Providence Medicare Align Group Plan + Rx (HMO), an Oregon Public Employees Retirement System (PERS) employer group plan, offered by Providence Health Assurance

Annual Notice of Change for 2026

You're enrolled as a member of Providence Medicare Align Group Plan + Rx (HMO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Providence Medicare Align Group Plan + Rx (HMO).
- **The PERS Health Insurance Program (PHIP) Annual Plan Change period is October 1 to November 15. These changes will be effective January 1, 2026.** To change to a different PHIP Plan during the PHIP Plan Change period, contact PHIP or go online at www.pershealth.com for more information. The following information is for general Medicare enrollment; contact PHIP for details regarding their enrollment and Plan Change guidelines.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.ProvidenceHealthAssurance.com/PHIP or call Customer Service at 503-574-8000 or 1-800-768-7377 (TTY users call 711) to get a copy by mail.

More Resources

- Providence Medicare Align Group Plan + Rx (HMO), is a PERS Health Insurance Program (PHIP) employer group plan. Disenrolling from the Providence Medicare Align Group Plan + Rx (HMO) will disenroll you from PHIP. If you would like to make a change, call Customer Service at 1-800-768-7377 or 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP, you may not be able to rejoin at a later date.
- This information is available in multiple formats, including large print and braille.

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

About Providence Medicare Align Group Plan + Rx (HMO)

- Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal
- When this document says “we,” “us,” or “our,” it means Providence Health Assurance. When it says “plan” or “our plan,” it means Providence Medicare Align Group Plan + Rx (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Providence Medicare Align Group Plan + Rx (HMO).** Starting January 1, 2026, you’ll get your medical and drug coverage through Providence Medicare Align Group Plan + Rx (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

These are 2026 cost-sharing amounts. Providence Medicare Align Group Plan + Rx (HMO) will provide updated rates if applicable.

	2025 (this year)	**2026 (next year)**
Monthly plan premium* * Your premium may be higher depending upon your circumstances. See Section 1.1 for details.	Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2025.	Premium amounts are changing starting January 1, 2026. **Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2026.**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$1,500	**$1,500**
Primary care office visits	$15 copayment per visit	**$15 copayment per visit**
Specialist office visits	$20 copayment per visit	**$20 copayment per visit**

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. 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.	$100 copayment each day for days 1-5 and there is no coinsurance, copayment, or deductible for day 6 and beyond for Medicare-covered inpatient hospital care.	**$100 copayment each day for days 1-5 and there is no coinsurance, copayment, or deductible for day 6 and beyond for Medicare-covered inpatient hospital care.**
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: $0	**Deductible: $0**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: Up to an $8 copayment at a preferred network pharmacy or at a network pharmacy. • Drug Tier 2: Up to a $15 copayment at a preferred network pharmacy or at a network pharmacy.	**Copayment/Coinsur-ance during the Initial Coverage Stage:** • **Drug Tier 1: Up to an $8 copayment at a preferred network pharmacy or at a network pharmacy.** • **Drug Tier 2: Up to a $15 copayment at a preferred network pharmacy or at a network pharmacy.**

	2025 (this year)	2026 (next year)
	• Drug Tier 3: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier.	• **Drug Tier 3: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier.** • **Drug Tier 4: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier**.

	2025 (this year)	2026 (next year)
	• Drug Tier 5: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	• **Drug Tier 5: 40% of the total cost up to a maximum of $250 per prescription at a preferred network pharmacy or at a network pharmacy.** **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

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Starting January 1, 2025, please check with your plan sponsor regarding any changes in the monthly premium that you pay.	**Starting January 1, 2026, please check with your plan sponsor regarding any changes in the monthly premium that you pay.**

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 Medicare drug coverage.

- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	**2026 (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 do not count toward your maximum out-of-pocket amount.	$1,500 Once you've paid $1,500 out-of-pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.	**$1,500** **Once you've paid $1,500 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.** **There is no change for the upcoming benefit year.**

Section 1.3 Changes to the Provider Network

There are no changes to our network of providers for next year.

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 Customer Service at 503-574-8000 or 1-800-768-7377 (TTY users should call 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 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.

There are no changes to our network of pharmacies for next year.

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 Customer Service at 503-574-8000 or 1-800-768-7377(TTY users should call 711) for help.

Section 1.5 There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be the same in 2026 as they are in 2025.

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 plan 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 are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Providence Health Assurance Customer Service 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 have included 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 didn't get this material with this packet, call Customer Service at 503-574-8000 or 1-800-768-7377 (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. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

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

- ***Stage 2: Initial Coverage***

  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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions], go to Chapter 6 of your *Evidence of Coverage*.

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

	2025 (this year)	2026 (next year)
Tier 1 (Preferred Generic):	You pay up to a $8 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.	**You pay up to a $8 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.**
Tier 2 (Generic):	You pay up to a $15 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.	**You pay up to a $15 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.**

	2025 (this year)	2026 (next year)
Tier 3 (Preferred Brand):	You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.	**You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.**
Tier 4 (Non-Preferred Drugs):	You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.	**You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.**
Tier 5 (Specialty):	You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.	**You pay 40% of the total cost up to a maximum of $250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.**

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

Administrative changes may be strictly informational, with little to no impact on your benefits, or they may change how you access your care and which services and prescription drugs are available to you. The table below lists the administrative changes we are making for next year.

	2025 (this year)	2026 (next year)
Customer Service hours	Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week.	**From April 1st to September 30th, the hours are Monday through Friday from 8 a.m. to 8 p.m. From October 1st to March 31st, the hours are Sunday through Saturday (7 days a week) from 8 a.m. to 8 p.m.**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in 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 2026.** **To learn more about this payment option, call Capital RX Customer Service at (888) 832-2779 or visit www.Medicare.gov**.

SECTION 3 How to Change Plans

To stay in Providence Medicare Align Group Plan + Rx (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Providence Medicare Align Group Plan + Rx (HMO).

The Providence Medicare Align Group Plan + Rx (HMO) plan is sponsored by PHIP. Disenrolling from Providence Medicare Align Group Plan + Rx (HMO) will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave the PERS Health Insurance Plan, you may not be able to return to the PHIP at a later date.

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'll be automatically disenrolled from Providence Medicare Align Group Plan + Rx (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Providence Medicare Align Group Plan + Rx (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or call Customer Service at 503-224-7377 (TTY users call 711) for more information on how to do this. You can also 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 www.Medicare.gov, check the ***Medicare & You 2026*** handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Providence Health Assurance offers other Medicare health plans. These other plans can have different coverage, monthly premiums, and cost-sharing amounts.

- You can change to a different PERS Health Insurance Program (PHIP) plan. You will need to decide between October 1 and November 15.

Section 3.1 Deadlines for Changing Plans

If you want to change to a different PHIP health plan for next year, you can do it from October 1 through November 15. The change will take effect on January 1, 2026. Please see below if you would like to change to a Medicare plan not offered by the PERS Health Insurance Program (PHIP) or to Original Medicare.

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, 2026, 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 Medicare drug coverage) between January 1 – March 31, 2026.

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 Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 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.

- **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 CAREAssist. 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 CAREAssist at 971-673-0144 or 1-800-805-2313 (TTY 711). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-855-742-2779 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Providence Medicare Align Group Plan + Rx (HMO)

- **Call Customer Service at 503-574-8000 or 1-800-768-7377 (TTY users call 711).**

  We're available for phone calls. From April 1st to September 30th, the hours are Monday through Friday from 8 a.m. to 8 p.m. From October 1st to March 31st, the hours are Sunday through Saturday (7 days a week) from 8 a.m. to 8 p.m.

- **Read your 2026 *Evidence of Coverage***

  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 Providence Medicare Align Group Plan + Rx (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website www.ProvidenceHealthAssurance.com/PHIP or call Customer Service at 503-574-8000 or 1-800-768-7377(TTY users call 711) to ask us to mail you a copy.

- **Visit www.ProvidenceHealthAssurance.com/PHIP**

  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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIBA at 1-800-722-4134 (TTY 711). Learn more about SHIBA by visiting www.shiba.oregon.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 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.

Get Help from PERS Health Insurance Program (PHIP) Customer Service

For assistance with plan premiums, changes, updating your name, address, and phone numbers, please call or write to PHIP Customer Service.

Method	PERS Health Insurance Program (PHIP) Customer Service – Contact Information
CALL	**1-800-768-7377** Calls to this number are free. Customer Service is available from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. Customer Service also has free language interpreter services available for non-English speakers.
TTY	**711** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. This number is available 24 hours a day, seven days a week.
FAX	503-765-3452 or 1-888-393-2943
WRITE	**PERS Health Insurance Program (PHIP)** P.O. Box 40187 Portland, OR 97240-0187 persinfo@pershealth.com
WEBSITE	www.pershealth.com