copay per day for days 1-4.</p> <p>Non-Preferred Facility: \$440 Copay per day for days 5-90.</p>	<p>Preferred Facility: \$350 Copay per day for days 1-4.</p> <p>Non-Preferred Facility: \$440 Copay per day for days 1-5.</p>

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.	\$65	\$65

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$2,750	\$2,750 Once you've paid \$2,750 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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.seniorcareplus.com 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 www.seniorcareplus.com
- Call Customer Service at 888-775-7003 (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 Customer Service at 888-775-7003 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Enhanced Disease Management	You pay nothing for this benefit.	This service is not covered.
Intensive Outpatient Program Services	This service is not covered.	You pay \$75 Copay for Intensive Outpatient Program Services.
Medicare-covered Eye Exams	You pay \$40 Copay for this Medicare-covered Eye Exams.	You pay \$45 Copay for this Medicare-covered Eye Exams.
Post discharge In-home Medication Reconciliation	You pay nothing for this benefit.	This service is not covered.

	2025 (this year)	2026 (next year)
Urgently Needed Services	You pay \$30 Copay minimum copay for this Urgently Needed Services.	You pay \$25 Copay minimum copay for this Urgently Needed Services.

SECTION 2 How to Change Plans

To stay in Senior Care Plus Patriot Plan (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Senior Care Plus Patriot Plan*.

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 *Senior Care Plus Patriot Plan*.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Senior Care Plus Patriot Plan*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 888-775-7003 (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 4).
- **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 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, QCC Insurance Company offers other Medicare health plans and Medicare drug 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, 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 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 State of Nevada Department of Health and Human Services Ryan White HIV/AIDS Part B (RWPB) 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 Access to Healthcare Network (AHN) at 1-775-284-8989 or toll free at 1-877-385-2345. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from *Senior Care Plus Patriot Plan*

- **Call Customer Service at 888-775-7003. (TTY users call 711.)**

We're available for phone calls 7:00 a.m. to 8:00 p.m., Monday- Friday and 8:00 a.m. to 8:00 p.m. Saturday and Sunday (except Thanksgiving and Christmas) from October 1 through March 31, and 7:00 a.m. to 8:00 p.m. Monday to Friday (except holidays) from April 1 through September 30. This call is 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, look in the 2026 *Evidence of Coverage* for *Senior Care Plus Patriot Plan*. 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 and prescription drugs. Get the *Evidence of Coverage* on our website at www.seniorcareplus.com or call Customer Service at 888-775-7003 (TTY users call 711) to ask us to mail you a copy. You can also review the attached separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.seniorcareplus.com**

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 Nevada, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

Call Nevada SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Nevada SHIP at 877-385-2345 or 800-307-4444. Learn more about Nevada SHIP by visiting (https://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

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.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English – ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-775-7003 (TTY: 711) or speak to your provider.

Spanish / Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-775-7003 (TTY: 711) o hable con su proveedor.

Traditional Chinese / 台語 – 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-775-7003 (TTY: 711) 或與您的提供者討論。

Simplified Chinese / 中文 – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-775-7003 (TTY: 711) 或咨询您的服务提供商。

Tagalog / Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-775-7003 o makipag-usap sa iyong provider.

French / Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-775-7003 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese / Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-775-7003 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German / Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-775-7003 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean / 한국어 – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-775-7003 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian / РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-775-7003 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic / العربية – تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-775-7003 (TTY: 711) أو تحدث إلى مقدم الخدمة".

Hindi / हिंदी – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-775-7003 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian / Italiano – ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-775-7003 (TTY: 711) o parla con il tuo fornitore.

Brazilian Portuguese / Português do Brasil – ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-775-7003 (TTY: 711) ou fale com seu provedor.

Polish / POLSKI – UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-775-7003 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese / 日本語 – 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-775-7003 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

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