

Champion Connect (HMO-POS C-SNP) offered by Champion Health Plan of Nevada, Inc. (doing business as Champion Health Plan)

Annual Notice of Change for 2027

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, 2026, you'll stay in Champion Connect (HMO-POS C-SNP).
- 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 Connect (HMO-POS C-SNP)

- Champion Health Plan is an HMO-POS C-SNP 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 Nevada, 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, 2026, you’ll automatically be enrolled in Champion Connect (HMO-POS C-SNP).** Starting January 1, 2027, 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 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	\$9.50	\$7.30
Deductible †If you have full Medicaid benefits, you may pay \$0 for your Medicare covered services	\$283	\$283 These are 2026 cost-sharing amounts and can change for 2027. 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 (combined): \$9,250.00	In-Network and Out-of-Network/POS (combined): \$9,850.00
Primary care office visits	In-Network and Out-of-Network/POS: \$0 per visit	In-Network and Out-of-Network/POS: \$0 per visit
Specialist office visits	In-Network and Out-of-Network/POS:	In-Network and Out-of-Network/POS:

	2026 (this year)	2027 (next year)
	20% of the cost per visit	20% of the cost 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.	In-Network Only: \$1,736 deductible per benefit period \$0 copay for days 1 – 60 \$434 copay per day for days 61 – 90 \$868 copay per day for each lifetime reserve day (up to 60 days over your lifetime) 100% of all costs beyond the lifetime reserve days	In-Network <u>Only</u>: \$1,736 deductible per benefit period \$0 copay for days 1 – 60 \$434 copay per day for days 61 – 90 \$868 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 2026 cost-sharing amounts and can change for 2027. Champion Health Plan will provide updated rates as soon as they're released.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible,	Part D drug coverage deductible \$615 (Tiers 3, 4, and	Part D drug coverage deductible \$700 (Tiers 3, 4, and

	2026 (this year)	2027 (next year)
Initial Coverage, and Catastrophic Coverage Stages.)	5) except for covered insulin products and most adult Part D vaccines 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 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: 25% of the total cost 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: 25% of the total cost You pay no more than \$35 copay or	5) except for covered insulin products and most adult Part D vaccines 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 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: 25% 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 5: 25% of the total cost

	2026 (this year)	2027 (next year)
	25% of the 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.	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.)	\$9.50	\$7.30

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.
- 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 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 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 (combined): \$9,250.00	In-Network and Out-of-Network/POS (combined): \$9,850.00 Once you've paid \$9,850.00 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 (routine)	Routine Acupuncture is <u>not</u> covered	In-Network <u>Only</u>: Routine Acupuncture is covered under the combined benefit below for "Chiropractic & Acupuncture Services"
Ambulance Services - Ground ambulance	In-Network and Out-of-Network/POS: \$0 - \$125 copay	In-Network and Out-of-Network/POS: 0% - 20% of the cost not to exceed \$125 copay

	2026 (this year)	2027 (next year)
Ambulatory Surgery Center	In-Network and Out-of-Network/POS: \$0 copay	In-Network and Out-of-Network/POS: 20% of the cost
Chiropractic (routine)	Routine Chiropractic is <u>not</u> covered	In-Network <u>Only</u>: Routine Chiropractic is covered under the combined benefit below for "Chiropractic & Acupuncture Services"
Chiropractic & Acupuncture Services (combined benefit)	The Chiropractic & Acupuncture Services combined benefit is <u>not</u> covered	In-Network <u>Only</u>: \$0 copay for up to 50 combined visits per year to use for chiropractic care and/or acupuncture treatments
Diabetic Supplies & Services - Diabetic Monitor	Diabetic monitor is <u>not</u> covered	In-Network and Out-of-Network/POS: \$0 copay for diabetic monitors
Dialysis Services	In-Network and Out-of-Network/POS: \$0 copay	In-Network and Out-of-Network/POS: 20% of the cost

	2026 (this year)	2027 (next year)
Durable Medical Equipment (DME)	In-Network and Out-of-Network/POS: \$0 copay for DME under \$100 20% of the cost for DME over \$100	In-Network and Out-of-Network/POS: 20% of the cost
Emergency Care - Worldwide Emergency Coverage (combined with Worldwide Urgently Needed Care)	In-Network and Out-of-Network/POS: \$0 copay for up to \$10,000 of annual worldwide coverage	In-Network and Out-of-Network/POS: \$0 copay for up to \$100,000 of annual worldwide coverage
Hearing Exams - Routine fitting/evaluation for hearing aids	In-Network and Out-of-Network/POS: \$0 copay for one routine fitting and evaluation for hearing aids per year	In-Network <u>Only</u>: \$0 copay for unlimited routine fittings/ evaluations for hearing aids per year
Medicare Part B drugs - Insulins	In-Network and Out-of-Network/POS: \$0 - \$24 copay for a 30-day supply of insulins	In-Network and Out-of-Network/POS: \$0 - \$35 copay for a 30-day supply of insulins

	2026 (this year)	2027 (next year)
Outpatient rehabilitation services - Physical Therapy - Speech Therapy	In-Network and Out-of-Network/POS: 20% of the cost	In-Network and Out-of-Network/POS: \$0 copay
Podiatry (Medicare-covered)	In-Network and Out-of-Network/POS: 20% of the cost	In-Network and Out-of-Network/POS: \$0 copay
Durable Medical Equipment (DME), Prosthetics & Medical Supplies	In-Network and Out-of-Network/POS: \$0 copay for items under \$100 20% of the cost for items over \$100	In-Network and Out-of-Network/POS: 20% of the cost
Skilled Nursing Facility (SNF) Services	In-Network <u>Only</u> : \$0 copay for days 1 – 20 \$218 copay per day for days 21-100	In-Network <u>Only</u>: \$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 III (SSBCI) <i>To qualify for this benefit, you must:</i> - <i>Be diagnosed with CKD Stages 4 and 5 or be on any mode of dialysis; and</i> - <i>Participate in our care management program</i>	In-Network <u>Only</u>: \$0 copay for up to a \$511 quarterly allowance to use for Over-the-Counter (OTC) items, food and produce, and assistance with utilities. Unused amounts do not rollover to the next period. \$0 copay for 132 one-way trips to dialysis treatments Start Dialysis Treatment is <u>not</u> covered.	In-Network <u>Only</u>: \$0 copay for up to a \$495 quarterly allowance to use for Over-the-Counter (OTC) items, food and produce, and assistance with utilities. Monthly amounts not used within 90 days of availability, will not rollover to the next period. \$0 copay for unlimited one-way trips to dialysis treatments \$0 copay for new dialysis members to Start Dialysis Treatment with a visit from an RN to demonstrate/assist with placing the needle in the fistula (or patient's axis point) for starting home dialysis treatments.

	2026 (this year)	2027 (next year)
Support for Caregivers	In-Network and Out-of-Network/POS: \$0 copay for respite care for members caregivers up to 12 times per year	In-Network and Out-of-Network/POS: \$0 copay for Helper Bees respite care up to 4 hours per session for a maximum of 12 sessions per year
Transportation (routine)	In-Network and Out-of-Network/POS: \$0 copay for up to 36 one-way trips to plan approved health-related locations each year	In-Network and Out-of-Network/POS: \$0 copay for up to 60 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)	In-Network and Out-of-Network/POS: \$0 copay for up to \$10,000 of annual worldwide coverage	In-Network and Out-of-Network/POS: \$0 copay for up to \$100,000 of annual worldwide coverage
Vision (routine) - Routine Eyewear	In-Network <u>Only</u> : \$0 copay for a \$500 annual allowance to use for routine eyeglasses (lenses and frames) and upgrades	In-Network <u>Only</u>: \$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**

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 \$2,400.

- **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	\$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.	\$700 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 \$2,400 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:	\$0 copay	\$0 copay

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

	2026 (this year)	2027 (next year)
Our legal organization name has changed	Our legal organization name was Renal Payer Solutions, Inc., doing business as Champion Health Plan	Our legal organization name is Champion Health Plan of Nevada, Inc., doing business as Champion Health Plan

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 type of Medicare health 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 2027, 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). 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 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 [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027*

handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Champion Health Plan of Nevada, 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, 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 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:
 - 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.
- **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 1-888-475-3219 (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. 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 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](https://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 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 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 [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.