

DEVOTED CHOICE 001 KY (PPO) offered by Devoted Health

Annual Notice of Change for 2026

You're enrolled as a member of Devoted CHOICE Kentucky (PPO).

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 DEVOTED CHOICE 001 KY (PPO).
- 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.devoted.com or call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in English and Spanish.
- Call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) for more information. Hours are 8am to 8pm 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday and 8am to 5pm on Saturday from April 1 to September 30. This call is free.
- If you need information in a different language or format (such as braille or large print) — or you need any help at all — call us at 1-800-DEVOTED (1-800-338-6833), TTY 711.

About DEVOTED CHOICE 001 KY (PPO)

- Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with state Medicaid programs. Enrollment in our plans depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Devoted Health. When it says “plan” or “our plan,” it means DEVOTED CHOICE 001 KY (PPO).
- On January 1, 2026, our plan name will change from Devoted CHOICE Kentucky (PPO) to DEVOTED CHOICE 001 KY (PPO). We'll send you a new member ID card with our new name. From here on, our new name, DEVOTED CHOICE 001 KY (PPO), will be on all materials.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in DEVOTED CHOICE 001 KY (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through DEVOTED CHOICE 001 KY (PPO). 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 (this year)	2026 (next year)
Monthly plan premium*	\$0	\$0
*Your premium can be higher than this amount. Go to Section 1.1 for details.		
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From in-network providers: \$5,500 From in-network and out-of-network providers combined: \$9,250	From in-network providers: \$5,500 From in-network and out-of-network providers combined: \$9,650
Primary care office visits	In-network <hr/> \$0 copay per visit Out-of-network <hr/> \$0 copay per visit	In-network <hr/> \$0 copay per visit Out-of-network <hr/> \$5 copay per visit
Specialist office visits	In-network <hr/> \$40 copay per visit Out-of-network <hr/> \$40 copay per visit	In-network <hr/> \$40 copay per visit Out-of-network <hr/> \$40 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-network <hr/> Days 1 - 7 \$325 copay per day Day 8+ \$0 copay per day Out-of-network <hr/> Days 1 - 7 \$325 copay per day Day 8+ \$0 copay per day	In-network <hr/> Days 1 - 7 \$345 copay per day Day 8+ \$0 copay per day Out-of-network <hr/> Days 1 - 7 \$345 copay per day Day 8+ \$0 copay per day

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$590 for Tiers 3-5 except for covered insulin products and most adult Part D vaccines.	\$375 for Tiers 3-5 except for covered insulin products and most adult Part D vaccines.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 at a retail pharmacy for a 30-day supply.</p> <p>Drug Tier 2: \$0 at a retail pharmacy for a 30-day supply.</p> <p>Drug Tier 3: 25% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 25% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 25% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 at a retail pharmacy for a 30-day supply.</p> <p>Drug Tier 2: \$0 at a retail pharmacy for a 30-day supply.</p> <p>Drug Tier 3: 19% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: 25% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 28% of the total cost at a retail pharmacy for a 30-day supply.</p> <p>You pay \$35 copay per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p>

2025 (this year)	2026 (next year)
During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

Section 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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 Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,500	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount	\$9,250	\$9,650
Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.		Once you've paid \$9,650 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers 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 *Devoted Health Provider & Pharmacy Directory* (www.devoted.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Devoted Health Provider & Pharmacy Directory*:

- Visit our website at www.devoted.com.
- Call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) to get current provider information or to ask us to mail you a *Devoted Health Provider & Pharmacy 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-DEVOTED (1-800-338-6833) (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 *Devoted Health Provider & Pharmacy Directory* (www.devoted.com) to see which pharmacies are in our network. Here's how to get an updated *Devoted Health Provider & Pharmacy Directory*:

- Visit our website at www.devoted.com.
- Call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Devoted Health Provider & 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-DEVOTED (1-800-338-6833) (TTY users call 711) for help.

Section 1.5 – Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Advanced Durable Medical Equipment (DME)	In-network 20% coinsurance	In-network 25% coinsurance
	Out-of-network 30% coinsurance	Out-of-network 38% coinsurance
Ambulance Services	In-network Ambulance - Ground \$285 copay	In-network Ambulance - Ground \$315 copay
	Out-of-network Ambulance - Ground \$285 copay	Out-of-network Ambulance - Ground \$315 copay
Basic Durable Medical Equipment (DME)	In-network 20% coinsurance	In-network 20% coinsurance
	Out-of-network 20% coinsurance	Out-of-network 38% coinsurance

	2025 (this year)	2026 (next year)
Bathroom Safety Equipment	In-network	In-network
	\$0 copay	\$0 copay
Chiropractic services	Out-of-network	Out-of-network
	20% coinsurance	38% coinsurance
Continuous Glucose Monitors (CGMs)	In-network	In-network
	CGM - Preferred Brand \$0 copay	CGM - Preferred Brand at a Retail Pharmacy \$0 copay
Continuous Glucose Monitors (CGMs)	Out-of-network	Out-of-network
	CGM - Preferred Brand \$0 copay	CGM - Preferred Brand and Non-Preferred Brand through a Durable Medical Equipment Supplier 25% coinsurance
Continuous Glucose Monitors (CGMs)	Out-of-network	Out-of-network
	CGM - Preferred Brand \$0 copay	CGM - Preferred Brand at a Retail Pharmacy 38% coinsurance
Continuous Glucose Monitors (CGMs)	Out-of-network	Out-of-network
	CGM - Preferred Brand \$0 copay	CGM - Preferred Brand and Non-Preferred Brand through a Durable Medical Equipment Supplier 38% coinsurance

	2025 (this year)	2026 (next year)
Crutches	In-network <hr/> 20% coinsurance	In-network <hr/> 20% coinsurance
	Out-of-network <hr/> 20% coinsurance	Out-of-network <hr/> 38% coinsurance
Dental Allowance	You have a \$1,000 yearly allowance toward Preventive Dental, Comprehensive Dental, and/or Eyewear combined.	You have a \$3,500 yearly allowance toward Preventive Dental and Comprehensive Dental. You pay for your dental services up front first, then submit to Devoted for reimbursement. For dentures, crowns, root canals, and bridges, you will be responsible for a 50% coinsurance. For all other covered dental services, you will pay up front and receive 100% reimbursement up to the \$3,500 allowance. Your Eyewear benefits will be a separate allowance amount. See the Eyewear row for complete details.

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies	In-network Diabetes Supplies and Services - Diabetic Supplies \$0 copay Diabetes Supplies and Services - Therapeutic Shoes & Inserts \$0 copay Out-of-network Diabetes Supplies and Services - Diabetic Supplies 20% coinsurance Diabetes Supplies and Services - Therapeutic Shoes & Inserts 20% coinsurance	In-network Diabetes Supplies and Services - Diabetic Supplies \$0 copay Diabetes Supplies and Services - Therapeutic Shoes & Inserts \$0 copay Out-of-network Diabetes Supplies and Services - Diabetic Supplies 28% coinsurance Diabetes Supplies and Services - Therapeutic Shoes & Inserts 28% coinsurance
Emergency Care	Emergency Care \$125 copay per stay	Emergency Care \$130 copay per stay
Eyewear	Dental & Eyewear Allowance You have a \$1,000 yearly allowance toward Preventive Dental, Comprehensive Dental, and/or Eyewear combined.	Eyewear Allowance \$350 per year You can go to an in-network provider, or see an out-of-network provider.

	2025 (this year)	2026 (next year)
Food & Home Card The Food & Home Card is a special supplemental benefit available only to chronically ill members with eligible chronic health conditions, like diabetes, high blood pressure, high cholesterol, heart problems, and stroke. Other eligible conditions apply. All applicable eligibility requirements must be met before the benefit is provided. Not all members qualify. For complete details, see your <i>Evidence of Coverage (EOC)</i> booklet.	\$92 per month to use toward the purchase of food and produce, pay for utility costs, pay for rent or mortgage costs, and/or purchase over-the-counter (OTC) items.	Purchase of food and produce, over-the-counter (OTC) items, payments of utility costs, and/or payments of rent or mortgage costs are not covered. You will have a separate over-the-counter (OTC) benefit in 2026. See the over-the-counter (OTC) section of this chart. After December 31, 2025, your Food & Home card will no longer work.
Inpatient hospital care (includes acute care and rehabilitation hospital care)	<p>In-network</p> <p>Inpatient Hospital care Days 1 - 7 \$325 copay per day Day 8+ \$0 copay per day</p> <p>Out-of-network</p> <p>Inpatient Hospital care Days 1 - 7 \$325 copay per day Day 8+ \$0 copay per day</p>	<p>In-network</p> <p>Inpatient Hospital care Days 1 - 7 \$345 copay per day Day 8+ \$0 copay per day</p> <p>Out-of-network</p> <p>Inpatient Hospital care Days 1 - 7 \$345 copay per day Day 8+ \$0 copay per day</p>

	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital	<p>In-network</p> <p>Inpatient Psychiatric Hospital</p> <p>Days 1 - 7 \$325 copay per day</p> <p>Days 8 - 90 \$0 copay per day</p> <p>Out-of-network</p> <p>Inpatient Psychiatric Hospital</p> <p>Days 1 - 7 \$325 copay per day</p> <p>Days 8 - 90 \$0 copay per day</p>	<p>In-network</p> <p>Inpatient Psychiatric Hospital</p> <p>Days 1 - 6 \$345 copay per day</p> <p>Days 7 - 90 \$0 copay per day</p> <p>Out-of-network</p> <p>Inpatient Psychiatric Hospital</p> <p>Days 1 - 6 \$345 copay per day</p> <p>Days 7 - 90 \$0 copay per day</p>
Lymphedema Therapy	<p>In-network</p> <p>Lymphedema Therapy at an Outpatient Hospital \$40 copay</p> <p>Out-of-network</p> <p>Lymphedema Therapy at an Outpatient Hospital \$40 copay</p>	<p>In-network</p> <p>Lymphedema Therapy at an Outpatient Hospital \$50 copay</p> <p>Out-of-network</p> <p>Lymphedema Therapy at an Outpatient Hospital \$50 copay</p>
Outpatient diagnostic tests and therapeutic services and supplies	<p>In-network</p> <p>Ultrasound at a Specialist's Office \$25 copay</p> <p>Out-of-network</p> <p>Ultrasound at a Specialist's Office \$25 copay</p>	<p>In-network</p> <p>Ultrasound at a Specialist's Office \$0 copay</p> <p>Out-of-network</p> <p>Ultrasound at a Specialist's Office \$0 copay</p>

	2025 (this year)	2026 (next year)
Outpatient hospital observation	In-network Outpatient Hospital Observation \$325 copay per stay	In-network Outpatient Hospital Observation \$345 copay per stay
	Out-of-network Outpatient Hospital Observation \$325 copay per stay	Out-of-network Outpatient Hospital Observation \$345 copay per stay
Outpatient rehabilitation services	In-network Occupational Therapy at an Outpatient Hospital \$45 copay	In-network Occupational Therapy at an Outpatient Hospital \$50 copay
	Out-of-network Occupational Therapy at an Outpatient Hospital \$45 copay	Out-of-network Occupational Therapy at an Outpatient Hospital \$50 copay
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers Diagnostic colonoscopies are covered at \$0 cost share.	In-network Ambulatory Surgical Center (ASC) Services \$325 copay	In-network Ambulatory Surgical Center (ASC) Services \$345 copay
	Outpatient Hospital Surgeries and Procedures \$425 copay	Outpatient Hospital Surgeries and Procedures \$445 copay
	Out-of-network Ambulatory Surgical Center (ASC) Services \$325 copay	Out-of-network Ambulatory Surgical Center (ASC) Services \$345 copay
	Outpatient Hospital Surgeries and Procedures \$425 copay	Outpatient Hospital Surgeries and Procedures \$445 copay

	2025 (this year)	2026 (next year)
Over-the-Counter (OTC) benefit	<p>In 2025, your OTC allowance is combined with your Food & Home Card benefit.</p> <p>You receive \$92 per month to use toward the purchase of food and produce, pay for utility costs, pay for rent or mortgage costs, and/or purchase a variety of over-the-counter (OTC) items. Your card works at a variety of retailers.</p>	<p>\$100 per quarter to use toward the purchase of plan-approved over-the-counter items. You can use this benefit more than once, up to the limit per quarter, but unused balances do not roll over. Quarters begin in January, April, July, and October. Purchase of food and produce, payment for utility costs, and payment for rent or mortgage costs are not covered.</p> <p>You will use your Devoted membership ID to access this benefit. You can only use the benefit at participating CVS locations on a selection of qualifying OTC items, as listed in the catalog. After December 31, 2025, your old card will no longer work.</p>
Physician/Practitioner services, including doctor's office visits Your copays for telehealth services mirror your copays for office-based services.	<p>In-network</p> <p>Primary Care Physician visits \$0 copay</p> <p>Out-of-network</p> <p>Primary Care Physician visits \$0 copay</p>	<p>In-network</p> <p>Primary Care Physician visits \$0 copay</p> <p>Out-of-network</p> <p>Primary Care Physician visits \$5 copay</p>

	2025 (this year)	2026 (next year)
Prosthetics and Orthotics	In-network	In-network
	Medical Supplies \$0 - 20% coinsurance	Medical Supplies \$0 - 20% coinsurance
	Ostomy and Urological Supplies 20% coinsurance	Ostomy and Urological Supplies 20% coinsurance
	Prosthetics and Orthotics \$0 - 20% coinsurance	Prosthetics and Orthotics \$0 - 20% coinsurance
	Out-of-network	Out-of-network
	Medical Supplies \$0 - 20% coinsurance	Medical Supplies \$0 - 38% coinsurance
	Ostomy and Urological Supplies 20% coinsurance	Ostomy and Urological Supplies 38% coinsurance
	Prosthetics and Orthotics \$0 - 20% coinsurance	Prosthetics and Orthotics \$0 - 28% coinsurance
Pulmonary rehabilitation services	In-network	In-network
	Pulmonary Rehabilitation - Office \$30 copay	Pulmonary Rehabilitation - Office \$35 copay
	Pulmonary Rehabilitation - Outpatient Hospital \$30 copay	Pulmonary Rehabilitation - Outpatient Hospital \$35 copay
	Out-of-network	Out-of-network
	Pulmonary Rehabilitation - Office \$30 copay	Pulmonary Rehabilitation - Office \$35 copay
	Pulmonary Rehabilitation - Outpatient Hospital \$30 copay	Pulmonary Rehabilitation - Outpatient Hospital \$35 copay

	2025 (this year)	2026 (next year)
Skilled nursing facility (SNF) care	In-network <p>Skilled Nursing Services</p> <p>Days 1 - 20 \$0 copay per day</p> <p>Days 21 - 60 \$214 copay per day</p> <p>Days 61 - 100 \$0 copay per day</p> Out-of-network <p>Skilled Nursing Services 40% coinsurance</p>	In-network <p>Skilled Nursing Services</p> <p>Days 1 - 20 \$0 copay per day</p> <p>Days 21 - 100 \$218 copay per day</p> Out-of-network <p>Skilled Nursing Services 38% coinsurance</p>
Urgently needed services	In-network <p>Primary Care Physician visits \$0 copay</p> Out-of-network <p>Primary Care Physician visits \$0 copay</p>	In-network <p>Primary Care Physician visits \$0 copay</p> Out-of-network <p>Primary Care Physician visits \$5 copay</p>
Worldwide services (services provided outside of the United States)	<p>Worldwide Emergency Transportation - Ground \$285 copay</p> <p>Worldwide Emergency and Urgent Coverage \$125 copay</p> <p>There is no limit to your Worldwide Coverage.</p>	<p>Worldwide Emergency Transportation - Ground \$315 copay</p> <p>Worldwide Emergency and Urgent Coverage \$130 copay</p> <p>Worldwide coverage is limited to \$25,000 in a lifetime. This limit only applies for services rendered outside of the United States.</p>

	2025 (this year)	2026 (next year)
Prior Authorization and Referral changes	<p>Prior Authorization is not required for the following services:</p> <ul style="list-style-type: none"> • Occupational Therapy Services • Physical Therapy and Speech-Language Pathology Services • Preferred-brand Continuous Glucose Monitors (CGMs) 	<p>Prior Authorization may be required for the following services:</p> <ul style="list-style-type: none"> • Occupational Therapy Services • Physical Therapy and Speech-Language Pathology Services • Preferred-brand Continuous Glucose Monitors (CGMs)

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-DEVOTED (1-800-338-6833) (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 have included 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 didn't get this material with this packet, call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) and ask for the *L/S 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 - 5 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 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 (this year)	2026 (next year)
Yearly Deductible	\$590 for Tiers 3-5 During this stage, you pay \$0 cost-sharing for a 30-day supply of drugs on Tier 1, \$0 cost-sharing for a 30-day supply of drugs on Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.	\$375 for Tiers 3-5 During this stage, you pay \$0 cost-sharing for a 30-day supply of drugs on Tier 1, \$0 cost-sharing for a 30-day supply of drugs on Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply 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	\$0	\$0
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.		
Tier 2	\$0	\$0
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.		
Tier 3	25% of the total cost	19% of the total cost
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.		

	2025 (this year)	2026 (next year)
Tier 4 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	25% of the total cost
Tier 5 We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	28% of the total cost

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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

Description	2025 (this year)	2026 (next year)
Medicare coverage of services	Medicare coverage of certain services may change during the 2025 plan year.	Medicare coverage of certain services may change during the 2026 plan year. We'll make sure your Medicare-covered services are provided according to current and future Medicare guidelines.
Preferred Brand of Continuous Glucose Monitors (CGMs)	Our preferred Continuous Glucose Monitor (CGM) is Freestyle Libre®. All other Medicare-covered CGMs are considered non-preferred.	Our preferred Continuous Glucose Monitors (CGMs) are Freestyle Libre® and Dexcom®. All other Medicare-covered CGMs are considered non-preferred.

Description	2025 (this year)	2026 (next year)
Blood Glucose Monitoring Supplies	The only covered brand of blood glucose monitors and supplies is OneTouch®, manufactured by LifeScan.	The only covered brand of blood glucose monitors and supplies is Accu-Chek®, manufactured by Roche.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) or visit www.Medicare.gov.
Vision vendor changes	Your eyewear benefit is a yearly allowance combined with your supplemental dental benefit.	Your supplemental eyewear provider is Premier.
Behavioral Health vendor changes	Your behavioral health benefit is administered by Magellan.	Your behavioral health benefit is administered by Devoted Health.

Section 3 How to Change Plans

To stay in DEVOTED CHOICE 001 KY (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our DEVOTED CHOICE 001 KY (PPO).

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 DEVOTED CHOICE 001 KY (PPO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from DEVOTED CHOICE 001 KY (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-DEVOTED (1-800-338-6833) (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 5.2), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Devoted 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 separate 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 separate 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.

• **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 Kentucky AIDS Drug Assistance Program (KADAP). 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 Kentucky AIDS Drug Assistance Program (KADAP) at 1-502-564-6539. TTY users can call 711. 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-DEVOTED (1-800-338-6833) (TTY users call 711) or visit www.Medicare.gov.

Section 5 Questions?

Get Help from DEVOTED CHOICE 001 KY (PPO)

• **Call Member Services at 1-800-DEVOTED (1-800-338-6833). (TTY users call 711).**

We're available for phone calls 8am to 8pm 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday and 8am to 5pm on Saturday from April 1 to 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 DEVOTED CHOICE 001 KY (PPO). 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.devoted.com or call Member Services at 1-800-DEVOTED (1-800-338-6833) (TTY users call 711) to ask us to mail you a copy.

- **Visit www.devoted.com**

Our website has the most up-to-date information about our provider network (*Devoted Health Provider & 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 Kentucky, the SHIP is called Kentucky State Health Insurance Assistance Program (SHIP).

Call Kentucky State Health Insurance 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 Kentucky State Health Insurance Assistance Program (SHIP) at 1-877-293-7447 (option #2). Learn more about Kentucky State Health Insurance Assistance Program (SHIP) by visiting chfs.ky.gov/agencies/dail/Pages/ship.aspx.

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](http://www.Medicare.gov/talk-to-someone)**

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.