

MyTruAdvantage Red, White and Tru (PPO) *offered by* Southeastern Indiana Health Organization, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of MyTruAdvantage Red, White and Tru (PPO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in MyTruAdvantage Red, White and Tru (PPO).
- 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 <https://www.mytruadvantage.com/information-2027> or call Member Services at 1-844-425-4280 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-844-425-4280 (TTY users call 711) for more information. This call is free.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.

- Please call Member Services if you would like to receive materials in alternate formats (e.g., braille, large print, audio CD, or data CD).

About MyTruAdvantage Red, White and Tru (PPO)

- MyTruAdvantage Red, White and Tru is a PPO plan with a Medicare contract. Enrollment in MyTruAdvantage Red, White and Tru (PPO) depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Southeastern Indiana Health Organization, Inc. When it says “plan” or “our plan,” it means MyTruAdvantage Red, White and Tru (PPO).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in MyTruAdvantage Red, White and Tru (PPO).** Starting January 1, 2027, you’ll get your medical through MyTruAdvantage Red, White and Tru (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium*	\$0 per month	\$0 per month
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$5,500 From network and out-of-network providers combined: \$5,500	From network providers: \$5,500 From network and out-of-network providers combined: \$7,500
Primary care office visits	<u>In-Network</u> \$0 copayment per visit. <u>Out-of-Network</u> \$0 copayment per visit.	<u>In-Network</u> \$0 copayment per visit. <u>Out-of-Network</u> \$0 copayment per visit.
Specialist office visits	<u>In-Network</u> \$35 copayment per visit. <u>Out-of-Network</u> \$35 copayment per visit.	<u>In-Network</u> \$35 copayment per visit. <u>Out-of-Network</u> \$35 copayment per visit.

	2026 (this year)	2027 (next year)
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.	<u>In-Network</u> Days 1-6: \$390 copayment per day Beyond Day 6: \$0 copayment per day <u>Out-of-Network</u> Days 1-6: \$390 copayment per day Beyond Day 6: \$0 copayment per day	<u>In-Network</u> Days 1-6: \$390 copayment per day Beyond Day 6: \$0 copayment per day <u>Out-of-Network</u> Days 1-6: 14% coinsurance per day Beyond Day 6: 14% coinsurance per day

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
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$125 Part B Premium Reduction	\$125 Part B Premium Reduction

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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount.	\$5,500	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$5,500	\$7,500 Once you've paid \$7,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* <https://secure.healthx.com/s/directorymytruadvantage> 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 <https://www.mytruadvantage.com/information-2027>.
- Call Member Services at 1-844-425-4280 (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 1-844-425-4280 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Cardiac rehabilitation services	In-Network: You pay a \$35 copayment per Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit. Out-of-Network: You pay 40% coinsurance of the total cost for Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit.	In-Network: You pay a \$35 copayment per Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered cardiac rehabilitative visit and intensive cardiac rehabilitative visit.
Diabetic Therapeutic Shoes or Inserts	In-Network: You pay 15% coinsurance of the total cost for Medicare-covered Diabetic Therapeutic Shoes or Inserts. Out-of-Network: You pay 40% coinsurance of the total cost for Medicare-covered Diabetic Therapeutic Shoes or Inserts.	In-Network: You pay 15% coinsurance of the total cost for Medicare-covered Diabetic Therapeutic Shoes or Inserts. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered Diabetic Therapeutic Shoes or Inserts.

	2026 (this year)	2027 (next year)
Dialysis services	In-Network: You pay 20% coinsurance of the total cost for Medicare-covered renal dialysis services. Out-of-Network: You pay 20% coinsurance of the total cost for Medicare-covered renal dialysis services.	In-Network: You pay 20% coinsurance of the total cost for Medicare-covered renal dialysis services. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered renal dialysis services.
Durable Medical Equipment (DME) and related supplies	In-Network: You pay 20% coinsurance of the total cost for Durable Medical Equipment (DME). You pay 20% coinsurance of the total cost for Continuous Glucose Monitors (CGMs). Out-of-Network: You pay 20% coinsurance of the total cost for Durable Medical Equipment (DME). You pay 20% coinsurance of the total cost for Continuous Glucose Monitors (CGMs).	In-Network: You pay 20% coinsurance of the total cost for Durable Medical Equipment (DME). You pay 20% coinsurance of the total cost for Continuous Glucose Monitors (CGMs). Out-of-Network: You pay 40% coinsurance of the total cost for Durable Medical Equipment (DME). You pay 50% coinsurance of the total cost for Continuous Glucose Monitors (CGMs).

	2026 (this year)	2027 (next year)
Fitness Benefit	In-Network & Out-of-Network: Members have access to the Silver&Fit® Healthy Aging and Exercise program at no cost. In addition, members can choose 1 (one) Home Fitness Kit per benefit year at no cost. Options include: (1) Strength Kit (exercise band), (2) Toning Kit (Pilates ball), (3) Yoga Kit (yoga mat), (4) Self-Care Kit (foam roller), (5) Walking Kit (pedometer), or (6) Fitbit Wearable Fitness Tracker.	In-Network: Members have access to the Silver&Fit® Healthy Aging and Exercise program at (no/low) cost. In addition, members can choose 1 (one) wearable fitness tracking device (Fitbit) per benefit year. Out-of-Network: You pay 80% coinsurance of the total cost for the fitness benefit comparable to In-network fitness benefit. Exclusions and limitations may apply.
Hearing services	In-Network & Out-of-Network: You pay a \$0 copayment for Medicare-covered Hearing services. You pay a \$0 copayment for Routine Hearing Exam. You pay a \$0 copayment for hearing aid Fitting/Evaluation Exam. Hearing Aids: Copayments for hearing aids- Standard: \$399; Advanced: \$599; Premium: \$899	In-Network: You pay a \$0 copayment for Medicare-covered Hearing services. You pay a \$0 copayment for one Routine Hearing Exam. You pay a \$0 copayment for hearing aid Fitting/Evaluation Exam. Hearing Aids: Copayments for hearing aids- Standard: \$399; Advanced: \$599; Premium: \$899

	2026 (this year)	2027 (next year)
		Out-of-Network: You pay a \$55 copayment for Medicare-covered Hearing services. You pay 80% coinsurance of the total cost for one Routine Hearing Exam. You pay 80% coinsurance of the total cost for hearing aid Fitting/Evaluation Exam. Hearing Aids: You pay 80% coinsurance of the total cost for hearing aids. Out-of-network exclusions and limitations may apply.
Home infusion therapy	Step therapy is required for certain Medicare Part B drugs.	Step therapy is not required for Medicare Part B drugs.
Inpatient hospital care	In-Network & Out-of-Network: For Medicare-covered hospital stay: Days 1-6: You pay a \$390 copayment per day. Beyond Day 6: You pay a \$0 copayment per day.	In-Network: For Medicare-covered hospital stay: Days 1-6: You pay a \$390 copayment per day. Beyond Day 6: You pay a \$0 copayment per day. Out-of-Network: For Medicare-covered hospital stay: Days 1-6: You pay 14%

	2026 (this year)	2027 (next year)
		coinsurance of the total cost per day. Beyond Day 6: You pay 14% coinsurance of the total cost per day.
Inpatient services in a psychiatric hospital	In-Network & Out-of-Network: For Medicare-covered hospital stay: Days 1-6: You pay a \$390 copayment per day. Days 7-90: You pay a \$0 copayment per day.	In-Network: For Medicare-covered hospital stay: Days 1-6: You pay a \$390 copayment per day. Days 7-90: You pay a \$0 copayment per day. Out-of-Network: For Medicare-covered hospital stay: Days 1-6: You pay 14% coinsurance of the total cost per day. Days 7-90: You pay 14% coinsurance of the total cost per day.
Meal Benefit	In-Network & Out-of-Network: You pay a \$0 copayment for the Meal Benefit.	In-Network: You pay a \$0 copayment for the Meal Benefit. Out-of-Network: You pay a \$0 copayment for the Meal Benefit. Medically tailored meals from approved meal providers (not general food establishments) to members following

	2026 (this year)	2027 (next year)
		discharge from an inpatient hospital, skilled nursing facility, or rehabilitation facility during the benefit year. To qualify, the plan will provide a referral. The benefit includes 2 meals per day for up to 14 days per discharge occurrence. Benefit not permitted without a 30-day window between discharges. Out-of-network exclusions and limitations may apply.
Medicare Part B Drugs	Step therapy is required for certain Medicare Part B drugs.	Step therapy is not required for Medicare Part B drugs.
Opioid treatment program and services	In-Network: You pay a \$0 copayment for Medicare-covered opioid treatment programs and services. Out-of-Network: You pay 20% coinsurance of the total cost for Medicare-covered opioid treatment programs and services.	In-Network: You pay a \$0 copayment for Medicare-covered opioid treatment programs and services. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered opioid treatment programs and services.

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services	In-Network: You pay a \$0 copayment for Medicare-covered DEXA scan. You pay a \$0 copayment for Medicare-covered Diagnostic Mammography. You pay a \$0 copayment for Medicare-covered blood services. You pay a \$60 copayment for Medicare-covered therapeutic radiology. You pay 20% coinsurance of the total cost for Medicare-covered surgical supplies, splints, casts, and other devices. You pay a \$235 copayment for Medicare-covered complex diagnostic radiology (CT, MRI, etc.) Out-of-Network: You pay 0% coinsurance of the total cost for Medicare-covered DEXA Scan. You pay 0% coinsurance of the total cost for Medicare-covered Diagnostic Mammography. You pay 40% coinsurance of the total cost for Medicare-covered blood services. You pay 40% coinsurance of the total cost for Medicare-covered therapeutic	In-Network: You pay a \$0 copayment for Medicare-covered DEXA scan. You pay a \$0 copayment for Medicare-covered Diagnostic Mammography. You pay a \$0 copayment for Medicare-covered blood services. You pay a \$60 copayment for Medicare-covered therapeutic radiology. You pay 20% coinsurance of the total cost for Medicare-covered surgical supplies, splints, casts, and other devices. You pay a \$235 copayment for Medicare-covered complex diagnostic radiology (CT, MRI, etc.) Out-of-Network: You pay 0% coinsurance of the total cost for Medicare-covered DEXA Scan. You pay 0% coinsurance of the total cost for Medicare-covered Diagnostic Mammography. You pay 50% coinsurance of the total cost for Medicare-covered blood services. You pay 50% coinsurance of the total cost for

	2026 (this year)	2027 (next year)
	radiology. You pay 40% coinsurance of the total cost for Medicare-covered surgical supplies, splints, casts, and other devices. You pay 40% coinsurance of the total cost for Medicare-covered complex diagnostic radiology (CT, MRI, etc.)	Medicare-covered therapeutic radiology. You pay 50% coinsurance of the total cost for Medicare-covered surgical supplies, splints, casts, and other devices. You pay 50% coinsurance of the total cost for Medicare-covered complex diagnostic radiology (CT, MRI, etc.)
Outpatient hospital services	In-Network & Out-of-Network: You pay a \$35 minimum copayment for Medicare-covered outpatient hospital services. You pay a \$350 maximum copayment for Medicare-covered outpatient hospital services.	In-Network: You pay a \$350 copayment for Medicare-covered outpatient hospital services. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered outpatient hospital services.
Over-the-Counter (OTC) Benefit	Over-the-Counter (OTC): \$100 quarterly allowance. Unused benefits will be carried forward to the next quarter. Use your OTC benefit card administered by CVS to purchase eligible OTC items.	Over-the-Counter (OTC): \$50 quarterly allowance. Unused benefits <u>will not</u> be carried forward to the next quarter. In-Network: OTC benefit card administered by CVS can be used in store, online,

	2026 (this year)	2027 (next year)
		and for catalogue purchases. Out-of-Network: Over-the-Counter (OTC) benefit is available for reimbursement up to the member's quarterly allowance. Out-of-network exclusions and limitations may apply.
Personal Emergency Response System (PERS)	In-Network & Out-of-Network: You pay a \$0 copayment for one Personal Emergency Response System (PERS) device.	In-Network: You pay a \$0 copayment for one Personal Emergency Response System (PERS). Out-of-Network: You pay 80% coinsurance of the total cost for one Personal Emergency Response System (PERS). Out-of-network exclusions and limitations may apply.
Prosthetics and orthotic devices and related supplies	In-Network: You pay 20% coinsurance of the total cost for Medicare-covered prosthetic devices and related supplies. Out-of-Network: You pay 40% coinsurance of the total cost for Medicare-	In-Network: You pay 20% coinsurance of the total cost for Medicare-covered prosthetic devices and related supplies. Out-of-Network: You pay 50% coinsurance of the total cost for

	2026 (this year)	2027 (next year)
	covered prosthetic devices and related supplies.	Medicare-covered prosthetic devices and related supplies.
Pulmonary rehabilitation services	In-Network: You pay a \$35 copayment for Medicare-covered pulmonary rehabilitation services. Out-of-Network: You pay 40% coinsurance of the total cost for Medicare-covered pulmonary rehabilitation services.	In-Network: You pay a \$35 copayment for Medicare-covered pulmonary rehabilitation services. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered pulmonary rehabilitation services.
Skilled nursing facility (SNF) care	In-Network: For Medicare-covered stays: Days 1-20: You pay a \$0 copayment per day. Days 21-100: You pay a \$218 copayment per day. Out-of-Network: For Medicare-covered stays: Days 1-58: You pay a \$175 copayment per day. Days 59-100: You pay a \$0 copayment per day.	In-Network: For Medicare-covered stays: Days 1-20: You pay a \$0 copayment per day. Days 21-100: You pay a \$221 copayment per day. Out-of-Network: For Medicare-covered stays: Days 1-58: You pay a \$175 copayment per day. Days 59-100: You pay a \$0 copayment per day.

	2026 (this year)	2027 (next year)
Supervised Exercise Therapy (SET)	In-Network: You pay a \$25 copayment for Medicare-covered Supervised Exercise Therapy (SET) services. Out-of-Network: You pay 40% coinsurance of the total cost for Medicare-covered Supervised Exercise Therapy (SET) services.	In-Network: You pay a \$25 copayment for Medicare-covered Supervised Exercise Therapy (SET) services. Out-of-Network: You pay 50% coinsurance of the total cost for Medicare-covered Supervised Exercise Therapy (SET) services.
Vision care	In-Network: You pay a \$0 copayment for Medicare-covered eye exams. You pay a \$0 copayment for routine eye exams provided by EyeMed “Insight” provider. \$250 annual allowance through EyeMed for qualified eyewear. Out-of-Network: You pay a \$0 copayment for Medicare-covered eye exams. You receive up to a \$40 reimbursement for routine eye exam. You receive up to a \$250 reimbursement for qualified eyewear.	In-Network: You pay a \$0 copayment for Medicare-covered eye exams. You pay a \$0 copayment for one routine eye exam provided by EyeMed “Insight” provider. \$250 annual allowance through EyeMed for qualified eyewear purchased in a single transaction. Out-of-Network: You pay a \$0 copayment for Medicare-covered eye exams. You receive up to a \$50 reimbursement for one routine eye exam. You receive up to a \$250 reimbursement for

	2026 (this year)	2027 (next year)
		qualified eyewear purchased in a single transaction. Out-of-network exclusions and limitations may apply.
Prior Authorization Updates:	Prior Authorization for the following benefits: Prior authorization is required for Observation Admissions exceeding 23 hours. Prior authorization is required for Home Health Care visits exceeding 10 visits annually for PT, OT, or Skilled Nursing when extending beyond a consecutive 60-day period. Prior authorization is required for ABA Therapy. Prior authorization is required for PET Scans. Prior authorization is not required for procedures that could be considered cosmetic. Prior authorization is required for dialysis treatment.	Prior Authorization changes for the following benefits: Prior authorization is required for Observation Admissions of 2 or more midnights. Prior authorization is required for Home Health Care when extending beyond a consecutive 60-day period. Prior authorization is not required for ABA Therapy. Prior authorization is required only when the PET Scan is not billed with a cancer diagnosis. Prior authorization is required for procedures that could be considered cosmetic. Prior authorization is not required for dialysis treatment.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Updated Plan Service Area	Our service area includes these counties in Indiana: Bartholomew, Brown, Clay, Decatur, Dubois, Gibson, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jennings, Johnson, Madison, Marion, Parke, Perry, Pike, Posey, Shelby, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, and Warrick	Our service area includes these counties in Indiana: Bartholomew, Boone, Brown, Clay, Daviess, Decatur, Dubois, Gibson, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jennings, Johnson, Knox, Madison, Marion, Parke, Perry, Pike, Posey, Rush, Scott, Shelby, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick, Washington

SECTION 3 How to Change Plans

To stay in MyTruAdvantage Red, White and Tru (PPO), you don't need to do anything.

Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our MyTruAdvantage Red, White and Tru (PPO).

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 MyTruAdvantage Red, White and Tru (PPO). 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 separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from MyTruAdvantage Red, White and Tru (PPO).

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-844-425-4280 (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](https://www.medicare.gov), check the *Medicare & You* 2027 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE. As a reminder, Southeastern Indiana Health Organization, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 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, those 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).** Indiana has a program called HoosierRx 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 Indiana State Department of Health, HIV/STD Viral Hepatitis Division. 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 1-866-588-4948. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from MyTruAdvantage Red, White and Tru (PPO)

- **Call Member Services at 1-844-425-4280. (TTY users call 711)**

We're available for phone calls. Calls to these numbers are free.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day.

Member Services also has free language interpreter services available for non-English speakers.

- **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, look in the 2027 *Evidence of Coverage* for MyTruAdvantage Red, White and Tru (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at <https://www.mytruadvantage.com/information-2027> or call Member Services at 1-844-425-4280 (TTY users call 711) to ask us to mail you a copy.

- **Visit <https://www.mytruadvantage.com/information-2027>**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

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

Call Indiana State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Indiana State Health Insurance Assistance Program at 1-800-452-4800. Learn more about Indiana State Health Insurance Assistance Program by visiting (<https://www.in.gov/ship/>).

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.

Notice of Nondiscrimination and Language Assistance Services

MyTruAdvantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MyTruAdvantage does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

MyTruAdvantage provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

MyTruAdvantage provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact MyTruAdvantage Member Services by calling 1.844.425.4280 (TTY users call x711). Hours are 8:00 a.m. - 8:00 p.m., local time, 7 days a week. On Thanksgiving and Christmas Day, and weekends and holidays from April 1 through September 30 alternate technologies (for example, voicemail) will be used and we will return your call within one (1) business day.

To file a civil rights grievance

If you believe that MyTruAdvantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

MyTruAdvantage
Attention: Compliance Officer
P.O. Box 428
Columbus, IN 47202
Toll free: 1.844.372.8392
(TTY users call x711) Fax: 855.633.7673
compliance@mytruadvantage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MyTruAdvantage Member Services and the Compliance Officer are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Phone: 1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-425-4280 (TTY: 711) for or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-425-4280 (TTY: 711) o hable con su proveedor.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-425-4280 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 (Chinese-Simplified)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-425-4280

（文本电话：711）或咨询您的服务提供商。

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-425-4280 (TTY: 711) или обратитесь к своему поставщику услуг.

한국어 (Korean)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-425-4280 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-425-4280（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

(Arabic) العربية

انية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات
بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-844-425-844-1 (711) أو تحدث إلى مقدم الخدمة.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-425-4280 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Pennsylvanisch Deitsch (Pennsylvania Dutch)

Uffgepasst: Wann Sie Pennsylvaanisch Deitsch schwetze, sinn freie Schprooch Hilfe-Services fer Sie do. B passende Hilfsmiddel un Services fer Information in leicht grickliche Wege gewwe sinn aa frei. Ruf 1-844-425-4280 (TTY: 711) fer oder schwetz zu deim Dokter.

Nederlands (Dutch)

Aandacht: Als u Nederlands spreekt, zijn er gratis taalassistentiediensten voor u beschikbaar. Passende hulpmiddelen en diensten voor informatie in toegankelijke formaten zijn ook gratis. Bel 1-844-425-4280 (TTY: 711) of spreek met uw zorgaanbieder.

ဂရူစိုက်ပါ (Burmese)

သင်သည် အင်္ဂလိပ်စကား ပြောနိုင်ပါက အခမဲ့ဘာသာစကားကူညီမှု ဝန်ဆောင်မှုများ ရရှိနိုင်ပါသည်။
အသေးစိတ်အချက်အလက်များကို စီစဉ်ရင်း ဝင်ရောက်သုံးစွဲနိုင်သော ဖော်မတ်များအား
ပေးစွပ်စနစ်များနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ရရှိနိုင်ပါသည်။ ၁-၈၀၀-၃၃၀-၂၇၃၂ ကို ဖုန်းခေါ်ပါ
(TTY: 711) သို့မဟုတ် သင်၏ ပေးသူနှင့် ပြောပါ

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-425-4280 (TTY : 711) ou parlez à votre fournisseur.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-425-4280 (TTY: 711) o makipag-usap sa iyong provider.

हिंदी (Hindi)

आन दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निः शुल्क उपलब्ध हैं। 1-844-425-4280 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-844-425-4280 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711)

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.