

Senior Care Plus Enriched Duals Plan (HMO) offered by Senior Care Plus

Annual Notice of Change for 2026

You're enrolled as a member of Senior Care Plus Enriched Duals Plan.

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 Senior Care Plus Enriched Duals 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 1-888-775-7003 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-775-7003 (TTY users call the State Relay Service at 711).
- Call Customer Service at 775-982-3112 or toll-free at 1-888-775-7003 (TTY users call the State Relay Service at 711) for more 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 1-888-775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Para más información, llame a Atención al Cliente al 775-982-3112 o al número gratuito 1-888-775-7003. (Los usuarios de TTY deben llamar al Servicio Estatal de Retransmisión al 711). El horario es de 7:00 a.m. a 8:00 p.m. de lunes a viernes y de 8:00 a.m. a 8:00 p.m. los sábados y domingos (excepto el Día de Acción de Gracias y

Navidad) del 1 de octubre al 31 de marzo, y de 7:00 a.m. a 8:00 p.m. de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre. Esta llamada es gratuita.

- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.
- This information is available in different formats, including Spanish and other languages, as well as large print and braille. Please call Customer Service at the number listed above if you need plan information in another format or language.

About Senior Care Plus Enriched Duals Plan

- Senior Care Plus Enriched Duals Plan is an HMO plan with a Medicare contract. Enrollment in Senior Care Plus Enriched Duals Plan depends on contract renewal.
- El Senior Care Plus Enriched Duals Plan es un plan HMO con contrato con Medicare. La inscripción al Senior Care Plus Enriched Duals 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 Enriched Duals 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 Enriched Duals Plan.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Senior Care Plus Enriched Duals Plan.** Starting January 1, 2026, you'll get your medical and drug coverage through Senior Care Plus Enriched Duals Plan. 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

Note: If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit/service. The cost-sharing below does not apply.

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$11.80	\$9.50
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.)	\$8,300 If you are eligible for Medicare cost-sharing help under Medicaid, 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.	\$8,300 If you are eligible for Medicare cost-sharing help under Medicaid, 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	20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	17% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.
Specialist office visits	20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	17% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.

	2025 (this year)	2026 (next year)
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.	If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: Drug Tier 1: Standard Retail: \$0 - \$4.50 per prescription. Drug Tier 2: Standard Retail: \$0 - \$4.50 per prescription. Drug Tier 3: Standard Retail: \$0 - \$11.20 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: Standard Retail: \$0 - \$11.20 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5:	Copayment during the Initial Coverage Stage: Drug Tier 1: Standard Retail: \$0 - \$5.10 per prescription. Drug Tier 2: Standard Retail: \$0 - \$5.10 per prescription. Drug Tier 3: Standard Retail: \$0 - \$12.65 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: Standard Retail: \$0 - \$12.65 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5:

	2025 (this year)	2026 (next year)
	Standard Retail: \$0 - \$11.20 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Standard Retail: \$0 - \$12.65 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. 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 unless it's paid for you by Medicaid.)	\$11.80	\$9.50

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 Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments, 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	\$8,300	\$8,300 Once you've paid \$8,300 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.

	2025 (this year)	2026 (next year)
your maximum out-of-pocket amount. 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 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 1-888-775-7003 (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 our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-888-775-7003 (TTY users call 711) for help. 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 2026 *Pharmacy Directory* www.seniorcareplus.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.seniorcareplus.com.
- Call Customer Service at 1-888-775-7003 (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 Customer Service at 1-888-775-7003 (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 and Medicaid benefits and costs.

Note: If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit/service. The cost-sharing below does not apply.

	2025 (this year)	2026 (next year)
Ambulance Services	You pay 20% Coinsurance for each one-way Medicare-covered ambulance trip. You pay 20% Coinsurance for each one-way Medicare-covered Air ambulance trip.	You pay 17% Coinsurance for each one-way Medicare-covered ambulance trip. You pay 17% Coinsurance for each one-way Medicare-covered Air ambulance trip.
Ambulatory Surgery Center (ASC)	You pay 20% Coinsurance for each Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility for hospital services. There is no deductible. There is no OOPM.	You pay 17% Coinsurance for each Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility for hospital services. There is no deductible. There is no OOPM.
Emergency Care	You pay 20% Coinsurance for each Medicare-covered emergency room visit.	You pay 17% Coinsurance for each Medicare-covered emergency room visit.

	2025 (this year)	2026 (next year)
Inpatient Acute Medicare-covered stay	Preferred Facility 20% Coinsurance per day for days 1-6. 0% Coinsurance per day for days 7-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility 8% Coinsurance per day for days 1-6. 0% Coinsurance per day for days 7-90. There is no out-of-pocket limit. There is no deductible.
Inpatient Psychiatric Medicare-covered	Preferred Facility 20% Coinsurance per day for days 1-6. 0% Coinsurance per day for days 7-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility 10% Coinsurance per day for days 1-6. 0% Coinsurance per day for days 7-90. There is no out-of-pocket limit. There is no deductible.
Medicare Dental Services	You pay 20% Coinsurance for this Medicare Dental Services.	You pay 17% Coinsurance for this Medicare Dental Services.
Medicare Part B Rx Drugs	You pay 0%-20% Coinsurance for this Medicare Part B Rx Drugs.	You pay 0%-17% Coinsurance for this Medicare Part B Rx Drugs.
Medicare-covered Cardiac Rehabilitation Services	You pay 20% Coinsurance for this Medicare-covered Cardiac Rehabilitation Services.	You pay 17% Coinsurance for this Medicare-covered Cardiac Rehabilitation Services.

	2025 (this year)	2026 (next year)
Medicare-covered Chiropractic Services	You pay 20% Coinsurance for this Medicare-covered Chiropractic Services.	You pay 17% Coinsurance for this Medicare-covered Chiropractic Services.
Medicare-covered Diabetes Self-Management Training	You pay 20% Coinsurance for this Medicare-covered Diabetes Self-Management Training.	You pay 17% Coinsurance for this Medicare-covered Diabetes Self-Management Training.
Medicare-covered Diabetic Supplies	You pay 20% Coinsurance for this Medicare-covered Diabetic Supplies.	You pay 17% Coinsurance for this Medicare-covered Diabetic Supplies.
Medicare-covered Diabetic Therapeutic Shoes or Inserts	You pay 20% Coinsurance for this Medicare-covered Diabetic Therapeutic Shoes or Inserts.	You pay 17% Coinsurance for this Medicare-covered Diabetic Therapeutic Shoes or Inserts.
Medicare-covered Diagnostic Procedures Tests	You pay 20% Coinsurance for this Medicare-covered Diagnostic Procedures Tests.	You pay 17% Coinsurance for this Medicare-covered Diagnostic Procedures Tests.
Medicare-covered Diagnostic Radiological Services	You pay 20% Coinsurance for this Medicare-covered Diagnostic Radiological Services.	You pay 17% Coinsurance for this Medicare-covered Diagnostic Radiological Services.
Medicare-covered Dialysis Services	You pay 20% Coinsurance for this Medicare-covered Dialysis Services.	You pay 17% Coinsurance for this Medicare-covered Dialysis Services.

	2025 (this year)	2026 (next year)
Medicare-covered Digital Rectal Exams	You pay 20% Coinsurance for this Medicare-covered Digital Rectal Exams.	You pay 17% Coinsurance for this Medicare-covered Digital Rectal Exams.
Medicare-covered DME	You pay 20% Coinsurance for this Medicare-covered DME.	You pay 17% Coinsurance for this Medicare-covered DME.
Medicare-covered EKG following Welcome Visit	You pay 20% Coinsurance for this Medicare-covered EKG following Welcome Visit.	You pay 17% Coinsurance for this Medicare-covered EKG following Welcome Visit.
Medicare-covered Eye Exams	You pay 20% Coinsurance for this Medicare-covered Eye Exams.	You pay 17% Coinsurance for this Medicare-covered Eye Exams.
Medicare-covered Glaucoma screening	You pay 20% Coinsurance for this Medicare-covered Glaucoma screening.	You pay 17% Coinsurance for this Medicare-covered Glaucoma screening.
Medicare-covered Hearing Exams	You pay 20% Coinsurance for this Medicare-covered Hearing Exams.	You pay 17% Coinsurance for this Medicare-covered Hearing Exams.
Medicare-covered Intensive Cardiac Rehabilitation Services	You pay 20% Coinsurance for this Medicare-covered Intensive Cardiac Rehabilitation Services.	You pay 17% Coinsurance for this Medicare-covered Intensive Cardiac Rehabilitation Services.

	2025 (this year)	2026 (next year)
Medicare-covered Lab Services	You pay 20% Coinsurance for this Medicare-covered Lab Services.	You pay 17% Coinsurance for this Medicare-covered Lab Services.
Medicare-covered Medical Supplies	You pay 20% Coinsurance for this Medicare-covered Medical Supplies.	You pay 17% Coinsurance for this Medicare-covered Medical Supplies.
Medicare-covered Observation Services	You pay 20% Coinsurance for this Medicare-covered Observation Services.	You pay 17% Coinsurance for this Medicare-covered Observation Services.
Medicare-covered Occupational Therapy Services	You pay 20% Coinsurance for this Medicare-covered Occupational Therapy Services.	You pay 17% Coinsurance for this Medicare-covered Occupational Therapy Services.
Medicare-covered Opioid Treatment Services	You pay 20% Coinsurance for this Medicare-covered Opioid Treatment Services.	You pay 17% Coinsurance for this Medicare-covered Opioid Treatment Services.
Medicare-covered Other Health Care Professional Services	You pay 20% Coinsurance for this Medicare-covered Other Health Care Professional Services.	You pay 17% Coinsurance for this Medicare-covered Other Health Care Professional Services.
Medicare-covered Outpatient Blood Services	You pay 20% Coinsurance for this Medicare-covered Outpatient Blood Services.	You pay 17% Coinsurance for this Medicare-covered Outpatient Blood Services.

	2025 (this year)	2026 (next year)
Medicare-covered Outpatient Hospital Services	You pay 20% Coinsurance for this Medicare-covered Outpatient Hospital Services.	You pay 17% Coinsurance for this Medicare-covered Outpatient Hospital Services.
Medicare-covered Physician Specialist Services	You pay 20% Coinsurance for this Medicare-covered Physician Specialist Services.	You pay 17% Coinsurance for this Medicare-covered Physician Specialist Services.
Medicare-covered Podiatry Services	You pay 20% Coinsurance for this Medicare-covered Podiatry Services.	You pay 17% Coinsurance for this Medicare-covered Podiatry Services.
Medicare-covered Primary Care Physician Services	You pay 20% Coinsurance for this Medicare-covered Primary Care Physician Services.	You pay 17% Coinsurance for this Medicare-covered Primary Care Physician Services.
Medicare-covered Prosthetic Devices	You pay 20% Coinsurance for this Medicare-covered Prosthetic Devices.	You pay 17% Coinsurance for this Medicare-covered Prosthetic Devices.
Medicare-covered PT and SP Services	You pay 20% Coinsurance for this Medicare-covered PT and SP Services.	You pay 17% Coinsurance for this Medicare-covered PT and SP Services.
Medicare-covered Pulmonary Rehabilitation Services	You pay 20% Coinsurance for this Medicare-covered Pulmonary Rehabilitation Services.	You pay 17% Coinsurance for this Medicare-covered Pulmonary Rehabilitation Services.

	2025 (this year)	2026 (next year)
Medicare-covered Therapeutic Radiological Services	You pay 20% Coinsurance for this Medicare-covered Therapeutic Radiological Services.	You pay 17% Coinsurance for this Medicare-covered Therapeutic Radiological Services.
Medicare-covered X-Ray Services	You pay 20% Coinsurance for this Medicare-covered X-Ray Services.	You pay 17% Coinsurance for this Medicare-covered X-Ray Services.
Mental Health Specialty Services Medicare-covered Group Sessions	You pay 20% Coinsurance for this Mental Health Specialty Services Medicare-covered Group Sessions.	You pay 17% Coinsurance for this Mental Health Specialty Services Medicare-covered Group Sessions.
Mental Health Specialty Services Medicare-covered Individual Sessions	You pay 20% Coinsurance for this Mental Health Specialty Services Medicare-covered Individual Sessions.	You pay 17% Coinsurance for this Mental Health Specialty Services Medicare-covered Individual Sessions.
Other Medicare Part B Drugs	You pay 0%-20% Coinsurance for this Other Medicare Part B Drugs.	You pay 0%-17% Coinsurance for this Other Medicare Part B Drugs.
Outpatient Substance Abuse Services Medicare- covered Group Sessions	You pay 20% Coinsurance for this Outpatient Substance Abuse Services Medicare-covered Group Sessions.	You pay 17% Coinsurance for this Outpatient Substance Abuse Services Medicare-covered Group Sessions.

	2025 (this year)	2026 (next year)
Outpatient Substance Abuse Services Medicare-covered Individual Sessions	You pay 20% Coinsurance for this Outpatient Substance Abuse Services Medicare-covered Individual Sessions.	You pay 17% Coinsurance for this Outpatient Substance Abuse Services Medicare-covered Individual Sessions.
Partial Hospitalization	You pay 20% Coinsurance for this Partial Hospitalization.	You pay 17% Coinsurance for this Partial Hospitalization.
Post discharge In-home Medication Reconciliation	You pay nothing for this benefit.	This service is not covered.
Psychiatric Services Medicare-covered Group Sessions	You pay 20% Coinsurance for this Psychiatric Services Medicare-covered Group Sessions.	You pay 17% Coinsurance for this Psychiatric Services Medicare-covered Group Sessions.
Psychiatric Services Medicare-covered Individual Sessions	You pay 20% Coinsurance for this Psychiatric Services Medicare-covered Individual Sessions.	You pay 17% Coinsurance for this Psychiatric Services Medicare-covered Individual Sessions.
Skilled Nursing Facility (SNF) Medicare-covered stay	Preferred Facility 0% Coinsurance per day for days 1-20. 20% Coinsurance per day for days 21-100. There is no out-of-pocket limit.	Preferred Facility 0% Coinsurance per day for days 1-20. 19% Coinsurance per day for days 21-100. There is no out-of-pocket limit.

	2025 (this year)	2026 (next year)
Urgently Needed Services	You pay 20% Coinsurance for this Urgently Needed Services.	You pay 17% Coinsurance for this Urgently Needed Services.
Worldwide Emergency Coverage	You pay 20% Coinsurance for this Worldwide Emergency Coverage.	You pay 17% Coinsurance for this Worldwide Emergency Coverage.
Worldwide Urgent Coverage	You pay 20% Coinsurance for this Worldwide Urgent Coverage.	You pay 17% Coinsurance for this Worldwide Urgent Coverage.

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. The Drug List includes many—but not all—of the drugs that we’ll cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Service at 1-888-775-7003 (TTY users call 711) or visiting our website at (www.seniorcareplus.com).

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 Customer Service at 1-888-775-7003 (TTY users call 711) for more information.

Starting in 2026, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Customer Service at 1-888-775-7003 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist 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 9/30, call Customer Service at 1-888-775-7003 (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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

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 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, 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).

	2025 (this year)	2026 (next year)
Drug Tier 1:	Standard Retail: \$0 - \$4.15 per prescription.	Standard Retail: \$0 - \$5.10 per prescription.
Drug Tier 2:	Standard Retail: \$0 - \$4.15 per prescription.	Standard Retail: \$0 - \$5.10 per prescription.
Drug Tier 3:	Standard Retail: \$0 - \$10.35 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.	Standard Retail: \$0 - \$12.65 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.
Drug Tier 4:	Standard Retail: \$0 - \$10.35 per prescription.	Standard Retail: \$0 - \$12.65 per prescription.
Drug Tier 5:	Standard Retail: \$0 - \$10.35 per prescription.	Standard Retail: \$0 - \$12.65 per prescription.

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

	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 (January-December). You may be participating in 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 2026. To learn more about this payment option, call us at 775-982-3112 or 888-775-7003 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Senior Care Plus Enriched Duals Plan, 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 Enriched Duals 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 Enriched Duals 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 Enriched Duals Plan.
- **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 at www.seniorcareplus.com. Call Customer Service at 1-888-775-7003 (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 5).

- **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 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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Nevada has a program called Nevada SHIP 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.
- **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 the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-888-775-7003 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Senior Care Plus Enriched Duals Plan

- **Call Customer Service at 1-888-775-7003. (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-Sunday (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday 7:00 a.m. to 8:00 p.m. (except holidays) from April 1 through September 30. 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 Senior Care Plus Enriched Duals Plan. 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.seniorcareplus.com, or call Customer Service at 1-888-775-7003 (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/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 Nevada, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

Call Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network) 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 Nevada SHIP at 877-385-2345 or 800-307-4444. Learn more about Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network) 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.

Get Help from Medicaid

To get information from Medicaid you can call Nevada Medicaid at 877-638-3472 Monday through Friday, 8:00 am to 5:00 pm. TTY users 711.

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 libheng 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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