PrimeTime Health Plan Classic (HMO-POS) offered by AultCare Health Insuring Corporation (DBA PrimeTime Health Plan)

Annual Notice of Change for 2026

You're enrolled as a member of PrimeTime Health Plan Classic (HMO-POS).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in PrimeTime Health Plan Classic (HMO-POS).
- 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.pthp.com or call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) to get a copy by mail.

More Resources

- Notice of Availability: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-577-5084 (TTY 711). This is a free service.
- Call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) for more information. Hours are Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m. This call is free.
- This information is available in alternative formats such as large print, audio CD, or other formats. Please call Customer Service if you need plan information in another format or language.

About PrimeTime Health Plan Classic (HMO-POS)

- PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.
- When this material says "we," "us," or "our," it means AultCare Health Insuring Corporation (DBA PrimeTime Health Plan). When it says "plan" or "our plan," it means PrimeTime Health Plan Classic (HMO-POS).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in PrimeTime Health Plan Classic (HMO-POS).** Starting January 1, 2026, you'll get your medical and drug coverage through PrimeTime Health Plan Classic (HMO-POS). 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

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$45	**$60**
Deductible	$0	**$175 except for insulin furnished through an item of durable medical equipment**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$4,100	**$4,500**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$35 copay per visit	**$35 copay per visit**
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.	$375 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.	**$375 copay per day for days 1-6 for each Medicare-covered admission. No copayment for additional days per stay.**

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.6 for details.)	$0	**$200 except for covered insulin products and most adult Part D vaccines.** **Deductible does not apply to Tiers 1 or 2.**
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: Standard Cost Sharing: $10 Preferred Cost Sharing: $0 Mail order Cost Sharing: $0 Drug Tier 2: Standard Cost Sharing: $18 Preferred Cost Sharing: $8 Mail order Cost Sharing: $8 Drug Tier 3: Standard Cost Sharing: $47 copay or 20% of the cost, whichever is higher Preferred Cost Sharing: $47 copay or 20% of the cost, whichever is higher Mail order Cost Sharing: $47 copay or 20% of the cost, whichever is higher You pay $35 per month supply of each covered insulin product on this tier.	**Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **Standard Cost Sharing: $10** **Preferred Cost Sharing: $0** **Mail order Cost Sharing: $0** **Drug Tier 2:** **Standard Cost Sharing: $16** **Preferred Cost Sharing: $6** **Mail order Cost Sharing: $6** **Drug Tier 3:** **Standard Cost Sharing: 20% of the cost** **Preferred Cost Sharing: 20% of the cost** **Mail order Cost Sharing: 20% of the cost** **You pay $35 or 20% (whichever is less) per month supply of each covered insulin product on this tier.**

	2025 (this year)	2026 (next year)
	Drug Tier 4: Standard Cost Sharing: 50% of the cost Preferred Cost Sharing: 50% of the cost Mail order Cost Sharing: 50% of the cost You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: Standard Cost Sharing: 33% of the cost Preferred Cost Sharing: 33% of the cost Mail order Cost Sharing: 33% of the cost Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs	**Drug Tier 4:** **Standard Cost Sharing:** **40% of the cost** **Preferred Cost Sharing:** **40% of the cost** **Mail order Cost Sharing:** **40% of the cost** **You pay $35 or 25% (whichever is less) per month supply of each covered insulin product on this tier.** **Drug Tier 5:** **Standard Cost Sharing:** **30% of the cost** **Preferred Cost Sharing:** **30% of the cost** **Mail order Cost Sharing:** **30% of the cost** **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.)	$45	**$60**

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 1 for more information about Extra Help from Medicare.

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B 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 and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,100	**$4,500** **Once you've paid $4,500 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.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (https://directory.aultcare.com/directory/PTHP) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.pthp.com.
- Call Customer Service at (330) 363-7407 or 1-800-577-5084 (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 Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users 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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* (https://www.aultcas.com/handlers/formhandler.ashx?intFormId=1589) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.pthp.com.
- Call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic services	In-network: $20 copay for each Medicare-covered visit.	**In-network:** **$15 copay for each Medicare-covered visit.**

	2025 (this year)	2026 (next year)
Dental Services	In-network and Out-of-network: PrimeTime Health Plan will reimburse you for non-Medicare covered services up to a maximum of $900 annually.	**In-network and Out-of-network: PrimeTime Health Plan will reimburse you for non-Medicare covered services up to a maximum of $1,000 annually.**
Emergency care	$140 copay for each Medicare-covered emergency room visit.	**$130 copay for each Medicare-covered emergency room visit.**
Hearing aids	Two hearing aid devices every three years. Hearing aids purchased through Amplifon providers: $595 copay for a tier 1 hearing aid; $695 copay for a tier 2 hearing aid; $895 copay for a tier 3 hearing aid. If you purchase a higher tier hearing aid, your copay will be greater. Copays are per hearing aid. Hearing aids purchased from a non-Amplifon provider are eligible for reimbursement of up to $100 per hearing aid.	**Up to two TruHearing-branded hearing aids every year.** **$499 copay per aid for Standard Aids.** **$699 copay per aid for Advanced Aids.** **$999 copay per aid for Premium Aids.** **$50 additional cost per aid for optional hearing aid rechargeability.** **You must see a TruHearing provider to use this benefit.** **Hearing aids purchased from a non-TruHearing provider are <u>not</u> covered.**
Hearing aid evaluation and fitting	Hearing aid evaluation and fitting is <u>not</u> covered.	**TruHearing provider: $0 copay** **Non-TruHearing provider: <u>Not</u> covered**

	2025 (this year)	2026 (next year)
Meal benefit	After an inpatient or observation hospital stay, home delivery for 5 days, up to 10 meals. This benefit is only available in our service area with the plan's contracted provider.	**Within 30 days of an inpatient or observation hospital stay, home delivery for 5 days, up to 10 meals. This benefit is only available in our service area with the plan's contracted provider.**
Papa Pals Inc.	$0 copay for up to 40 hours of Papa Pals assistance per year.	**Papa Pals is not covered.**
Point of Service option	Our plan offers a point-of-service (POS) option for lab services, non-Medicare covered dental and vision services, hearing exams and hearing aids. For hearing exams and/or hearing aids, you can use the provider of your choice, but you may have a higher out-of-pocket cost for hearing aids purchased from non-Amplifon providers.	**Our plan offers a point-of-service (POS) option for lab services, non-Medicare covered dental services, and non-Medicare covered vision services.** **You must see a TruHearing provider for routine hearing exams and hearing aids. Services received from providers not contracted with TruHearing will not be covered.**
Routine hearing exam	In-network and Out-of-network: $5 copay for one routine hearing exam every three years from your PCP or specialist.	**$0 copay for one routine hearing exam annually from a TruHearing provider.** **Routine exams by providers not contracted with TruHearing are not covered.**

	2025 (this year)	2026 (next year)
Skilled nursing	In-network: $0 copay per day for days 1-20 $135 copay per day for days 21-45 $0 copay per day for days 46-100	**In-network:** **$0 copay per day for days 1-20** **$200 copay per day for days 21-45** **$0 copay per day for days 46-100**
Worldwide emergency or urgent care	$140 copay for each worldwide emergency or urgent care visit outside of the United States.	**$130 copay for each worldwide emergency or urgent care visit outside of the United States.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) for more information.

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 Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th call Customer Service at (330) 363-7407 or 1-800-577-5084 (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***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your tiers 3, 4, and 5 drugs until you've reached the yearly deductible.

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

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

- *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.	$200 **During this stage you pay $0 cost sharing at a preferred or mail order pharmacy and $10 at a standard pharmacy for drugs on tier 1; you pay $6 cost sharing at a preferred or mail order pharmacy and $16 at a standard pharmacy for drugs on tier 2 and the full cost of drugs on tiers 3, 4 and 5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, Preferred Brand, your cost sharing in the Initial Coverage Stage is changing from a copayment or coinsurance to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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:	*Standard cost sharing:* You pay $10 Your cost for a one-month mail-order prescription is $0 *Preferred cost sharing:* You pay $0	***Standard cost sharing:*** **You pay $10** **Your cost for a one-month mail-order prescription is $0** ***Preferred cost sharing:*** **You pay $0**
Tier 2 Generic:	*Standard cost sharing:* You pay $18 Your cost for a one-month mail-order prescription is $8 *Preferred cost sharing:* You pay $8	***Standard cost sharing:*** **You pay $16** **Your cost for a one-month mail-order prescription is $6** ***Preferred cost sharing:*** **You pay $6**
Tier 3 Preferred Brand:	*Standard cost sharing:* You pay $47 copay or 20% of the cost, whichever is higher Your cost for a one-month mail-order prescription is $47 copay or 20% of the cost, whichever is higher	***Standard cost sharing:*** **You pay 20% of the cost** **Your cost for a one-month mail-order prescription is 20% of the cost**

	You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* You pay $47 copay or 20% of the cost, whichever is higher You pay $35 per month supply of each covered insulin product on this tier.	**You pay $35 or 20% of the cost (whichever is less) per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:*** **You pay 20% of the cost** **You pay $35 or 20% of the cost (whichever is less) per month supply of each covered insulin product on this tier.**
Tier 4 Non-preferred Drug:	*Standard cost sharing:* You pay 50% of the cost Your cost for a one-month mail-order prescription is 50% of the cost You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing:* You pay 50% of the cost You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing:*** **You pay 40% of the cost** **Your cost for a one-month mail-order prescription is 40% of the cost** **You pay $35 or 25% of the cost (whichever is less) per month supply of each covered insulin product on this tier.** ***Preferred cost sharing:*** **You pay 40% of the cost** **You pay $35 or 25% of the cost (whichever is less) per month supply of each covered insulin product on this tier.**
Tier 5 Specialty Tier:	*Standard cost sharing:* You pay 33% of the cost Your cost for a one-month mail-order prescription is 33% of the cost *Preferred cost sharing:* You pay 33% of the cost	***Standard cost sharing:*** **You pay 30% of the cost** **Your cost for a one-month mail-order prescription is 30% of the cost** ***Preferred cost sharing:*** **You pay 30% of the cost**

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

Below are administrative changes for 2026.

	2025 (this year)	2026 (next year)
Gym membership vendor	Silver&Fit®	**SilverSneakers**
Hearing benefit vendor	Amplifon	**TruHearing**
Premium payment vendor	Pay Right Health provided by Huntington Bank	**Persona Pay by RevSpring**
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 us at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in PrimeTime Health Plan Classic (HMO-POS), 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 PrimeTime Health Plan Classic (HMO-POS).

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 PrimeTime Health Plan Classic (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from PrimeTime Health Plan Classic (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at (330) 363-7407 or 1-800-577-5084 (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 4).
- **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, AultCare Health Insuring Corporation (DBA PrimeTime Health Plan) offers Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 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 separate 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 separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 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 Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-777-4775. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 (330) 363-7407 or 1-800-577-5084 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from PrimeTime Health Plan Classic (HMO-POS)

- **Call Customer Service at (330) 363-7407 or 1-800-577-5084. (TTY users call 711.)**

  We're available for phone calls Monday through Friday 8:00 a.m. to 8:00 p.m. From October 1st – March 31st, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

- **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 PrimeTime Health Plan Classic (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.pthp.com or call Customer Service at (330) 363-7407 or 1-800-577-5084 (TTY users call 711) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.pthp.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call OSHIIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call OSHIIP at 1-800-686-1578. Learn more about OSHIIP by visiting www.insurance.ohio.gov/about-us/divisions/oshiip.

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.

AULTCARE'S PRIMETIME HEALTH PLAN

Form Approved
OMB# 0938-1421

Notice of Availability

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-577-5084 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-577-5084 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-577-5084 (TTY 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-577-5084 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-577-5084 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-577-5084 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-577-5084 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-577-5084 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-577-5084 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-577-5084 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-577-5084 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-577-5084 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-577-5084 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-577-5084 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-577-5084 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-577-5084 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-577-5084 (TTY 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Non-discrimination Notice

PrimeTime Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PrimeTime Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. PrimeTime Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). PrimeTime Health Plan provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, or if you believe that PrimeTime Health Plan 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 contact or file a grievance with the: PrimeTime Health Plan Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is 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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, 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 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.