Perennial Advantage Freedom (HMO-POS) offered by PERENNIAL ADVANTAGE OF OHIO, INC.

Annual Notice of Change for 2027

You're enrolled as a member of Perennial Advantage Freedom (HMO-POS).

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 Perennial Advantage Freedom (HMO-POS).
- To change to a **different plan**, visit 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 PerennialAdvantage.com or call Member Services at 1-844-788-6986 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-844-788-6986 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- This document is also available in braille and in large print.

About Perennial Advantage Freedom (HMO-POS)

- Perennial Advantage Freedom (HMO-POS) is a Medicare Advantage HMO-POS plan with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this material says "we," "us," or "our," it means PERENNIAL ADVANTAGE OF OHIO, INC.. When it says "plan" or "our plan," it means Perennial Advantage Freedom (HMO-POS).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Perennial Advantage Freedom (HMO-POS).** Starting January 1, 2027, you'll get your medical and drug coverage through Perennial Advantage Freedom (HMO-POS). Go to Section 2 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: July 31, 2029)

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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 1.1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$3,900 combined for in- and out-of-network services	**$4,900 combined for in- and out-of-network services**
Primary care office visits	**In-Network:** $0 copayment **Out-of-Network (POS):** $0 copayment	**In-Network:** **$0 copayment** **Out-of-Network (POS):** **$0 copayment**

	2026 (this year)	2027 (next year)
Specialist office visits	**In-Network:** $5 copayment You pay these amounts until you reach the out-of-pocket maximum. **Out-of-Network (POS):** $5 copayment You pay these amounts until you reach the out-of-pocket maximum.	**In-Network:** **$0-$5 copayment** $0 copayment for dermatologist $5 copayment for all other services You pay these amounts until you reach the out-of-pocket maximum. **Out-of-Network (POS):** **$5 copayment** You pay these amounts until you reach the out-of-pocket maximum.
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.	$275 copayment per day for days 1-5 $0 copayment per day for days 6-90 Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**$150 copayment per day for days 1-5** **$0 copayment per day for days 6-90** Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $90 except for covered insulin products and most adult Part D vaccines Copayment / Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copayment • Drug Tier 2: $10 copayment • Drug Tier 3: $45 copayment (You pay $35 per month supply of each covered insulin product on this tier.) • Drug Tier 4: $95 copayment (You pay $35 per month supply of each covered insulin product on this tier.) • Drug Tier 5: 25% coinsurance Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs	**Part D drug coverage deductible** **$350** except for covered insulin products and most adult Part D vaccines **Copayment / Coinsurance during the Initial Coverage Stage:** • Drug Tier 1: $0 copayment • Drug Tier 2: $10 copayment • Drug Tier 3: 25% coinsurance (You pay $35 per month supply of each covered insulin product on this tier.) • Drug Tier 4: 25% coinsurance (You pay $35 per month supply of each covered insulin product on this tier.) • Drug Tier 5: 29% coinsurance **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	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 services 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.	$3,900 combined for in- and out-of-network services	**$4,900 combined for in- and out-of-network services** Once you've paid $4,900 combined for in- and out-of-network services 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* (PerennialAdvantage.com) 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 PerennialAdvantage.com.
- Call Member Services at 1-844-788-6986 (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 1-844-788-6986 (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* (PerennialAdvantage.com) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at PerennialAdvantage.com.
- Call Member Services at 1-844-788-6986 (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 1-844-788-6986 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Qualifications for Special Supplemental Benefits* The benefits marked with an asterisk (*) are Special Supplemental Benefits for the Chronically Ill (**SSBCI**). Not all members qualify. To be eligible, a member must have the following: • A qualifying chronic condition • Be determined by the plan and a healthcare provider to be at high risk for hospitalization or other adverse health outcomes • Require a high level of care coordination **Even if a member has a qualifying chronic condition, they may not receive these benefits.**	You may be eligible if you have one of the following conditions: • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic alcohol use disorder and other substance use disorders (SUDs) • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell	You may be eligible if you have one of the following conditions: • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic alcohol use disorder and other substance use disorders (SUDs) • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell

	2026 (this year)	2027 (next year)
	• Chronic gastrointestinal disease • Chronic heart failure • Chronic hyperlipidemia • Chronic hypertension • Chronic kidney disease (CKD) • Chronic lung disorders • Conditions associated with cognitive impairment • Conditions that require continued therapy services in order for individuals to maintain or retain functioning • Conditions with functional challenges • Dementia • Diabetes mellitus • HIV/AIDS • Immunodeficiency and Immunosuppressive disorders • Neurologic disorders • Osteoporosis	• Chronic gastrointestinal disease • Chronic heart failure • Chronic hyperlipidemia • Chronic hypertension • Chronic kidney disease (CKD) • Chronic lung disorders • Conditions associated with cognitive impairment • Conditions that require continued therapy services in order for individuals to maintain or retain functioning • Conditions with functional challenges • Dementia • Diabetes mellitus • HIV/AIDS • Immunodeficiency and Immunosuppressive disorders • Neurologic disorders • Osteoporosis

	2026 (this year)	2027 (next year)
	• Overweight, obesity, and metabolic syndrome • Post-organ transplantation • Severe hematologic disorders • Stroke	• Overweight, obesity, and metabolic syndrome • Post-organ transplantation • Severe hematologic disorders • Stroke
Dental Services (Supplemental)	Maximum: No maximum for preventive services and $2,500 every year for comprehensive services $0 copayment for oral exam(s) (limit 2 every year), cleaning(s) (limit 2 every year), and Fluoride treatment(s) (limit 1 every 6 months)	Maximum: **No maximum** for preventive services and **$3,500 every year** for comprehensive services **$0 copayment** for oral exam(s) (limit 2 every year), cleaning(s) (limit 2 every year), and Fluoride treatment(s) (limit 1 every 6 months)
Dental Services (Supplemental) - Adjunctive General Services	$0 copayment Limits apply; Adjunctive General Services include Deep sedation, intravenous conscious sedation, consultation. Occlusal guard, analysis, and adjustments are covered once every three (3) years. Teledentistry covered two (2) every calendar years.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months

	2026 (this year)	2027 (next year)
Dental Services (Supplemental) - Endodontics	$0 copayment Limits apply; Endodontic services are covered once per tooth per lifetime.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months
Dental Services (Supplemental) - Oral and Maxillofacial Surgery	$0 copayment Limits apply; Plan will cover Simple and Surgical extractions, and removal of impacted tooth one per tooth in a lifetime. Alveoloplasty services are covered once per site/quad in a lifetime. Bone replacement graft for ridge preservation, per site one (1) per site in a lifetime. Frenuloplasty one every 5 years. Incision and drainage of an abscess, Excision of benign lesion, Removal of benign odontogenic cyst/tumor.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months

	2026 (this year)	2027 (next year)
Dental Services (Supplemental) - Periodontics	$0 copayment Limits apply; Scaling and root planning once per quadrant every two (2) years. Periodontal maintenance is a covered benefit two (2) per year. Gingival irrigation is a covered benefit once per quadrant every two (2) years. Covered periodontal services include gingivectomy one (1) per quadrant every three (3) years; osseous surgery once per site/quadrant every five (5) years; full mouth debridement once every two (2) years. Periodontal grafting services one (1) per site/quadrant every three (3) years.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months
Dental Services (Supplemental) - Prosthodontics, fixed	$0 copayment Limits apply; Fixed prosthodontic services are a covered benefit once per tooth every five (5) years. One (1) pontic/retainer crown (bridge) per tooth every 5 calendar years.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months

	2026 (this year)	2027 (next year)
Dental Services (Supplemental) - Prosthodontics, removable	$0 copayment Limits apply; Prosthodontic services include complete and partial dentures once per arch every five (5) years. Denture adjustments and repairs are a covered benefit once per arch every year. Denture relines are a covered benefit once per arch every two (2) years.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months
Dental Services (Supplemental) - Restorative Services	$0 copayment Limits apply; Fillings are covered; no duplicate surface per tooth for two (2) years. One (1) per tooth of the following restorative services are covered every five (5) years, core buildup, pin retention, post and core indirectly fabricated, and each additional prefabricated post. Prefabricated crown is a covered service once per tooth every year.	**$0 copayment** No visit limits Subject to dental benefit maximum Service may not be covered if treatment has been rendered on tooth in the past 12 months
Diabetic Monitors	0% of the total cost	**20% of the total cost** You pay these amounts until you reach the out-of-pocket maximum.

	2026 (this year)	2027 (next year)
Diagnostic Procedures/Tests	$60 copayment You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**$50 copayment** You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*
Diagnostic Radiological Services	$125 copayment You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**$100 copayment** You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*

	2026 (this year)	2027 (next year)
Healthy Living Allowance	General Wallet $125 every 3 months to spend towards OTC Products, OTC Hearing Aids, Fitness Memberships, Fitness Membership Reimbursement, Fitness Devices, and Groceries*; Funds roll over each period until the end of the year SSBCI Wallet $75 every month to spend towards General Supports for Living (Housing, Rent, or Mortgage)*	General Wallet **$115 every 3 months** to spend towards OTC Products, OTC Hearing Aids, Fitness Memberships, Fitness Membership Reimbursement, Fitness Devices, Groceries*, General Supports for Living (Clothing)*, and Personal Hygiene Items*; Funds roll over each period until the end of the year SSBCI Wallet **$75 every month** to spend towards General Supports for Living (Housing, Rent, or Mortgage)*

	2026 (this year)	2027 (next year)
Inpatient Hospital Acute	$275 copayment per day for days 1-5 $0 copayment per day for days 6-90 Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**$150 copayment per day for days 1-5** **$0 copayment per day for days 6-90** Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*
Inpatient Hospital Psychiatric	$300 copayment per day for days 1-7 $0 copayment per day for days 8-90 Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**$150 copayment per day for days 1-5** **$0 copayment per day for days 6-90** Per admission or per stay benefit period applies. Cost-sharing is applied starting on the first day of admission and includes the final day of discharge. You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*

	2026 (this year)	2027 (next year)
Physician Specialist Services	**In-Network:** $5 copayment You pay these amounts until you reach the out-of-pocket maximum. **Out-of-Network (POS):** $5 copayment You pay these amounts until you reach the out-of-pocket maximum.	**In-Network:** **$0-$5 copayment** $0 copayment for dermatologist $5 copayment for all other services You pay these amounts until you reach the out-of-pocket maximum. **Out-of-Network (POS):** **$5 copayment** You pay these amounts until you reach the out-of-pocket maximum.
Podiatry Services	Medicare-covered $40 copayment You pay these amounts until you reach the out-of-pocket maximum. Routine podiatry (foot care) $0 copayment Limit 6 visits every year	Medicare-covered **$0 copayment** Routine podiatry (foot care) **$0 copayment** Limit 6 visits every year

	2026 (this year)	2027 (next year)
Skilled Nursing Facility (SNF)	**In-Network:** $0 copayment *Prior authorization is required.* **Out-of-Network (POS):** You pay the 2026 Original Medicare cost-sharing amounts. $0 copayment per day for days 1-20 $217 copayment per day for days 21-100 You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*	**In-Network:** **$0 copayment** *Prior authorization is required.* **Out-of-Network (POS):** **You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. The plan will provide updated rates as soon as they are released.** $0 copayment per day for days 1-20 $217 copayment per day for days 21-100 You pay these amounts until you reach the out-of-pocket maximum. *Prior authorization is required.*

	2026 (this year)	2027 (next year)
Telemonitoring Services	$0 copayment Members will have access to remote patient monitoring (RPM) devices including blood pressure, cuff, weight scale, glucometer, pulse oximeter and thermometer, as appropriate. The conditions monitored and devices used are dependent on the member.	**Not covered**
Urgently Needed Services	$55 copayment You do not pay this amount if you are admitted to the hospital within 3 days. You pay these amounts until you reach the out-of-pocket maximum.	**$50 copayment** You do not pay this amount if you are admitted to the hospital within 3 days. You pay these amounts until you reach the out-of-pocket maximum.

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 1-844-788-6986 (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 1-844-788-6986 (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 3-5 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 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	$90 During this stage, you pay $0 cost sharing for drugs on Tier 1 (Preferred Generic) and $10 cost sharing for drugs on Tier 2 (Generic) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you've reached the yearly deductible.	**$350** During this stage, you pay $0 cost sharing for drugs on Tier 1 (Preferred Generic) and $10 cost sharing for drugs on Tier 2 (Generic) and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 (Preferred Brand) and Tier 4 (Non-Preferred Drug), your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

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) 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.	$0	**$0**
Tier 2 (Generic) 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.	$10	**$10**
Tier 3 (Preferred Brand) 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.	$45 Your cost for a one-month mail-order prescription is $45.	**25% of the total cost.** Your cost for a one-month mail-order prescription is 25%.
Tier 4 (Non-Preferred Drug) 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.	$95 Your cost for a one-month mail-order prescription is $95.	**25% of the total cost.** Your cost for a one-month mail-order prescription is 25%.
Tier 5 (Specialty Tier) We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost. Your cost for a one-month mail-order prescription is 25%.	**29% of the total cost.** Your cost for a one-month mail-order prescription is 29%.

SECTION 2 How to Change Plans

To stay in Perennial Advantage Freedom (HMO-POS), 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 Perennial Advantage Freedom (HMO-POS).

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 Perennial Advantage Freedom (HMO-POS). 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 Perennial Advantage Freedom (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-844-788-6986 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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, PERENNIAL ADVANTAGE OF OHIO, INC. offers other Medicare health 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:
    - 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).** Ohio has a program called Ohio HIV Drug Assistance Program (OHDAP) 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 Ohio HIV Drug Assistance Program (OHDAP). 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 1-800-777-4775. 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 1-844-788-6986 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from Perennial Advantage Freedom (HMO-POS)

- **Call Member Services at 1-844-788-6986. (TTY users call 711.)**

  We're available for phone calls 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through 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 Perennial Advantage Freedom (HMO-POS). 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 PerennialAdvantage.com or call Member Services at 1-844-788-6986 (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 PerennialAdvantage.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 Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Call Ohio Senior Health Insurance Information Program (OSHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578. Learn more about Ohio Senior Health Insurance Information Program (OSHIIP) by visiting https://www.insurance.ohio.gov.

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**

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

- **Write to Medicare**

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

- **Visit 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 or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.