

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

## **Annual Notice of Change for 2026**

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

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 VIVA MEDICARE *Plus*.
- To change to a **different plan**, visit [www.Medicare.gov](http://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.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources) or call Member Services at 1-800-633-1542 (TTY users call 711) to get a copy by mail.

### **More Resources**

- Please refer to the Notice of Availability at the end of this document to learn about free language assistance services and auxiliary aids and services available to you.
- Call Member Services at 1-800-633-1542 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). This call is free.
- If you need this information in another format, such as audio or large print, please contact Member Services (phone number is listed above).

### **About VIVA MEDICARE *Plus***

- VIVA HEALTH, Inc. is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means VIVA HEALTH, Inc. When it says “plan” or “our plan,” it means VIVA MEDICARE *Plus*.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Viva MEDICARE *Plus*.** Starting January 1, 2026, you'll get your medical and drug coverage through VIVA MEDICARE *Plus*. 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

|                                                                                                                                                                                                                                                                                                                                      | 2025<br>(this year)                                                                                                        | 2026<br>(next year)                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium can be higher than this amount. Go to Section 1.1 for details.                                                                                                                                                                                                                        | \$0                                                                                                                        | \$0                                                                                                                                                                       |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)                                                                                                                                                                                       | \$9,350                                                                                                                    | <b>\$9,250</b><br><br><b>Once you've paid \$9,250 out-of-pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.</b> |
| <b>Primary Care Provider (PCP) office visits</b>                                                                                                                                                                                                                                                                                     | \$0 per visit                                                                                                              | \$0 per visit                                                                                                                                                             |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                                                                                      | \$25 copay per visit; \$0 per specialist visit in a skilled nursing facility.                                              | <b>\$25 copay per visit; \$0 per specialist visit in a skilled nursing facility.</b>                                                                                      |
| <b>Inpatient hospital stays</b><br>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. | \$375 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.<br><br>\$0 for additional days. | <b>\$375 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization.</b><br><br><b>\$0 for additional days.</b>                                  |

|                                                                                                                                                           | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage deductible</b><br>(Go to Section 1.7 for details.)                                                                                | \$0 for Tier 1 and Tier 2<br>\$300 for Tier 3, Tier 4,<br>and Tier 5 except for<br>covered insulin<br>products and most adult<br>Part D vaccines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>\$0 for Tier 1 and Tier 2</b><br><b>\$350 for Tier 3, Tier 4,</b><br><b>and Tier 5 except for</b><br><b>covered insulin</b><br><b>products and most</b><br><b>adult Part D vaccines.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Part D drug coverage</b><br>(Go to Section 1.7 for details,<br>including Yearly Deductible, Initial<br>Coverage, and Catastrophic<br>Coverage Stages.) | Copayment/<br>Coinsurance during the<br>Initial Coverage Stage:<br><br>Drug Tier 1: \$0 per<br>prescription filled at a<br>network pharmacy (30-<br>day supply).<br><br>Drug Tier 2: \$12 per<br>prescription filled at a<br>network pharmacy (30-<br>day supply).<br><br>Drug Tier 3: \$47 per<br>prescription filled at a<br>network pharmacy (30-<br>day supply).<br><br>You pay \$35 per month<br>supply of each covered<br>insulin product on this<br>tier (30-day supply).<br><br>Drug Tier 4: 42% of the<br>total cost per<br>prescription filled at a<br>network pharmacy (30-<br>day supply).<br><br>You pay no more than<br>\$35 per month supply of<br>each covered insulin | <b>Copayment/<br/>           Coinsurance during the<br/>           Initial Coverage Stage:</b><br><br><b>Drug Tier 1: \$0 per<br/>           prescription filled at a<br/>           network pharmacy (30-<br/>           day supply).</b><br><br><b>Drug Tier 2: \$12 per<br/>           prescription filled at a<br/>           network pharmacy (30-<br/>           day supply).</b><br><br><b>Drug Tier 3: \$47 per<br/>           prescription filled at a<br/>           network pharmacy (30-<br/>           day supply).</b><br><br><b>You pay \$35 per month<br/>           supply of each covered<br/>           insulin product on this<br/>           tier (30-day supply).</b><br><br><b>Drug Tier 4: 42% of the<br/>           total cost per<br/>           prescription filled at a<br/>           network pharmacy (30-<br/>           day supply).</b><br><br><b>You pay no more than<br/>           \$35 per month supply<br/>           of each covered insulin</b> |

|  | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                        | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                           |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>product on this tier (30-day supply).</p> <p>Drug Tier 5: 29% of the total cost per prescription filled at a network pharmacy (30-day supply).</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier (30-day supply).</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p> | <p><b>product on this tier (30-day supply).</b></p> <p><b>Drug Tier 5: 29% of the total cost per prescription filled at a network pharmacy (30-day supply).</b></p> <p><b>You pay no more than \$35 per month supply of each covered insulin product on this tier (30-day supply).</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></p> |

**SECTION 1 Changes to Benefits & Costs for Next Year****Section 1.1 Changes to the Monthly Plan Premium**

|                                                                                                                                                         | <b>2025<br/>(this year)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2026<br/>(next year)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.)<br><br><b>There is no change to your premium for 2026.</b> | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Part B premium reduction</b><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B.                        | <p>Our plan provides a Medicare Part B premium reduction that lowers the cost of your monthly Medicare Part B premium (if you are not receiving government assistance that pays the Medicare Part B premium for you.)</p> <ul style="list-style-type: none"><li>You will get \$20 off your monthly Part B premium if you live in one of the following counties: Baldwin, Bibb, Blount, Chambers, Dale, Dallas, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega,</li></ul> | <p><b>Our plan provides a Medicare Part B premium reduction that lowers the cost of your monthly Medicare Part B premium (if you are not receiving government assistance that pays the Medicare Part B premium for you.)</b></p> <ul style="list-style-type: none"><li><b>You will get \$20 off your monthly Part B premium if you live in one of the following counties: Baldwin, Bibb, Chambers, Dale, Dallas, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega,</b></li></ul> |

|  | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Tuscaloosa, and Walker.</p> <ul style="list-style-type: none"><li>You will get \$2 off your monthly Part B premium if you live in one of the following counties:<br/>Autauga, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Elmore, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa.</li></ul> <p>Depending on how you pay your monthly Medicare Part B premium the reduction will be credited to your Social Security check or credited to the amount you owe for your monthly Part B premium.</p> | <p><b>Tuscaloosa, and Walker.</b></p> <ul style="list-style-type: none"><li><b>You will get \$2 off your monthly Part B premium if you live in one of the following counties:<br/>Autauga, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Elmore, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa.</b></li></ul> <p><b>Depending on how you pay your monthly Medicare Part B premium the reduction will be credited to your Social Security check or credited to the amount you owe for your monthly Part B premium.</b></p> |

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you’re required to pay a lifetime Part D late enrollment penalty for going without 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 Medicare 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 services for the rest of the calendar year.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2025<br>(this year) | 2026<br>(next year)                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.</p> <p>Our plan premium (if any), Medicare Part A and Part B premiums, non-Medicare-covered eyewear (glasses, contacts, lenses and frames), non-Medicare-covered dental services, non-Medicare-covered hearing aids, costs for prescription drugs, and any amount you pay over the \$50,000 annual coverage limit for emergency care received outside the United States and its territories <b>don’t count</b> toward your maximum out-of-pocket amount.</p> | <p>\$9,350</p>      | <p><b>\$9,250</b></p> <p><b>Once you’ve paid \$9,250 out-of-pocket for covered services, you’ll pay nothing for your covered services for the rest of the calendar year.</b></p> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).
- Call Member Services at 1-800-633-1542 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-633-1542 (TTY users call 711) for help. 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* at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).
- Call Member Services at 1-800-633-1542 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-633-1542 (TTY users call 711) for help.

### Section 1.5 Changes to Benefits & Costs for Medical Services

|                                                                    | 2025<br>(this year)                         | 2026<br>(next year)                              |
|--------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <b>Additional telehealth services for urgently needed services</b> | Additional telehealth services for urgently | <b>You pay the following for each telehealth</b> |

|                           | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | needed services are <u>not</u> covered.                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>service for Medicare-covered urgently needed services:</b> <ul style="list-style-type: none"> <li>• \$0 for your PCP</li> <li>• \$25 copay for physician specialist</li> <li>• \$40 copay for urgent care facility/clinic</li> </ul>                                                                                                                                                                                                                              |
| <b>Ambulance services</b> | You pay a \$325 copay per one-way trip for Medicare-covered ambulance services.                                                                                                                                                                                                                                                                                                                                                                               | <b>You pay a \$290 copay per one-way trip for Medicare-covered ambulance services.</b>                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Dental services</b>    | <p>You have a \$900 allowance for preventive, diagnostic, and comprehensive dental services per calendar year if you live in one of the following counties: Baldwin, Bibb, Blount, Chambers, Dale, Dallas, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega, Tuscaloosa and Walker.</p> <p>You have a \$835 allowance for preventive, diagnostic, and comprehensive dental services per calendar year if you live</p> | <p><b>You have a \$1,000 allowance for preventive, diagnostic, and comprehensive dental services per calendar year if you live in one of the following counties: Baldwin, Bibb, Chambers, Dale Dallas, Geneva, Henry, Houston, Jefferson, Lee, Mobile, Montgomery, Shelby, St. Clair, Talladega, Tuscaloosa and Walker.</b></p> <p><b>You have a \$700 allowance for preventive, diagnostic, and comprehensive dental services per calendar year if you live</b></p> |

|                                                            | 2025<br>(this year)                                                                                                                                                                                                              | 2026<br>(next year)                                                                                                                                                                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            | in one of the following counties: Autauga, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Elmore, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa.                                 | <b>in one of the following counties: Autauga, Blount, Bullock, Calhoun, Cherokee, Chilton, Colbert, Crenshaw, Cullman, Elmore, Etowah, Fayette, Franklin, Lauderdale, Lowndes, Macon, Pike, and Tallapoosa.</b>                         |
| <b>Emergency care (including worldwide emergency care)</b> | You pay a \$110 copay for each Medicare-covered emergency room visit (you do not pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition). | <b>You pay a \$115 copay for each Medicare-covered emergency room visit (you do not pay this amount if you are admitted to the same hospital as an inpatient or for outpatient observation within 24 hours for the same condition).</b> |
| <b>Intensive outpatient program services</b>               | You pay a \$25 copay for each Medicare-covered intensive outpatient program service.                                                                                                                                             | <b>You pay a \$55 copay for each Medicare-covered intensive outpatient program service.</b>                                                                                                                                             |

|                                                                         | 2025<br>(this year)                                                                                                                                                                                                                                                                                                         | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outpatient hospital services and outpatient hospital observation</b> | You pay a \$375 copay for each Medicare-covered surgery, procedure, or service including blood transfusion and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient hospital observation service when no outpatient procedure is performed. | <b>You pay a \$365 copay for each Medicare-covered surgery, procedure, or service including blood transfusion and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient hospital observation service when no outpatient procedure is performed.</b> |
| <b>Over-the-counter (OTC) drugs and supplies</b>                        | You are covered for up to \$25 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Product Catalog. See your <i>Evidence of Coverage</i> for more details.                                                                                         | <b>You are covered for up to \$30 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Product Catalog. See your <i>Evidence of Coverage</i> for more details.</b>                                                                                         |

|                                       | 2025<br>(this year)                                                                                                                                                                                                                           | 2026<br>(next year)                                                                                                                                                                                                                                  |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Skilled nursing facility (SNF)</b> | You pay \$0 for each Medicare-covered day for days 1-20 for each benefit period; \$196 copay for each Medicare-covered day for days 21-52 for each benefit period; \$0 for each Medicare-covered day for days 53-100 for each benefit period. | <b>You pay \$0 for each Medicare-covered day for days 1-20 for each benefit period; \$218 copay for each Medicare-covered day for days 21-63 for each benefit period; \$0 for each Medicare-covered day for days 64-100 for each benefit period.</b> |

## 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 on our website at [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources).

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

## Section 1.7 Changes to Prescription Drug Benefits & Costs

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

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

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4, and Tier 5 drugs until you've reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines.

- **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 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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                   | 2025<br>(this year)                                                                                                                                                                                                                                                                                                                             | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                           |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yearly Deductible | <p>\$300 for Tier 3, Tier 4, and Tier 5</p> <p>During this stage, you pay \$0 for drugs on Tier 1, \$12 for drugs on Tier 2 (30-day supply), and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you’ve reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p> | <p><b>\$350 for Tier 3, Tier 4, and Tier 5</b></p> <p><b>During this stage, you pay \$0 for drugs on Tier 1, \$12 for drugs on Tier 2 (30-day supply), and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you’ve reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines.</b></p> |

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy. 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 or mail-order prescriptions, 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<br>(this year)                                                                                               | 2026<br>(next year)                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Tier 1 (Preferred Generic)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> .  | \$0 per prescription                                                                                              | <b>\$0 per prescription</b>                                                                                                     |
| <b>Tier 2 (Generic)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> .            | \$12 per prescription                                                                                             | <b>\$12 per prescription</b>                                                                                                    |
| <b>Tier 3 (Preferred Brand)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> .    | \$47 per prescription<br>You pay \$35 per month supply of each covered insulin product on this tier.              | <b>\$47 per prescription</b><br><b>You pay \$35 per month supply of each covered insulin product on this tier.</b>              |
| <b>Tier 4 (Non-Preferred Drug)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a different tier, look them up on the <i>Drug List</i> . | 42% of the total cost<br>You pay no more than \$35 per month supply of each covered insulin product on this tier. | <b>42% of the total cost</b><br><b>You pay no more than \$35 per month supply of each covered insulin product on this tier.</b> |
| <b>Tier 5 (Specialty Tier)</b><br>We changed the tier for some of the drugs on our <i>Drug List</i> . To see if your drugs will be in a                                                            | 29% of the total cost<br>You pay no more than \$35 per month supply of each covered insulin product on this tier. | <b>29% of the total cost</b><br><b>You pay no more than \$35 per month supply of each covered insulin product on this tier.</b> |

|                                                        | 2025<br>(this year) | 2026<br>(next year) |
|--------------------------------------------------------|---------------------|---------------------|
| different tier, look them up on the <i>Drug List</i> . |                     |                     |

### Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

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<br>(this year)                                                                                                                                                                                                                                                                          | 2026<br>(next year)                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medicare Prescription Payment Plan</b> | <p>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).</p> <p>You may be participating in this payment option.</p> | <p><b>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.</b></p> <p><b>To learn more about this payment option, call us at 1-866-788-5146 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b></p> |

## SECTION 3 How to Change Plans

**To stay in VIVA MEDICARE *Plus*, 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 VIVA MEDICARE *Plus*.

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 VIVA MEDICARE *Plus*.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from VIVA MEDICARE *Plus*.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-633-1542 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://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). As a reminder, VIVA HEALTH offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 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

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 Medicare separate 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

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Alabama AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Alabama AIDS Drug Assistance Program at 1-866-574-9964. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, please contact CVS Caremark Customer Care at 1-866-788-5146 (TTY only, call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from VIVA MEDICARE *Plus*

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

We're available for phone calls from 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week). Calls to these numbers are free.

- **Read your 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 VIVA MEDICARE *Plus*. 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.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources) or call Member Services at 1-800-633-1542 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.VivaHealth.com/Medicare/Member-Resources](http://www.VivaHealth.com/Medicare/Member-Resources)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs (formulary/Drug List)*.

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Alabama, the SHIP is called Alabama Department of Senior Services.

Call Alabama Department of Senior Services to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Alabama Department of Senior Services at 1-877-425-2243. Learn more about Alabama Department of Senior Services by visiting [www.alabamaageline.gov](http://www.alabamaageline.gov).

## Get Help from Medicare

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

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

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://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 (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 1-800-633-1542 (TTY: 711) or speak to your provider.

### **Español (Spanish)**

ATENCIÓN: Si habla español (Spanish), 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 1-800-633-1542 (TTY: 711) o hable con su proveedor.

### **中文 (Traditional Chinese)**

注意：如果您說中文 (Chinese)，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 1-800-633-1542 (TTY : 711) 或與您的提供者討論。

### **中文 (Simplified Chinese)**

注意：如果您說中文 (Chinese)，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 1-800-633-1542 (文本电话：711) 或咨询您的服务提供商。

### **한국어 (Korean)**

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-633-1542 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

### **Việt (Vietnamese)**

LƯU Ý: Nếu bạn nói tiếng Việt (Vietnamese), 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 1-800-633-1542 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

## **العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-633-1542 (TTY: 711) أو تحدث إلى مقدم الخدمة.

## **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-633-1542 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## **Français (French)**

ATTENTION : Si vous parlez Français (French), 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 1-800-633-1542 (TTY : 711) ou parlez à votre fournisseur.

## **ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-633-1542 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

## **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 1-800-633-1542 (TTY: 711) o makipag-usap sa iyong provider.

## **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी (Hindi) 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। 1-800-633-1542 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

## **ລາວ (Lao)**

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ (Lao), ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-633-1542 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

## **РУССКИЙ (Russian)**

ВНИМАНИЕ: Если вы говорите на русский (Russian), вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-633-1542 (TTY: 711) или обратитесь к своему поставщику услуг.

## **Português (Portuguese)**

ATENÇÃO: Se você fala **português** (Portuguese), 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 1-800-633-1542 (TTY: 711) ou fale com seu provedor.

## **Türkçe (Turkish)**

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-800-633-1542 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

## **日本語 (Japanese)**

注：日本語(Japanese)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。1-800-633-1542（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。