



2026 Annual Notice of Change

Abilis Health Community Plan – Medicare Advantage, HMO IE-SNP (H2400-002)



www.abilishealth.com



Toll-free **1-844-214-8633**, TTY **711**

8 a.m. – 8 p.m. : 7-days a week ; October 1 – March 31

8 a.m. – 8 p.m. : Monday – Friday ; April 1 – September 30

** Excludes Thanksgiving & Christmas Day and Federal holidays*

Do we have the right mailing address for you?

If not, please let us know so we can keep you informed about your plan.



We're Here for You — Today and Every Day

Since 2016, we've proudly served residents in Assisted Living Communities with Medicare Advantage plans designed to meet the unique needs of those receiving long-term care. Our mission is to provide preventive, coordinated, and high-quality healthcare that supports your personal care goals and clinical needs.

Our name is changing in 2026, but your benefits and coverage will remain the same. You will continue to receive the same care and services under our plan. Our transition to Abilis Health Community Plan will reflect updates to our brand and materials, but it does not affect your plan's benefits, provider access, or how you get care. Further details about this change are outlined in this *Annual Notice of Changes*.

This Annual Notice of Change highlights updates to your plan's benefits and costs for the upcoming year. More information about costs, benefits, and rules can be found in the *Evidence of Coverage*. You can get a copy at www.abilishealth.com or call Member Services at 1-844-214-8633 (TTY 711) to get a copy by mail.

The Annual Enrollment Period runs from October 15 through December 7. During this time, you can review your Medicare coverage and make changes if your health or needs have changed. You can use this period to decide whether to stay in your current plan or explore other Medicare Advantage or Original Medicare options available to you.

Important Reminders:

1. You will be automatically enrolled in our 2026 plan, **unless you make a different coverage selection during the Annual Enrollment Period.**
2. Your 2026 plan benefits will begin on January 1, 2026.
3. Your current 2025 plan benefits will end on December 31, 2025.

Visit our Website or Scan the QR code with your phone to:

- Learn more about Abilis Health Plan
- View your 2026 Annual Notice of Change online



Need help understanding your options? Let's talk.

Need help? Our licensed agents and Customer Service team are just a phone call away at **1-844-214-8633**, TTY 711; 8 a.m. – 8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

Excludes Thanksgiving & Christmas Days and Federal holidays

Abilis Health Community Plan (HMO IE-SNP) offered by Signature Advantage Plan, LLC DBA Abilis Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of Signature Advantage Community (transitioning their brand name to Abilis Health Community Plan, effective January 1, 2026).

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

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.

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- Note, this is only a summary of changes. More information about costs, benefits, and rules are in the *Evidence of Coverage*. Get a copy at www.abilishealth.com or call Member Services at 1-844-214-8633 (TTY 711) to get a copy by mail.

More Resources

- Abilis Health Community Plan does not discriminate based on race, color, national origin, sex, age, or disability in health programs and activities.
- Abilis Health Community Plan provides language assistance services and appropriate auxiliary aids and services free of charge. *Notice of Availability* is provided in English and upon request can be provided for the 15 languages most commonly spoken by those with limited English proficiency in our plan's service area. Additionally, we can provide this notice in alternate formats (e.g., braille, large print, audio) for those with disabilities that require auxiliary aids and services to ensure effective communication. Please contact Customer Service for more information or to request alternate formats and services.

About Abilis Health Community Plan

- Abilis Health Community Plan, offered by Signature Advantage, LLC, is an Institutional Equivalent Special Needs Plan (IE-SNP) with a Medicare contract. Enrollment in Abilis Health Community Plan depends on contract renewal with CMS.
- When this document says "we," "us," or "our," it means Signature Advantage, LLC doing business as Abilis Health Community Plan. When it says "plan" or "our plan," it means Abilis Health Community Plan.
- **On January 1, 2026**, our plan will change from Signature Advantage Plan to Abilis Health Community Plan. We'll send you a new member ID card and updated materials



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with our new name and branding. From here on, our new name, Abilis Health Community Plan, will be on all materials. Please see Section 1 *Changes To Our Plan's Name and Brand* and Section 2 *Administrative Changes*, for more details.

- **If you do nothing by December 7, 2025, you will automatically be enrolled in *Abilis Health Community Plan*.** Starting January 1, 2026, you will get your medical and drug coverage through *Abilis Health Community Plan*. Go to Section 4 ***How to Change Plans*** for more information about how to change plans and deadlines for making a change.
- Abilis Health Community Plan (formerly, Signature Advantage Community) is a Medicare Advantage Special Needs Plan (HMO IE-SNP) designed for individuals residing in communities needing long-term care support. Abilis Health Community Plan offers all core Medicare benefits – Parts A and B, plus prescription drug coverage under Part D, along with supplemental support services tailored to our members' unique clinical needs.

We serve eligible members living in participating facilities across designated counties in Kentucky and Tennessee. Enrollment is available year-round for qualified individuals.

H2400_002_ANOC26_M

OMB Approval 0938-1051 (Expires: August 31, 2026)



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Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for Abilis Health Community Plan in several important areas. **Please note this is only a summary of costs.**

Cost	2025 (this year)	2026 (next year)
<p>Monthly Plan Premium*</p> <p>*Your premium can be higher or lower than this amount. Go to Section 2.1 for details.</p>	<p>\$0.00</p>	<p>\$0.00</p>
<p>Deductible</p>	<p>\$257</p> <p>Except for insulin furnished through an item of durable medical equipment.</p>	<p>\$283*</p> <p>This is a 2026 cost sharing amount. (except for insulin furnished through an item of durable medical equipment)</p>
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out of pocket for covered Part A and Part B services.</p> <p>Go to Section 2.2 for details</p>	<p>\$9,350</p>	<p>\$9,250</p>
<p>Primary care visits</p>	<p>Primary care visits: \$0 - \$15 copayment per visit.</p> <p>\$0 Copay for nurse practitioner services only performed at assisted living facility and \$15 Copay for all other services performed at assisted living facility, and \$15 copay for services performed anywhere else.</p>	<p>Primary care visits: \$0 - \$15 copayment per visit.</p> <p>\$0 Copay for nurse practitioner services only performed at assisted living facility and \$15 Copay for all other services performed at assisted living facility, and \$15 copay for services performed anywhere else.</p>



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Cost	2025 (this year)	2026 (next year)
<p>Specialist Visit</p>	<p>Specialist visits: \$0 - \$40 copayment per visit.</p> <p>\$0 Copay for nurse practitioner services only performed at assisted living facility and \$40 Copay for all other services performed at assisted living facility, and \$40 copay for services performed anywhere else.</p>	<p>Specialist visits: \$0 - \$40 copayment per visit.</p> <p>\$0 Copay for nurse practitioner services only performed at assisted living facility and \$40 Copay for all other services performed at assisted living facility, and \$40 copay for services performed anywhere else.</p>
<p>Inpatient Hospital Stays</p> <p>Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>\$400 per day for days 1-5</p> <p>\$0 per day for days 6-90.</p>	<p>\$400 per day for days 1-5</p> <p>\$0 per day for days 6-90</p>
<p>Part D Drug Coverage Deductible</p> <p>See Section 2.5 for details.</p>	<p>\$590</p> <p>(except for covered insulin products and most adult Part D vaccines.)</p>	<p>\$615</p> <p>(except for covered insulin products and most adult Part D vaccines.)</p>
<p>Part D Drug Coverage</p> <p>See Section 2.5 for details.</p>	<p>Co-insurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25%</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Co-insurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25%</p> <p>You pay \$35.90 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>



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SECTION 1 Changes to Our Plan Name and Brand

Effective January 1, 2026, our plan will have a new name and branding.

Current plan name (2025): Signature Advantage Plan Community (HMO IE-SNP)

New plan name (2026): Abilis Health Community Plan (HMO IE-SNP)

- This is a name and brand change only. There are **no changes to your benefits, coverage, provider network, or premiums** as a result of this change.
- **You do not need to take any action.** Your enrollment (if you do not join another plan by December 7, 2025) will automatically enroll with Abilis Health Community Plan starting January 1, 2026.
- **If You Have Questions:** Please Contact our Customer Service toll-free at 1-844-214-8633; TTY 711. **Hours of Operation** (excluding Thanksgiving & Christmas Day and Federal Holidays): 8 a.m. to 8 p.m., 7 days a week from October 1 – March 31; and 8 a.m. to 8 p.m., Monday – Friday from April 1 – September 30.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 Changes to the Monthly Plan Premium

Cost	2025 (this year)	2026 (next year)
Monthly Plan Premium (You must also continue to pay your Medicare Part B premium.)	\$0.00	\$0.00
Part B Premium Reduction	\$31.50	\$35.50

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's



at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Extra Help - Your monthly plan premium will be less if you get “Extra Help” with your drug costs. Go to Section 6 for more information about Extra Help from Medicare.

Section 2.2 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.

Cost	2025 (this year)	2026 (next year)
<p>Maximum Out-of-Pocket Amount</p> <p>Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount.</p> <p>Our plan premium and your costs for prescription drugs don’t count toward your maximum out-of-pocket amount.</p>	<p>\$ 9,350</p>	<p style="text-align: center;">\$9,250</p> <p>Once you have paid \$9,250 out of pocket for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 2.3 Changes to the Provider Network

Our network of providers will change for next year. Please review the *2026 Provider Directory* at www.abilishealth.com to see if your providers (primary care provider, specialist, hospitals, etc.) are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at www.abilishealth.com
- Call Members Services at 1-844-214-8633, TTY 711, to get current provider information or to ask us to mail you a *Provider Directory*.

We may make changes to the hospitals, doctors, specialists (providers) that are part of our plan during the year. If a mid-year change affects your care or access to services, please contact our Member Services toll-free at 1-844-214-8633, TTY 711, for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.



Section 2.4 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. Please review the *2026 Pharmacy Directory* at www.abilishealth.com to see which pharmacies are in our network.

Here’s how to get an updated Pharmacy Directory:

- Visit our website at www.abilishealth.com.
- Call our Customer Service at 1-844-214-8633, TTY 711, to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

Section 2.5 Changes to Benefits & Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2025 (this year)	2026 (next year)
Partial Hospitalization		20% Coinsurance
Intensive Outpatient Program Services		20% Coinsurance
Outpatient Blood Services		20% Coinsurance. Deductible waived for the first 3 pints
Urgently Needed Services	You pay 20% of the cost for Medicare-covered services up to \$45.	You pay 20% of the cost for Medicare-covered services up to \$40 .
Over-the-Counter Items (OTC)	You receive \$300 towards OTC items per quarter. Unused benefits are carried forward for the remainder of the year, expiring at the end of the year.	You receive \$200 towards OTC items per quarter. Unused benefits are carried forward for the remainder of the year, expiring at the end of the year.



Cost	2025 (this year)	2026 (next year)
Intensive Outpatient Program Services		20% Coinsurance
Healthy Food Options		If you have a qualifying chronic condition, you may receive \$75 per month for healthy, nutritious food. Unused benefits are carried forward for the remainder of the year, expiring at the end of the year.
Personal Care Supplies		If you have a qualifying chronic condition, you may receive \$75 per month for personal care supplies (such as adult diapers, soap, etc..). Unused benefits are carried forward for the remainder of the year, expiring at the end of the year.

Section 2.6 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. **You can get the complete Drug List** by calling Member Services at 1-844-214-8633 TTY 711 or visiting our website at <https://abilishealth.com/ComprehensiveFormulary>

We have 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 are taking, we will 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 Customer Service at 1-844-214-8633, TTY 711 for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately add new restrictions.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-844-214-8633 TTY 811 or ask your health care provider, prescriber, or pharmacist for more information.

Section 2.7 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 have included this 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 did not receive the material within this packet, please call customer service at 1-844-214-8633, TTY 711 to request the LIS Rider.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

Stage 1: Yearly Deductible

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you've reached the yearly deductible.



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Stage 2: Initial Coverage

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

Stage 3: Catastrophic Coverage

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drugs Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

Drug Payment Stage	2025 (this year)	2026 (next year)
<p>Stage 1 – Yearly Deductible</p> <p>You start in this payment stage each calendar year.</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p> <p>Deductible does not apply to covered insulin products and most adult Part D vaccines (including shingles, tetanus, and travel vaccines)</p>	<p>Deductible is \$590</p>	<p>Deductible is \$615</p>

Drug Costs in Stage 2: Initial Coverage

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 go to Chapter 6 of your *Evidence of Coverage*.

Once you have paid \$2,100 out of pocket for covered Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).



Continued from page 14

Drug Payment Stage	2025 (this year)	2026 (next year)
<p>Stage 2 – Initial Coverage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>You generally stay in this stage until your year-to-date total drug costs reach \$2,100.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1:You pay 25% of the total cost.</p> <p>Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p> <p>Tier 1:You pay 25% of the total cost.</p> <p>Once you have paid \$2,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

This is the third and final drug payment stage. If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.



SECTION 3 Administrative Changes for 2026

In 2026, we are making several administrative changes to improve your experience with our plan. These changes do not affect your benefits, costs, or coverage. The following table outlines updates to our plan name, logo, and branding, as well as any other administrative change details for 2026.

Description	2025 (this year)	2026 (next year)
<p>Changes to our Plan's:</p> <p>1. Name</p> <ul style="list-style-type: none"> • Logo and Branding 	<p>Current Plan name is:</p> <p>Signature Advantage Plan Community (HMO IE-SNP)</p>	<p>Effective January 1, 2026, our plan name and brand will transition from Signature Advantage Plan to Abilis Health Community Plan. Beginning January 1, 2026, our new name, Abilis Health Community Plan, will be on all materials.</p> <p>This is a name and branding change only. Your plan benefits, provider network, and coverage will remain the same. You do not need to take any action.</p> <p>We will send you updated member ID cards and materials with our new name, logo, and branding.</p> <p>If you have any questions about this change, please contact Customer Service.</p>
<p>Medicare Prescription Payment Plan</p>	<p>The Medicare Prescription Payment Plan is a payment option that began in 2025 and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across monthly payments that vary throughout the calendar year (January-December). You may be participating in this payment option.</p>	<p>If you are participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option, call Member Services at 1-844-214-8633, TTY 711 or visit www.Medicare.gov</p>



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SECTION 4 How to Change Plans

To stay in Abilis Health Community Plan, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Abilis Health Community Plan.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You will be automatically disenrolled from **Abilis Health Community Plan**.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You will be automatically disenrolled from **Abilis Health Community Plan**.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-844-214-8633 (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 6).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227).

Section 4.1 Deadlines for Changing

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

If you want to change to a different plan or to Original Medicare for next year, you can make changes to coverage from **October 15 – December 7** each year. These changes will take effect on January 1, 2026.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and do not 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 Medicare drug coverage) between January 1 – March 31, 2026.

Section 4.2 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 Questions?

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- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, a long-term care facility (like a Skilled Nursing Facility), 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 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 5 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 will not 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.** Kentucky and Tennessee have programs called Kentucky's Prescription Assistance Program and Tennessee's CoverRX 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Kentucky AIDS Drug Assistance Program and Tennessee AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call: For Kentucky, call 866-510-0005. For Tennessee, call 615-741-7500. 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary



Have Questions? Call Customer Service at 1-844-214-8633, TTY 711

Hours: 8 a.m.– 8 p.m. : 7-Days Oct–Mar ; M–F Apr–Sept

Excluding Thanksgiving & Christmas Days and Federal Holidays

throughout the year (January – December). This payment option might help you manage your expenses, but it does not save you money or lower your drug costs.

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-844-214-8633; TTY 711 or visit www.Medicare.gov.

SECTION 6 Questions?

Section 6.1 Get Help from Abilis Health Community Plan

- **Call Member Services** at 1-844-214-8633; TTY users call 711.
- We're available for phone calls from 8 a.m. to 8 p.m., 7 days a week from October 1 – March 31; and 8 a.m. to 8 p.m, Monday – Friday from April 1 – September 30 (excludes Thanksgiving & Christmas Day and Federal holidays). Calls to these numbers are free.
- **Read your 2026 Evidence of Coverage** (it contains details about next year's benefits and costs)

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Abilis Health Community Plan. 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.abilishealth.com or call Customer Service at 1-844-214-8633 (TTY 711) to ask us to mail you a copy.

- **Visit Our Website:** www.abilishealth.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).

Section 6.2 Get Free Counseling About Medicare

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

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Kentucky State Health Insurance Program and TN SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Kentucky State Health Insurance Program at 877-293-7447 and TN SHIP at 877-801-0044. You can learn more about Kentucky State Health Insurance Program by visiting their



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website <https://chfs.ky.gov/agencies/dail/Pages/ship.aspx> and TN SHIP by visiting their website at <http://www.tnmedicarehelp.com/>.

Section 6.3 Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

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

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

