PHP (HMO SNP) offered by AIDS Healthcare Foundation

Annual Notice of Changes for 2027

You're enrolled as a member of PHP.

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 PHP.
- 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 www.php-ca.org/for-members/publications or call Member Services at 1-800-263-0067 (TTY users call 711) to get a copy by mail.

More Resources

- This document is available for free in Spanish.
- Call Member Services number at 1-800-263-0067 (TTY users should call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m., seven days a week. This call is free.
- This information is available in other formats such as large print and in audio tapes.

About PHP

- PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.
- When this booklet says "we," "us," or "our," it means AIDS Healthcare Foundation. When it says "plan" or "our plan," it means PHP.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in PHP.** Starting January 1, 2027, you'll get your medical and drug coverage through PHP. Go to Section 2 for more information about how to change plans and deadlines for making a change.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English – ATTENTION: If you speak 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 1-800-263-0067 (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 1-800-263-0067 (TTY: 711) o hable con su proveedor.

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 1-800-263-0067（**文本**电话：711）**或咨**询您的服务提供商。

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** 1-800-263-0067（TTY：711）**或與您的提供者討論。**

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 1-800-263-0067 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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 1-800-263-0067 (TTY: 711) o makipag-usap sa iyong 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. 1-800-263-0067 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Armenian/ՀԱՅԵՐԵՆ – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-263-0067 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

Farsi/ فارسي –

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-263-0067 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

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 1-800-263-0067 (TTY: 711) или обратитесь к своему поставщику услуг.

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。1-800-263-0067（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。

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 1-800-263-0067 (711) أو تحدث إلى مقدم الخدمة".

Punjabi/ਪੰਜਾਬੀ – ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Khmer/ភាសាខ្មែរ – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ
សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ
និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន
ក៏អាចរកបានដោយឥតគិតថ្លៃដងដែរ។ ហៅទូរសព្ទទៅ 1-800-263-0067 (TTY: 711)
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmong/Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-263-0067 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

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। 1-800-263-0067 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Thai/ไทย – หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-263-0067 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

Discrimination Is Against the Law

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Member Services at 1-800-263-0067.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, 1-800-263-0067, TTY 711, Fax 1-888-235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	$5,000	**$5,000**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$0 copay per visit	**$0 copay per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	• $80 copay per day for days 1 through 6 • $0 copay per day for days 7 through 90 • $0 copay per day for "lifetime reserve days" 91 through 150	• **$80 copay per day for days 1 through 6** • **$0 copay per day for days 7 through 90** • **$0 copay per day for "lifetime reserve days" 91 through 150**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: $615, except for covered insulin products and most adult Part D vaccines Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 15% You pay no more than $35 per month supply of each covered insulin product on this tier. • Drug Tier 2: 22% You pay no more than $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 25% • Drug Tier 4: 25% You pay no more than $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: You pay nothing. Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs.	**Part D drug coverage deductible:** **$700, except for covered insulin products and most adult Part D vaccines** **Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: 15% You pay no more than $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 2: 25% You pay no more than $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 3: 25%** • **Drug Tier 4: 25% You pay no more than $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 5: You pay nothing.** **Catastrophic Coverage:** • **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 Premium

	2026 (this year)	2027 (next year)
Monthly premium (You must continue to pay your Medicare Part B premium.) **There is no change for the upcoming benefit year.**	$0	**$0**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty – Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge – If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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

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

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. **There is no change for the upcoming benefit year.**	$5,000	**$5,000** **Once you've paid $5,000 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

There are no changes to our network of providers for next year.

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 1-800-263-0067 (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.

There are no changes to our network of pharmacies for next year.

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 1-800-263-0067 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Cardiac and Pulmonary Rehabilitation Services	You pay nothing for cardiac and pulmonary rehabilitation services. Referral required.	**You pay nothing for cardiac and pulmonary rehabilitation services. Referral required. Certain cardiac and pulmonary rehabilitation procedures require authorization.**
Diagnostic Services/ Labs/Imaging	You pay nothing for the following services: • Diagnostic radiology services, e.g., MRI, CT, PET scans • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Colonoscopy, sigmoidoscopy, endoscopy • Radiation therapy Referral required.	**You pay nothing for the following services:** • **Diagnostic radiology services, e.g., MRI, CT, PET scans** • **Lab services** • **Diagnostic tests and procedures** • **Outpatient x-rays** • **Colonoscopy, sigmoidoscopy, endoscopy** • **Radiation therapy** **Referral required. The following services require authorization:** • **Certain diagnostic procedures and tests** • **Certain diagnostic radiological services** • **Certain therapeutic radiological services** **The following services do not require authorization:** • **Lab** • **X-rays**

	2026 (this year)	2027 (next year)
Emergency Services	You pay $50 copay per emergency room visit. Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network. Emergency care is only covered within the United States.	**You pay $90 copay per emergency room visit.** **Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network.** **Emergency care is only covered within the United States.**
Inpatient Psychiatric Hospital Care	You pay: • $80 copay per day for days 1 through 6. • $0 copay per day for days 7 through 90. • $0 copay per day for lifetime reserve days 91 through 150. Plan covers 90 days each benefit period. A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.	**You pay:** • **$80 copay per day for days 1 through 6.** • **$0 copay per day for days 7 through 90.** • **$0 copay per day for lifetime reserve days 91 through 150.** **Plan covers 90 days each benefit period. A benefit period starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.**

	2026 (this year)	2027 (next year)
Inpatient Psychiatric Hospital Care (continued)	Plan also covers 60 lifetime reserve days. Lifetime reserve days are "extra" days that the plan covers. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital. Referral required for elective admission. Authorization required.	**Plan also covers 60 lifetime reserve days. Lifetime reserve days are "extra" days that the plan covers. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.** **There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.** **Authorization required.**
Medicare Part B Drugs	You pay nothing for covered Medicare Part B drugs. Authorization required for chemotherapy/ radiation drugs.	**You pay nothing for covered Medicare Part B drugs. Authorization required for chemotherapy/ radiation drugs and other Part B drugs.**

	2026 (this year)	2027 (next year)
Outpatient Rehabilitation Services	You pay nothing for physical therapy, occupational therapy and speech language therapy. Referral required.	**You pay nothing for physical therapy, occupational therapy and speech language therapy. Referral and authorization required.**
Special Supplemental Benefits for the Chronically Ill *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*	For members who have been diagnosed with AIDS-related neuropathy, you pay nothing for up to two (2) one (1)-hour therapeutic massages per month to increase blood circulation. Referral and authorization required. ——————— For members who have been diagnosed with diabetes, you pay nothing for up to two (2) diabetic meals per day. Nutritious diabetic meals help members who have diabetes and do not have access to appropriate food to manage and control their disease. Referral and authorization required.	**For members who have been diagnosed with AIDS-related neuropathy, you pay nothing for up to two (2) one (1)-hour therapeutic massages per month to increase blood circulation. Referral and authorization required.** **———————** **For members who have been diagnosed with diabetes, you pay nothing for up to two (2) diabetic meals per day. Nutritious diabetic meals help members who have diabetes and do not have access to appropriate food to manage and control their disease. Referral and authorization required.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (continued) *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*	For members who have been diagnosed with congestive heart failure (CHF), you pay nothing for up to two (2) low-sodium meals per day. Nutritious low-sodium meals help enrollees who have CHF and do not have access to appropriate food to manage and control their disease. Referral and authorization required. For members who have been diagnosed with asthma or chronic pulmonary conditions and live in a residence that is infested with cockroaches, mice or rats, you pay nothing for pest control services up to the annual benefit limit of $1,000. Pest control for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required.	**For members who have been diagnosed with congestive heart failure (CHF), you pay nothing for up to two (2) low-sodium meals per day. Nutritious low-sodium meals help enrollees who have CHF and do not have access to appropriate food to manage and control their disease. Referral and authorization required.** **For members who have been diagnosed with asthma or chronic pulmonary conditions and live in a residence that is infested with cockroaches, mice or rats, you pay nothing for pest control services up to the annual benefit limit of $1,000. Pest control for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (continued) *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*	For members who have been diagnosed with asthma or chronic pulmonary conditions and live in an environment whose air quality contributes to asthma and breathing problems, you pay nothing for an air filter device(s) and filter replacements up to the annual benefit limit of $200. An air filter for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required. For members who need daily living assistance and hygiene support and are unable to do their own laundry, you pay nothing for laundry service up to the monthly benefit limit of $156. Authorization required.	**For members who have been diagnosed with asthma or chronic pulmonary conditions and live in an environment whose air quality contributes to asthma and breathing problems, you pay nothing for an air filter device(s) and filter replacements up to the annual benefit limit of $200. An air filter for individuals who have asthma and other chronic pulmonary diseases reduces asthma symptoms. Referral and authorization required.** **For members who need daily living assistance and hygiene support and are unable to do their own laundry, you pay nothing for laundry service up to the monthly benefit limit of $156. Authorization required.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (continued) *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*	For members who have a medical plan of care for complex diagnoses such as cancer, end-stage renal disease, mental illness/cognitive impairment, wound management, etc. that requires multiple and frequent transportation to and from providers and facilities, you pay nothing for unlimited transportation. Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.	**For members who have a medical plan of care for complex diagnoses such as cancer, end-stage renal disease, mental illness/cognitive impairment, wound management, etc. that requires multiple and frequent transportation to and from providers and facilities, you pay nothing for unlimited transportation. Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.** **———————** **For members who need daily living assistance, you pay nothing for personal emergency response system (PERS). Authorization required.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (continued) *The benefits mentioned here are a part of special supplemental program for the chronically ill. Not all members qualify.*		**For members who have been diagnosed with HIV, you pay nothing for up to $90 per month for healthy foods and groceries. Plan provides benefit through a debit card that will be loaded with $90 every month. Any unused balance will expire December 31, 2027, or the last day of the month of your enrollment if you disenroll before the end of the year.**
Transportation	You pay nothing for up to 24 round trips to plan-approved locations. Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.	**You pay nothing for up to 24 round trips to plan-approved locations.** **Plan must authorize and book transportation and will verify that transportation requested is to and from provider offices or facilities.** **Uncompleted trips because member no-shows when the driver presents to pick-up the member will count against the number of trips available in the benefit.**

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.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-263-0067 (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 does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 1-800-263-0067 (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. During this stage, you pay the full cost of your Tier 1 through Tier 4 drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	$615 During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you've reached the yearly deductible.	**$700** **During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. 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, 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)
Generic Drugs (Tier 1) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 15% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**You pay 15% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Preferred Brand Drugs (Tier 2) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 22% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**You pay 25% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Non-Preferred Brand Drugs (Tier 3) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost.	**You pay 25% of the total cost.**

	2026 (this year)	2027 (next year)
Specialty Drugs (Tier 4) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.	**You pay 25% of the total cost.** **You pay $35 per month supply of each covered insulin product on this tier.**
Select Care Drugs (Tier 5) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay nothing.	**You pay nothing.**

Changes to the Coverage Gap and Catastrophic Coverage Stages

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 How to Change Plans

To stay in PHP, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you will automatically be enrolled in PHP.

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 PHP. 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 Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from PHP.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Contact Member Services at 1-800-263-0067 (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 1.1).
- **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).

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 income es 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 should 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 Medi-Cal 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 California Department of Public Health, Office of AIDS. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you are currently enrolled, how to continue getting help, call the ADAP call center at 1-844-421-7050 (TTY users call 711), Monday through Friday, 8:00 a.m. to 5:00 p.m. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This**

payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

Extra Help from Medicare and help from ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-263-0067 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from PHP

- **Call Member Services at 1-800-263-0067. (TTY users call 711.)**

  We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week. Calls to these numbers are free.

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

  This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage* for PHP. 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.php-ca.org/for-members/publications or call Member Services at 1-800-263-0067 (TTY users call 711) to ask us to mail you copy.

- **Visit www.php-ca.org**

  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 California, the SHIP is called the California Department of Aging's Health Insurance Counseling and Advocacy Program (HICAP).

Call HICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans.

Call 1-800-434-0222 (TTY users call 711). Learn more about HICAP by visiting www.aging.ca.gov/hicap.

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.