## Provider Partners Indiana Essential Plan (HMO I-SNP) offered by Provider Partners Health Plans

# Annual Notice of Change for 2026

You're enrolled as a member of Provider Partners Indiana Essential Plan.

- To change to a **different plan,** you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.pphealthplan.com or call Member Services at 1-800-405-9681 (TTY users call 711) to get a copy by mail.

### More Resources

- Call Member Services at 1-800-405-9681 (TTY users call 711) for more information. Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30. This call is free.
- This material may be available in an alternate format such as braille and large print.

### About Provider Partners Indiana Essential Plan

- Provider Partners Indiana Essential Plan is a Health Maintenance Organization (HMO) Special Needs Plan (SNP) with a Medicare contract. Enrollment in Provider Partners Medicare Advantage Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means Provider Partners Health Plans. When it says "plan" or "our plan," it means Provider Partners Indiana Essential Plan.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Provider Partners Indiana Essential Plan.** Starting January 1, 2026, you'll get your medical and drug coverage through Provider Partners Indiana Essential Plan. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

H4444_003_ANOC26_M

# Table of Contents

## Summary of Important Costs for 2026

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium can be higher than this amount. Go to Section 1.1 for details. | $49.60 | **$38.40** |
| **Deductible** | $257 except for insulin furnished through an item of durable medical equipment. | **$283 except for insulin furnished through an item of durable medical equipment.** |
| **Maximum out-of-pocket amount** <br> This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.) | $9,350 | **$9,250** |
| **Primary care office visits** | 20% of the total cost per visit | **20% of the total cost per visit** |
| **Specialist office visits** | 20% of the total cost per visit | **20% of the total cost per visit** |
| **Inpatient hospital stays** <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. | $1,676 deductible for each inpatient hospital benefit period. <br> Days 1-60: $0 per day after you pay your deductible. | **$1,736 deductible for each inpatient hospital benefit period.** <br> **Days 1-60: $0 per day after you pay your deductible.** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| The day before you're discharged is your last inpatient day. | Days 61-90: $419 each day.<br>Days 91-150: $838 each day while using your 60 lifetime reserve days.<br>After day 150: You pay all costs.<br>Beyond lifetime reserve days: You pay all costs. | **Days 61-90: $434 each day.**<br>**Days 91-150: $868 each day while using your 60 lifetime reserve days.**<br>**After day 150: You pay all costs.**<br>**Beyond lifetime reserve days: You pay all costs.** |
| **Part D drug coverage deductible**<br>(Go to Section 1.7 for details.) | $590 except for covered insulin products and most adult Part D vaccines. | **$615 except for covered insulin products and most adult Part D vaccines.** |
| **Part D drug coverage**<br>(Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | Coinsurance during the Initial Coverage Stage:<br>Drug Tier 1: 25% of the total cost<br>You pay $35 per month supply of each covered insulin product on this tier.<br>Catastrophic Coverage Stage:<br>During this payment stage, you pay nothing for your covered Part D drugs. | **Coinsurance during the Initial Coverage Stage:**<br>**Drug Tier 1: 25% of the total cost**<br>**You pay $35 per month supply of each covered insulin product on this tier.**<br>**Catastrophic Coverage Stage:**<br>**During this payment stage, you pay nothing for your covered Part D drugs.** |

# SECTION 1 Changes to Benefits & Costs for Next Year

## Section 1.1 Changes to the Monthly Plan Premium

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Monthly plan premium**<br>(You must also continue to pay your Medicare Part B premium.) | $49.60 | **$38.40** |

**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.

- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

## 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 (and any supplemental services covered under the plan but not covered by Medicare) for the rest of the calendar year.

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount.<br>Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount. | $9,350 | **$9,250**<br>**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.** |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* https://www.pphealthplan.com/directory-search/ 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 https://www.pphealthplan.com/directory-search/.
- Call Member Services at 1-800-405-9681 (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 1-800-405-9681 (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* https://www.pphealthplan.com/participating-pharmacies/ to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at https://www.pphealthplan.com/participating-pharmacies/.

- Call Member Services at 1-800-405-9681, (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 1-800-405-9681 (TTY users call 711) for help.

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

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Additional Telehealth Benefits** | Prior authorization may be required. | **Prior authorization is not required.** |
| **Medicare Part B Rx Drugs and Home Infusion Drugs** | Prior authorization may be required. | **Prior authorization may be required for billed charges in excess of $1,500.** |
| **Mental Health Specialty Services** | Prior authorization may be required. | **Prior authorization is not required.** |
| **Other Medicare-Covered Preventative Services** | You pay 0% of the total cost for Medicare-covered Diabetes Self-Management Training. | **You pay 20% of the total cost for Medicare-covered Diabetes Self-Management Training.** |
| **Occupational Therapy Services** | You pay 20% of the total cost for Medicare covered services. | **You pay 0% of the total cost for Medicare-covered services.** |
| **Outpatient Diagnostic and Therapeutic Radiological Services** | Prior authorization may be required. | **Prior authorization is not required.** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Outpatient Diagnostic Lab Services** | Prior authorization is not required. | **Prior authorization may be required.** |
| **Other Health Care Professional Services** | Prior authorization may be required. | **Prior authorization is not required.** |
| **Over-the-Counter (OTC)** | You pay $0 for a $50 allowance every quarter for specific over-the-counter drugs and other health-related products, as listed in the OTC catalog. | **You pay $0 for a $125 quarterly allowance for specific over-the-counter drugs and other health-related products, as listed in the OTC catalog.** |
| **Podiatry Services- Routine foot care** | You pay $0 for up to 4 routine visits every year. | **You pay $0 for up to 12 routine visits every year.** |
| **Physical Therapy and Speech Language Pathology Services** | You pay 20% of the total cost for Medicare-covered services. | **You pay 0% of the total cost for Medicare-covered services.** |
| **Psychiatric Services** | Prior authorization may be required. | **Prior authorization is not required.** |
| **Physician Specialist Services** | Prior authorization may be required. | **Prior authorization is not required.** |
| **Skilled Nursing Facility** | These services were not covered as a supplemental benefit under Part C. | **These services are covered as a supplemental benefit under Part C.** |

| | | |
|---|---|---|
| **Special Supplemental Benefits for the Chronically Ill (SSBCI)*** | The Grocery benefit provides a monthly allowance of $300. Funds are loaded every month onto a restricted spend debit card** for use at participating retail locations. Members can purchase healthy foods and prepared meals. Any unused funds do not rollover to the next period.<br><br>*These are special supplemental benefits, not all members will qualify. Members that have been diagnosed with one of the following chronic conditions AND meet certain criteria may be eligible for these benefits: cardiovascular disorders, chronic heart failure, dementia, diabetes and chronic and disabling mental health conditions. Other conditions may also make you eligible for these benefits.<br><br>**The &more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Inc. Use of this card is subject to the terms and conditions of the Cardholder Agreement. | **You pay $0 for a $345 quarterly allowance for healthy food, produce, and digital communications.**<br><br>**Funds are loaded every quarter onto a restricted spend debit card** for use at participating retail locations. Members can purchase healthy foods and prepared meals. The digital communication benefit allowance can be used towards the cost of a wireless service provider bill. Any unused funds do not rollover to the next period.**<br><br>***These are special supplemental benefits; not all members will qualify. Members that have been diagnosed with one of the following chronic conditions AND meet certain criteria may be eligible for these benefits: cardiovascular disorders, chronic heart failure, dementia, diabetes and chronic and disabling mental health conditions.** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | | **Other conditions may also make you eligible for these benefits.**<br>****&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.** |
| **Transportation (Non-Emergent, Routine)** | You pay $0 for up to 14 one-way trips per year to health-related locations. | **You pay $0 for up to 30 one-way trips per year to health-related locations.** |
| **Urgently Needed Services** | You pay 20% of the total cost (up to $45 maximum) per visit. | **You pay 20% of the total cost (up to $40 maximum) per visit.** |

## 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 1-800-405-9681 (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 may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-800-405-9681 (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 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 $2,100.

- ***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 (this year) | 2026 (next year) |
|---|---|---|
| **Yearly Deductible** | $590 | **$615** |

**Drug Costs in Stage 2: Initial Coverage**

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 for 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 (this year) | 2026 (next year) |
|---|---|---|
| **Tier 1** | 25% of the total cost | **25% of the total cost** |

**Changes to the Catastrophic Coverage Stage**

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

## SECTION 2 Administrative Changes

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Pharmacy Benefit Manager Change** | In 2025, your Pharmacy Benefit Manager changed their name to MedImpact. | **In 2026, your Pharmacy Benefit Manager will be OptumRx.** |
| **Pharmacy Benefit Manager Member Service Number change** | The Prescription Drug Member Services phone number is 1-844-846-8007. | **The Prescription Drug Member Services phone number is 1-855-205-4428.** |
| **Pharmacy Benefit Manager Mailing Address update** | Coverage Decisions and Appeals for Part D prescription drugs are to be mailed to: MedImpact C/O Provider Partners Health Plans 10181 Scripps Gateway Ct, San Diego, CA 92131<br><br>Part D Complaints/ Grievances are to be mailed to: MedImpact C/O Provider Partners Health Plans 10181 Scripps Gateway Ct, San Diego, CA 92131 Attn: Grievance Department Fax: 1-877-503-7231<br><br>Pharmacy Payment Requests, Claims and Direct Member Reimbursements are to be mailed to: MedImpact C/O Provider Partners Health Plans 10181 Scripps Gateway Ct, San Diego, CA 92131 | **Coverage Decisions and Appeals for Part D prescription drugs are to be mailed to: OptumRx Prior Authorization and Appeals PO Box 2975 Mission, KS 66201**<br><br>**Part D Complaints/ Grievances are to be mailed to: Optum Rx Complaints 6860 W. 115th St., Overland Park, KS 66211**<br><br>**Pharmacy Payment Requests, Claims and Direct Member Reimbursements are to be mailed to: Optum RX Claims Department, PO Box 650287, Dallas, TX 75265-0287** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| **Mailing Address for Premium payments** | Premiums paid by check were to be mailed to Provider Partners Health Plans 785 Elkridge Landing Rd. Suite 300, Linthicum Heights, MD 20190 | **Premiums paid by check should be mailed to Provider Partners Health Plans 8820 Columbia 100 Parkway, Suite 430, Columbia, MD 21045** |
| **Mailing Address for Medicare Prescription Payment Plan** | Notices are to be mailed to: Provider Partners Health Plans PO Box 21063 Eagan, MN 55121 | **Notices are to be mailed to: Provider Partners Health Plans 2261 Market Street Ste 22538, San Francisco, CA 94114** |
| **Medicare Prescription Payment Plan** | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option. | **If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.**<br>**To learn more about this payment option, call us at 1-800-405-9681 (TTY users call 711) or visit www.Medicare.gov.** |
| **Service Areas covered** | Our service area includes these counties: Cass, DeKalb, Delaware, Elkhart, Hamilton, Hendricks, Howard, Johnson, Madison, Marion, Marshall, Monroe, Morgan, Porter, St. Joseph, Vanderburgh, Warrick and Whitley. | **Our service area expanded to the following counties: Allen, Boone, Brown, Clark, Daviess, Decatur, Dubois, Fayette, Floyd, Gibson, Hancock, Henry, Jackson, Jefferson, Kosciusko, La Porte, Lawrence, Miami, Montgomery, Noble, Orange, Pike, Putman,** |

| | 2025 (this year) | 2026 (next year) |
|---|---|---|
| | | **Randolph, Scott, Shelby, Tippecanoe, Wabash, Washington, Wells and White.** |

## SECTION 3 How to Change Plans

**To stay in Provider Partners Indiana Essential Plan, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Provider Partners Indiana Essential Plan.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Provider Partners Indiana Essential Plan.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Provider Partners Indiana Essential Plan.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-405-9681 (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, 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, Provider Partners Indiana Essential Plan 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 separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Indiana has a program called Hoosier Rx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check

with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **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 Indiana State Department of Health, HIV/STD Viral Hepatitis Division. 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 1-866-588-4948. 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 SPAP and 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, call us at 1-800-405-9681 (TTY users call 711) or visit www.Medicare.gov.

## SECTION 5 Questions?

### Get Help from Provider Partners Indiana Essential Plan

- **Call Member Services at 1-800-405-9681. (TTY users call 711.)**

  We're available for phone calls, 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Provider Partners Indiana Essential Plan. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website

at www.pphealthplan.com or call Member Services at 1-800-405-9681 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.pphealthplan.com**

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

## Get Free Counseling about Medicare

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

Call Indiana State Health Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Indiana State Health Assistance Program (SHIP) at 1-800-452-4800. Learn more about State Health Assistance Program by visiting https://www.in.gov/ship/.

## Get Help from Medicare

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

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

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most

frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.