



Champion Connect (HMO-POS C-SNP) offered by Renal Payer Solutions, Inc. (doing business as Champion Health Plan)

Annual Notice of Change for 2026

You're enrolled as a member of Champion Connect (HMO-POS C-SNP).

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 Champion Connect (HMO-POS C-SNP).
- 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.ChampionHMO.com or call Member Services at 1-800-885-8000 (TTY users call 711) to get a copy by mail. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- This material is available for free in Spanish.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-800-885-8000 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – September 30. This call is free.
- The information is available in a different format, including Braille, large print, and audio tapes. Please call Member Services at the number listed above if you need plan information in another format.

About Champion Connect (HMO-POS C-SNP)

- Champion Health Plan is an HMO-POS CSNP with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.

- When this material says “we,” “us,” or “our,” it means Renal Payer Solutions, Inc. (doing business as Champion Health Plan). When it says “plan” or “our plan,” it means Champion Connect (HMO-POS C-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Champion Connect (HMO-POS C-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through Champion Connect (HMO-POS C-SNP). 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* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	\$21.30	\$9.50
Deductible - Part B Deductible †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0	In-Network and Out-of-Network/POS: \$257 These are 2025 cost-sharing amounts and can change for 2026. Champion Health Plan will provide updated rates as soon as they're released.
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 for details.)	In-Network and Out-of-Network/POS: \$9,350	In-Network and Out-of-Network/POS: \$9,250
Primary care office visits	In-Network and Out-of-Network/POS: \$0 copay per visit	In-Network and Out-of-Network/POS: \$0 copay per visit

	2025 (this year)	2026 (next year)
Specialist office visits †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: 20% of the total cost per visit for specialists in a facility setting \$0 per visit for specialists in all other locations	In-Network and Out-of-Network/POS: 20% of the total cost per visit for specialists in all settings
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network: \$1,712 deductible per benefit period \$0 copay per benefit period Out-of-Network/POS: Inpatient hospital stays are <u>not</u> covered	In-Network: \$1,676 deductible per benefit period \$0 copay for days 1 – 60 \$419 copay per day for days 61 – 90 \$838 copay per day for each lifetime reserve day (up to 60 days over your lifetime) 100% of all costs beyond the lifetime reserve days These are 2025 cost-sharing amounts and can change for 2026. Champion Health Plan will provide updated rates as soon as they're released. Out-of-Network/POS: Inpatient hospital stays are <u>not</u> covered

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1 for details.)	\$590 for drugs on Tier 2, Tier 3, Tier 4, and Tier 5 except for covered insulin products and most adult Part D vaccines	\$615 for drugs on Tier 3, Tier 4, and Tier 5 except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment and Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay Drug Tier 2: \$0 copay Drug Tier 3: 25% of the total cost You pay \$20 copay per month supply of each covered insulin product on this tier. Drug Tier 4: 25% of the total cost You pay \$20 copay per month supply of each covered insulin product on this tier. Drug Tier 5: 25% of the total cost You pay \$20 copay per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 copay	Copayment and Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay Drug Tier 2: \$0 copay Drug Tier 3: 25% of the total cost You pay \$20 copay per month supply of each covered insulin product on this tier. Drug Tier 4: 25% of the total cost You pay \$20 copay per month supply of each covered insulin product on this tier. Drug Tier 5: 25% of the total cost You pay \$35 copay per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 copay

	2025 (this year)	2026 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	Catastrophic Coverage Stage: 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.)	\$21.30	\$9.50

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

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	In-Network and Out-of-Network/POS: \$9,350	In-Network and Out-of-Network/POS: \$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (<https://championhmo.com/provider-directories/>) 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.ChampionHMO.com.
- Call Member Services at 1-800-885-8000 (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 1-800-885-8000 (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://championhmo.com/provider-directories/>) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.ChampionHMO.com.
- Call Member Services at 1-800-885-8000 (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 1-800-885-8000 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance Services - Ground Ambulance †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network and Out-of-Network/POS: \$0 copay for non-emergency transport 20% of the total cost for all other transports	In Network and Out-of-Network/POS: \$0 copay for non-emergency transport \$125 copay per trip for all other transports
Chronic pain management and treatment services	Chronic pain management and treatment services are <u>not</u> covered	In-Network and Out-of-Network/POS: \$0 copay
Dental Services	In-Network: \$0 copay for up to 2 tele-dentistry visits per year	In-Network: \$0 copay for unlimited tele-dentistry

	2025 (this year)	2026 (next year)
Dental Services (continued) †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	Out-of-Network/POS: \$0 copay for Medicare covered services 20% of the total cost for preventive dental services including tele-dentistry 30% - 50% of the total cost for comprehensive dental services	Out-of-Network/POS: \$0 copay for Medicare covered services Preventive and Comprehensive Dental Services are <u>not</u> covered
Durable Medical Equipment (DME) †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network and Out-of-Network/POS: 20% of the total cost	In Network and Out-of-Network/POS: \$0 copay for DME under \$100 20% of the total cost for DME greater than \$100
Emergency Services - Worldwide Emergency Transportation †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	\$110 copay per visit for emergency services \$0 copay for maximum benefit limit of \$10,000 per year combined for worldwide emergency transportation, worldwide emergency care, and urgently needed services. Reimbursement not to exceed 60% of local Medicare rates.	\$115 copay per visit for emergency services Worldwide Emergency Transportation is <u>not</u> covered.

	2025 (this year)	2026 (next year)
Inpatient Hospital †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network: \$1,712 deductible per benefit period \$0 copay per benefit period \$0 copay for each lifetime reserve day (up to 60 days over your lifetime) 100% of all costs beyond the lifetime reserve days Out-of-Network/POS: Inpatient Hospital is <u>not</u> covered	In-Network: \$1,676 deductible per benefit period • \$0 copay for days 1 – 60 • \$419 copay per day for days 61 – 90 • \$838 copay per day for each lifetime reserve day (up to 60 days over your lifetime) • 100% of all costs beyond the lifetime reserve days These are 2025 cost-sharing amounts and can change for 2026. Champion Health Plan will provide updated rates as soon as they're released. Out-of-Network/POS: Inpatient Hospital is <u>not</u> covered
Inpatient Hospital – Psychiatric †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network: \$1,712 deductible per benefit period \$0 copay per benefit period	In-Network: \$1,676 deductible per benefit period • \$0 copay for days 1 – 60

	2025 (this year)	2026 (next year)
Inpatient Hospital – Psychiatric (continued)	Out-of-Network/POS: Inpatient Hospital – Psychiatric is <u>not</u> covered	• \$419 copay per day for days 61 – 90 • \$838 copay per day for each lifetime reserve day (up to 60 days over your lifetime) • 100% of all costs beyond the lifetime reserve days These are 2025 cost-sharing amounts and can change for 2026. Champion Health Plan will provide updated rates as soon as they're released. Out-of-Network/POS: Inpatient Hospital – Psychiatric is <u>not</u> covered
Medicare Part B Prescription Drugs †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0 copay for insulins on Tier 1 \$24 copay for insulins on Tier 2	In-Network and Out-of-Network/POS: \$0 copay for insulins on Tier 1, Tier 2, and Tier 6 \$24 copay for insulins on Tiers 3, 4 and 5

	2025 (this year)	2026 (next year)
Opioid Treatment Program Services †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0 copay	In-Network and Out-of-Network/POS: 20% of the total cost
Outpatient Blood Services	In Network and Out-of-Network/POS: Coverage begins with the fourth pint of blood	In Network and Out-of-Network/POS: Coverage begins with the first pint of blood
Outpatient Hospital Services †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$125 copay per visit	In-Network and Out-of-Network/POS: 20% of the total cost per visit
Over-the-Counter (OTC) items	In Network: \$0 copay for a \$500 allowance every 3 months Out-of-Network/POS Over-the-counter (OTC) items are <u>not</u> covered	In Network and Out-of-Network/POS: Over-the-counter (OTC) items are <u>not</u> covered
Physical Therapy and Speech Therapy †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0 copay	In-Network and Out-of-Network/POS: 20% of the total cost

	2025 (this year)	2026 (next year)
Physician/Practitioner Services, including doctor's office visits - Specialists - Other Healthcare Professional †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0 copay for specialist visit in the provider's office or other location 20% of the total cost per visit for specialists in a facility setting	In-Network and Out-of-Network/POS: 20% of the total cost per visit for specialists in all settings
Podiatry Services †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In-Network and Out-of-Network/POS: \$0 copay	In-Network and Out-of-Network/POS: 20% of the total cost
Pre-exposure prophylaxis (PrEP) for HIV prevention	In-Network and Out-of-Network/POS: Pre-exposure prophylaxis (PrEP) for HIV prevention <u>not</u> covered.	In-Network and Out-of-Network/POS: New Medicare Preventive Service \$0 copay
Prosthetics/Medical Supplies †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network and Out-of-Network/POS: 20% of the total cost	In Network and Out-of-Network/POS: \$0 copay for Prosthetics/Medical Supplies under \$100 20% of the total cost for Prosthetics/Medical Supplies greater than \$100

	2025 (this year)	2026 (next year)
Pulmonary Rehabilitation Services †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network and Out-of-Network/POS: \$0 copay	In Network and Out-of-Network/POS: 20% of the total cost
Skilled Nursing Facility †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network: \$214 copay per day for days 21 – 100 Out-of-Network/POS: Skilled Nursing Facility is <u>not</u> covered	In Network: \$218 copay per day for days 21 – 100 Out-of-Network/POS: Skilled Nursing Facility is <u>not</u> covered
Special Supplemental Benefits for the Chronically Ill	In-Network: \$0 copay for venipuncture for home dialysis treatments Out-of-Network: Special Supplemental Benefits for the Chronically Ill is <u>not</u> covered.	In-Network: \$0 copay for a \$511 quarterly allowance to use in support of ESRD Care for over-the-counter items, healthy foods and produce and assistance with utilities costs. \$0 copay for up to 132 one-way trips to dialysis treatments. If member is privately transported to dialysis, the private driver is reimbursed at \$0.67 per mile

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (continued)		Out-of-Network: Special Supplemental Benefits for the Chronically Ill is <u>not</u> covered
Supervised Exercise Therapy (SET) †If you have full Medi-Cal benefits, you may pay \$0 for your Medicare covered services	In Network and Out-of-Network/POS: \$0 copay	In Network and Out-of-Network/POS: 20% of the total cost
Support for Caregivers	In-Network and Out-of-Network/POS: \$0 copay for up to 12 days of home dialysis treatments or 12 4-hour respite care periods of coverage per year	In-Network and Out-of-Network/POS: \$0 copay for respite care for caregivers up to 12 times per year
Transportation (Routine)	In Network and Out-of-Network/POS: \$0 copay for up to 168 one-way trips If member is privately transported to dialysis services, the private driver may be reimbursed at \$0.60 per mile	In Network and Out-of-Network/POS: \$0 copay for up to 36 one-way trips No reimbursement for private drivers.

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 1-800-885-8000 (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, 2026, call Member Services at 1-800-885-8000 (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.

- **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 During this stage, you pay \$0 cost sharing for drugs on Tier 1 and Tier 6 and the full cost of drugs on Tier 2, Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.	\$615 During this stage, you pay \$0 cost sharing for drugs on Tier 1, Tier 2, and Tier 6 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply 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 Preferred Generic:	\$0 copay	\$0 copay
Tier 2 Generic:	\$0 copay	\$0 copay
Tier 3 Preferred Brand:	25% of the total cost	25% of the total cost
Tier 4 Non-Preferred Brand:	25% of the total cost	25% of the total cost
Tier 5 Specialty Tier:	25% of the total cost	25% of the total cost
	You pay \$20 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
Tier 6 Select Care Drugs:	\$0 copay	\$0 copay
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.		

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

	2025 (this year)	2026 (next year)
Eligibility for Champion Connect (HMO-POS C-SNP)	To be eligible for our plan, you must have a diagnosis of End-Stage Renal Disease (ESRD) (any mode of dialysis).	To be eligible for our plan, you must have a diagnosis of Chronic Kidney Disease, this includes End Stage Renal Disease (ESRD) (any mode of dialysis)
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 1-800-885-8000 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Champion Connect (HMO-POS C-SNP), 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 Champion Connect (HMO-POS C-SNP).

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 Champion Connect (HMO-POS C-SNP).

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Champion Connect (HMO-POS C-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-885-8000 (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).
- **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, Renal Payer Solutions, Inc. (doing business as Champion Health Plan) offers other Medicare health plans and Medicare drug 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).** Nevada has a program called the Nevada Senior & Disability Rx Program (<https://adsd.nv.gov/Programs/Seniors/SeniorRx/SrRxProg/>) 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 Nevada Medication Assistance Program (NMAP). 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 (888) 475-3219 (TTY: 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 1-800-885-8000 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Champion Connect (HMO-POS C-SNP)

- **Call Member Services at 1-800-885-8000 (TTY users call 711.)**

We're available for phone calls 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m. Monday – Friday from April 1 – 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 Champion Connect (HMO-POS C-SNP). 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.ChampionHMO.com or call Member Services at 1-800-885-8000 (TTY users call 711) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.ChampionHMO.com**

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

Get Free Counseling about Medicare

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

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

1-800-307-4444. Learn more about Nevada SHIP by visiting https://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/.

Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

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

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.