

Champion Ally (HMO) offered by Champion Health Plan of California, Inc. (doing business as Champion Health Plan)

Annual Notice of Change for 2027

You're enrolled as a member of Champion Ally (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Champion Ally (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.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 Ally (HMO)

- Champion Health Plan is an HMO with a Medicare contract. Enrollment in Champion Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Champion Health Plan of California, Inc. (doing business as Champion Health Plan). When it says “plan” or “our plan,” it means Champion Ally (HMO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Champion Ally (HMO).** Starting January 1, 2027, you’ll get your medical and drug coverage through Champion Ally (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
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.)	\$199.00	\$499.00
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$0 copay per visit	\$0 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$0 copay for days 1 – 90 \$0 copay per 60 lifetime reserve days beginning with day 91	\$0 copay for days 1 – 91 \$0 copay per 60 lifetime reserve days beginning with day 92
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible,	Part D drug coverage deductible	Part D drug coverage deductible

	2026 (this year)	2027 (next year)
Initial Coverage, and Catastrophic Coverage Stages.)	\$0 Copayment and Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay Drug Tier 2: \$3 copay You pay no more than \$3 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 3: \$47 copay You pay no more than \$20 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 copay You pay no more than \$20 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost	\$0 Copayment and Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copay Drug Tier 2: \$5 copay You pay no more than \$5 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 3: \$47 copay You pay no more than \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 copay You pay no more than \$35 copay or 25% of the total cost per month supply of each covered insulin

	2026 (this year)	2027 (next year)
	You pay no more than \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 copay 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.	product on this tier. Drug Tier 5: 33% of the total cost You pay no more than \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier. Drug Tier 6 - \$0 copay 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

	2026 (this year)	2027 (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 Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for 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 for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$199.00	\$499.00 Once you've paid \$499.00 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 2027 *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. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *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

	2026 (this year)	2027 (next year)
Acupuncture	\$0 copay for up to 50 routine acupuncture treatments	See combined benefit below for "Chiropractic & Acupuncture Services"
Cardiac rehabilitation services	\$0 copay for Medicare-covered cardiac rehabilitation services	\$10 copay for Medicare-covered cardiac rehabilitation services
Chiropractic	\$0 copay for up to 20 visits for routine chiropractic care	See combined benefit below for "Chiropractic & Acupuncture Services"

	2026 (this year)	2027 (next year)
Chiropractic & Acupuncture Services (combined benefit)	The Chiropractic & Acupuncture Services combined benefit is <u>not</u> covered	\$0 copay for up to 50 combined visits per year to use for chiropractic care and/or acupuncture treatments
Chronic pain management and treatment services	\$0 copay	Chronic pain management and treatment services is not covered. Note: The benefit is still available but does not appear in the Evidence of Coverage as a standalone benefit in 2027.
Diabetic Supplies & Services - Diabetic Monitor	Diabetic monitor is <u>not</u> covered	\$0 copay for diabetic monitors
Emergency Care - Worldwide Emergency Coverage (combined with Worldwide Urgently Needed Care)	\$70 copay for emergency care \$0 copay for up to \$10,000 of annual worldwide coverage	\$150 copay for emergency care \$0 copay for up to \$100,000 of annual worldwide coverage

	2026 (this year)	2027 (next year)
Hearing Exams - Routine fitting/evaluation for hearing aids	\$0 copay for one routine fitting/evaluation for hearing aids per year	\$0 copay for unlimited routine fittings/evaluations for hearing aids per year
Inpatient services in an acute care hospital	The plan covers up to 90 days per benefit period	The plan covers up to 91 days per benefit period
Inpatient services in a psychiatric hospital	\$100 copay for days 1 – 10 \$0 copay for days 11 – 90	\$100 copay for days 1 – 5 \$0 copay for days 6 – 90
Medicare Part B drugs - Insulins	\$24 copay for a 30-day supply of insulins	\$35 copay for a 30-day supply of insulins

	2026 (this year)	2027 (next year)
Over-the-Counter (OTC) and Special Supplemental Benefits for the Chronically Ill (SSBCI) Combined Benefit	The OTC & SSBCI Combined Benefit is <u>not</u> covered	\$0 copay for up to a \$225 quarterly allowance to use on OTC items and SSBCI benefits (food and produce and assistance with utilities). See the SSBCI benefit below for qualifications and limitations. Unused monies from the first quarter will roll to the second quarter; but not to subsequent quarters. This rolling schedule for rollover of unused funds applies to the remaining quarters of the year.
Skilled Nursing Facility (SNF) Services	\$0 copay for days 1 – 20 \$218 copay per day for days 21-100	\$0 copay for days 1 – 20 \$221 copay per day for days 21-100

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI) <i>To qualify for SSBCI benefits, you must have one of the 15 chronic conditions listed in your Evidence of Coverage, Chapter 4, Benefits Chart</i>	\$0 copay for up to a \$330 quarterly allowance to use for Over-the-Counter (OTC) items, food and produce, and assistance with utilities	\$0 copay for an SSBCI benefit providing for access to food and produce and assistance with utilities. SSBCI benefits are a part of the OTC & SSBCI Combined Benefit allowance (above).
Support for Caregivers	Support for Caregivers is <u>not</u> covered	\$0 copay for Helper Bees respite care up to 4 hours per session for a maximum of 12 sessions per year
Transportation (routine)	\$0 copay for up to 24 one-way trips to plan approved health-related locations each year	\$0 copay for up to 48 one-way trips to plan approved health-related locations each year. Maximum mileage per trip is 25 miles. If member is privately transported to dialysis service, the private driver is reimbursed at the current IRS mileage rate. Reimbursement is available for public transit fees including ACCESS transportation.

	2026 (this year)	2027 (next year)
Urgently needed services - Worldwide Urgently Needed Care (combined with Worldwide Emergency Care)	\$0 copay for up to \$10,000 of annual worldwide coverage	\$0 copay for up to \$100,000 of annual worldwide coverage
Vision (routine) - Routine Eyewear	\$0 copay for a \$335 annual allowance to use for routine eyeglasses (lenses and frames) and upgrades	\$0 copay for a \$350 annual allowance to use for routine eyeglasses (lenses and frames) and upgrades

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.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

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 \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 Preferred Generic:	\$0 copay	\$0 copay
Tier 2 Generic:	\$3 copay You pay \$3 copay or 25% of the total cost per month supply of each covered insulin	\$5 copay You pay \$5 copay or 25% of the total cost per month supply of each covered insulin

	2026 (this year)	2027 (next year)
Tier 3 Preferred Brand:	product on this tier. \$47 copay You pay \$20 copay or 25% of the total cost per month supply of each covered insulin product on this tier.	product on this tier. \$47 copay You pay \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier.
Tier 4 Non-Preferred Brand:	\$100 copay You pay \$20 copay or 25% of the total cost per month supply of each covered insulin product on this tier.	\$100 copay You pay \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier.
Tier 5 Specialty Tier:	33% of the total cost You pay \$35 copay or 25% of the total cost per month supply of each covered insulin product on this tier.	33% of the total cost You pay \$35 copay or 25% of the total cost 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.		

SECTION 2 How to Change Plans

To stay in Champion Ally (HMO), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Champion Ally (HMO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Champion Ally (HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Champion Ally (HMO).
- **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 [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 3), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Champion Health Plan of California, 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 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited 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:
 - o 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - o 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.
 - o Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** California has a program called California Rx Card (www.californiarxcard.com) 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 www.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 California Department of Health Services – ADAP. 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 1-844-421-7050 (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. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-885-8000 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from Champion Ally (HMO)

- **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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Champion Ally (HMO). 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 California, the SHIP is called California Health Insurance Counseling & Advocacy Program (HICAP).

Call HICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HICAP at 1-800-434-0222. Learn more about HICAP by visiting <http://www.aging.ca.gov/hicap>.

Get Help from Medicare

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

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

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

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://www.medicare.gov)**

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

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.