

**[MA-PD HMO (and HMO-POS, I-SNPs, C-SNPs) models]
[2027 ANOC model]**

[Insert 2027 plan name] ([insert plan type]) offered by [insert MAO name] [insert DBA names in parentheses, as applicable, after listing required MAO names]

Annual Notice of Change for 2027

[Optional: Insert member name]

[Optional: Insert member address]

You're enrolled as a member of *[insert 2026 plan name]*.

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in *[insert plan name]*.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. *[Insert if our plan is not mailing a copy of the EOC with the ANOC: Get a copy at [insert URL] or call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) to get a copy by mail.] [Insert as applicable: You can also review the attached OR enclosed OR separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.]*

[I-SNPs serving institutionalized people can replace the first bullet above with the below bullet. Otherwise, delete the below bullet:]

- 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.]

More Resources

- *[Plans that meet the 5% alternative language threshold insert: This material is available for free in [insert languages that meet the 5% threshold].]*
- *[Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides*

language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.]

- Call Member Services at *[insert Member Services number]* (TTY users call *[insert TTY number]*) for more information. Hours are *[insert days and hours of operation]*. This call is free.
- *[Plans must insert language about availability of alternate formats (e.g., braille, large print, audio).]*

[Standardized materials must be used by all MAOs, PDPs, and Cost Plans exactly as provided, unless otherwise indicated below and/or in the instructions within the ANOC.

Permissible Alterations/Modifications or Deletions of Standardized Language:

- *Correct minor grammatical or punctuation changes, update/correct phone numbers and/or references.*
- *Recreate graphics and/or tables, add plan logos, correct formatting (e.g., font style, margins), provided changes meet regulations at 42 C.F.R. §§ 422 Subpart V and 423 Subpart V, the CMS Medicare Communications and Marketing Guidelines (MCMG), and other CMS guidance. The standardized text must be used in the same order as the standardized material.*
- *Correct web addresses or URLs if inaccessible or broken.*
- *Delete plan instructions in blue text when populating the materials.*
- *Modify or delete, as necessary, all references under "all Plan Types" not relevant to the plan.*
- *Modify, or delete, as necessary, all references to primary care providers (PCP), referrals, etc. if the organization uses an open access model,*
- *Modify language related to network providers, as necessary, to clarify when a POS benefit may furnish coverage.*
- *Change any references to Member Services, Pharmacy Directory, Provider Directory, Membership Identification (ID) card, and Formulary to the term used by the plan.*
- *Change references to TTY to TDD or TTY/TDD to reflect the correct communication technology.*
- *Create ANOCs specific to an enrollee's plan and don't combine multiple benefit packages in one ANOC.*

Go to **Appendix A** for Operational Guidance.]

About *[insert 2027 plan name]*

- *[Insert federal contracting statement.]*
- When this material says “we,” “us,” or “our,” it means *[insert MAO name] [insert plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this material]*. When it says “plan” or “our plan,” it means *[insert 2027 plan name]*.
- *[Plans that are changing plan name, as approved by CMS, include the following text: On January 1, 2027, our plan name will change from [insert 2026 plan name] to [insert 2027 plan name]. Insert if applicable: We’ll send you a new member ID card with our new name. From here on, our new name, [insert 2027 plan name], will be on all materials.]*
- *[If the member is being enrolled into another plan due to a consolidation under 42 CFR 422.514, include the following text: On January 1, 2027, [insert MAO name] [insert plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this material] will be combining [insert 2026 plan name] with one of our plans, [insert 2027 plan name]. This material tells you about the differences between your current benefits in [insert 2026 plan name] and the benefits you’ll have on January 1, 2027, as a member of [insert 2027 plan name].]*
- *[If the member is being enrolled into another plan due to a transition from a D-SNP look-alike plan under 42 CFR 422.514, include the following text: On January 1, 2027, [insert MAO name] [insert plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this material] will be transitioning you from [insert 2026 D-SNP look-alike plan name] to [insert 2027 renewal plan name]. This material tells you about the differences between your current benefits in [insert 2026 plan name] and the benefits you’ll have on January 1, 2027, as a member of [insert 2027 plan name].]*
- *[It is additionally expected that, as applicable throughout the ANOC, every plan/sponsor that crosswalks a member from a non-renewed plan to a consolidated renewal plan or transitions a member from a D-SNP look-alike plan to a renewal plan meeting the criteria in 42 CFR 422.514(e) will compare benefits and costs, including cost sharing for drug tiers, from that member’s previous plan to the consolidated plan or renewal plan. Every plan/sponsor that transitions a member from a D-SNP look-alike plan to a renewal plan, as indicated above, is encouraged to include language about the transition in a cover letter that accompanies the ANOC.]*
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in *[insert 2027 plan name]*.** Starting January 1, 2027, you’ll get your medical and drug coverage through *[insert 2027 plan name]*. Go to Section 3 *[edit section number as needed]* for more information about how to change plans and deadlines for making a change.

[Insert Material ID: (H, R, S, or Y) number_description of choice (M or C)]

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Summary of Important Costs for 2027

[If using Medicare FFS amounts (e.g., Inpatient and SNF cost sharing) our plan must insert the 2026 Medicare amounts and must insert: These are 2026 cost-sharing amounts and can change for 2027. [Insert plan name] will provide updated rates as soon as they're released. Member cost-sharing amounts can't be left blank.]

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher [Plans with \$0 premium should not include: or lower] than this amount. Go to Section [edit section number as needed] 1 for details.	[Insert 2026 premium amount]	[Insert 2027 premium amount]
[Plans with no deductible can delete this row.] Deductible	[Insert 2026 deductible amount] [If an amount other than \$0, add: except for insulin furnished through an item of durable medical equipment]	[Insert 2027 deductible amount] [If an amount other than \$0, add: except for insulin furnished through an item of durable medical equipment]
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered [insert if applicable: Part A and Part B] services. (Go to Section [edit section number as needed] 1 for details.)	[Insert 2026 MOOP amount]	[Insert 2027 MOOP amount]
Primary care office visits	[insert 2026 cost sharing for PCPs] per visit	[insert 2027 cost sharing for PCPs] per visit

	2026 (this year)	2027 (next year)
Specialist office visits	<i>[insert 2026 cost sharing for specialists]</i> per visit	<i>[insert 2027 cost sharing for specialists]</i> 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.	<i>[Insert 2026 cost sharing]</i>	<i>[Insert 2027 cost sharing]</i>
Part D drug coverage deductible (Go to Section <i>[edit section number as needed]</i> 1 for details.)	<i>[Insert 2026 deductible amount] [If an amount other than \$0, add: except for covered insulin products and most adult Part D vaccines]</i>	<i>[Insert 2027 deductible amount] [If an amount other than \$0, add: except for covered insulin products and most adult Part D vaccines]</i>
Part D drug coverage (Go to Section <i>[edit section number as needed]</i> 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<i>[Copayment/Coinsurance as applicable]</i> during the Initial Coverage Stage: Drug Tier 1: <i>[Insert 2026 cost sharing] [Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i>	<i>[Copayment/Coinsurance as applicable]</i> during the Initial Coverage Stage: Drug Tier 1: <i>[Insert 2027 cost sharing] [Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i>

	2026 (this year)	2027 (next year)
	<p><i>[Repeat for all drug tiers.]</i></p> <p>Catastrophic Coverage Stage:</p> <p><i>[Plans that don't cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following: During this payment stage, you pay nothing for your covered Part D drugs [insert if applicable: and for excluded drugs that are covered under our enhanced benefit].]</i></p> <p><i>[Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following: During this payment stage, you pay nothing your covered Part D drugs.]</i></p> <p>You can have cost sharing for drugs that are covered under our enhanced benefit.]</p>	<p><i>[Repeat for all drug tiers.]</i></p> <p>Catastrophic Coverage Stage:</p> <p><i>[Plans that don't cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following: During this payment stage, you pay nothing for your covered Part D drugs [insert if applicable: and for excluded drugs that are covered under our enhanced benefit].]</i></p> <p><i>[Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following: During this payment stage, you pay nothing for your covered Part D drugs.]</i></p> <p>You can have cost sharing for drugs that are covered under our enhanced benefit.]</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.) <i>[If there are no changes from year to year, plans can indicate in the column that there is no change for the upcoming benefit year. However, the premium must also be listed.]</i>	<i>[Insert 2026 premium amount]</i>	<i>[Insert 2027 premium amount]</i>
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. <i>[Delete this row if Part B premium reduction is not applicable for either year.]</i>	<i>[Insert 2026 Part B premium reduction amount]</i>	<i>[Insert 2027 Part B premium reduction amount]</i>
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.) <i>[If more than one package is available, list each package in a separate row. Delete this row if optional supplemental benefits are not applicable for either year.]</i>	<i>[Insert 2026 additional premium]</i>	<i>[Insert 2027 additional premium]</i>

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 - *[Plans with \$0 premium should not include this bullet.]* Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section *[edit section number as needed]* 1 for more information about Extra Help from Medicare.

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

[Plans that include the costs of supplemental benefits (e.g., POS benefits) in the MOOP limit can revise this information as needed.]

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 *[insert if applicable: Part A and Part B]* services *[insert if applicable: (and other health services not covered by Medicare)]* for the rest of the calendar year.

	2026 (this year)	2027 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments [insert if plan has a deductible: and deductibles]) count toward your maximum out-of-pocket amount.</p> <p>[Plans with no premium may modify the following sentence as needed.] Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.</p> <p>[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year.]</p>	<p>[Insert 2026 MOOP amount]</p>	<p>[Insert 2027 MOOP amount]</p> <p>Once you've paid [insert 2027 MOOP amount] out of pocket for covered [insert if applicable: Part A and Part B] services, you'll pay nothing for your covered [insert if applicable: Part A and Part B] services for the rest of the calendar year.</p>

Section 1.3 Changes to the Provider Network

[Insert if applicable: Our current *Provider Directory* is included in the envelope with this material.]

[Insert applicable section: For a plan that doesn't have changes to its provider network] There are no changes to our network of providers for next year.

[Insert applicable section: For a plan that has changes to its provider network] Our network of providers has changed for next year. Review the 2027 *Provider Directory* [insert URL] 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 [insert URL].
- Call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services

at [insert Member Services number] (TTY users call [insert TTY number]) 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. [Insert if applicable: 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.]

[Insert if applicable: Our Pharmacy Directory is included in the envelope with this material.]

[Insert applicable section: For a plan that doesn't have changes in its pharmacy network] There are no changes to our network of pharmacies for next year.

[Insert applicable section: For a plan that has changes in its pharmacy network] Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* [insert URL] to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [insert URL].
- Call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

[If there are no changes in benefits or in cost sharing, revise heading to "There are no changes to your benefits or amounts you pay for medical services" and replace the rest of this section with: Our benefits and what you pay for these covered medical services will be the same in 2027 as they are in 2026.]

[The table must include: (1) all new benefits that will be added or 2026 benefits that will end for 2027, including any new optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium); (2) new/changing limitations or restrictions, including referrals, prior authorizations, and Step Therapy for Part B drugs for CY 2027 Part C benefits; and (3) all changes in cost sharing for 2027 for covered medical services, including any changes to service category, out-of-pocket maximums, and cost sharing for

optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium).]

[If using Medicare FFS amounts (e.g., Inpatient and SNF cost sharing), our plan must insert the 2026 Medicare amounts and must insert: These are 2026 cost-sharing amounts and can change for 2027. [Insert plan name] will provide updated rates as soon as they're released. Member cost-sharing amounts can't be left blank.]

[Instructions to plans that offered Value-Based Insurance Design (VBID) Model benefits in 2026: VBID Model participating plans that were approved to offer VBID Model benefits in 2026 should update this section to reflect changes to coverage for any 2026 VBID Model benefits that will end beginning 2027. If a previous VBID Model benefit is to be offered through another authority for 2027, these changes must be reflected, and all applicable disclaimers must be used.]

	2026 (this year)	2027 (next year)
[Insert benefit name]	<p>[For benefits that were not covered in 2026 [insert benefit name] is <u>not</u> covered.]</p> <p>[For benefits with a copayment insert: \$[insert 2026 copayment amount] copayment [insert language as needed to accurately describe the benefit, e.g., per office visit].]</p> <p>[For benefits with a coinsurance insert: [insert 2026 coinsurance percentage] % of the total cost [insert language as needed to accurately describe the benefit, e.g., for up to one visit per year].]</p>	<p>[For benefits that are not covered in 2027 [insert benefit name] is <u>not</u> covered.]</p> <p>[For benefits with a copayment insert: \$[insert 2027 copayment amount] copayment [insert language as needed to accurately describe the benefit, e.g., per office visit].]</p> <p>[For benefits with a coinsurance insert: [insert 2027 coinsurance percentage] % of the total cost [insert language as needed to accurately describe the benefit, e.g., for up to one visit per year].]</p>

	2026 (this year)	2027 (next year)
[Insert benefit name]	[Insert 2026 cost/coverage, using format described above.]	[Insert 2027 cost/coverage, using format described above.]

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 *[[insert: in this envelope] OR [insert: provided electronically]]. [If including an abridged formulary, add the following language: The Drug List includes many—but not all—of the drugs that we’ll cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services at [insert Member Services number] (TTY users call [insert TTY number]) or visiting our website at [insert direct URL for drug list].]*

[Plans with no changes to covered drugs, tier assignments, or restrictions can replace the rest of this section with: We haven’t made any changes to our Drug List at this time for next year. However, we might make changes during the year that are allowed by Medicare rules. 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.]

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

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

If you’re affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to

find a new drug. Call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) for more information.

[Plan sponsors implementing for the first time in 2027 the option to immediately substitute brand name drugs with its new generic equivalents or authorized generics or to immediately substitute biological products with interchangeable biosimilars or unbranded biosimilars, that otherwise meet the requirements, should insert the following: Starting in 2027, 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 on the same or lower cost-sharing tier and [Plans that don't use tiers can omit "on the same or a lower cost-sharing tier and."] 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 move it to a different cost-sharing tier or add new restrictions or both. [Plans that don't use tiers can omit "move it to a different cost-sharing tier or" and "or both."]

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 [insert Member Services number] (TTY users call [insert TTY number]) or ask your health care provider, prescriber, or pharmacist for more information.]

Section 1.7 Changes to Prescription Drug Benefits & Costs

[Plans that enroll partial dual eligible beneficiaries should delete the following Extra Help from Medicare section for QDWI beneficiaries.]

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 [insert as applicable: may OR does] not apply to you.** *[If not applicable, omit information about the LIS Rider.]* We *[insert as appropriate: have included OR 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 *[if plan sends LIS Rider with ANOC, insert: and didn't get this material with this packet,] [if plan sends LIS Rider separately from the ANOC, insert: and you don't get this material by [insert date,]* call

Member Services at [insert Member Services number] (TTY users call [insert TTY number]) 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 [insert as applicable: Part D OR brand name OR [tier name(s)]] drugs until you've reached the yearly deductible. [Plans with no deductible, replace text in this bullet with We have no deductible, so this payment stage doesn't apply to you.]

- **Stage 2: Initial Coverage**

[Plans with no deductible delete the first sentence] 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 \$[insert 2027 out-of-pocket threshold].

- **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.

	2026 (this year)	2027 (next year)
Yearly Deductible	<p>\$[insert 2026 deductible]</p> <p>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage doesn't apply to you.]</p> <p>[Plans with tiers excluded from the deductible in 2026 insert: During this stage, you pay [insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible] cost sharing for drugs on [insert name of tier(s) excluded from the deductible] and the full cost of drugs on [insert name of tier(s) where copayments apply] until you've reached the yearly deductible.]</p>	<p>\$[insert 2027 deductible]</p> <p>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage doesn't apply to you.]</p> <p>[Plans with tiers excluded from the deductible in 2027 insert: During this stage, you pay [insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible] cost sharing for drugs on [insert name of tier(s) excluded from the deductible] and the full cost of drugs on [insert name of tier(s) where copayments apply] until you've reached the yearly deductible.]</p>

Drug Costs in Stage 2: Initial Coverage

[Plans that are changing the cost sharing from coinsurance to copayment or vice versa from 2026 to 2027 insert: For drugs on [insert name of tier(s)], your cost sharing in the Initial Coverage Stage is changing from [insert whichever is appropriate: a copayment to coinsurance OR coinsurance to a copayment]. Go to the following table for the changes from 2026 to 2027.]

[Plans must list all drug tiers in the table below and show costs for a one-month supply filled at a network retail pharmacy. Plans that have pharmacies that provide preferred cost sharing must provide information on both standard and preferred cost sharing using the second alternate table. Plans without drug tiers can revise the table as appropriate.]

[Plans with pharmacies that offer standard and preferred cost sharing should replace the preceding paragraph with the following: The table shows your cost per prescription for a one-month ([insert number of days in a one-month supply]-day) supply filled at a network pharmacy with standard and preferred cost sharing.] [Plans that are changing the number of days in its one-month supply should replace the preceding sentence with the following: We are changing the number of days in a one-month supply from a [xx]-day supply in 2026 to a [xx]-day supply in 2027. The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard and preferred cost sharing.]

[Insert if applicable: 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 *[insert as applicable: 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 \$*[insert 2027 out-of-pocket threshold]* out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
<p><i>[Insert name of Tier 1]:</i></p> <p><i>[Insert if applicable: 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.]</i></p> <p><i>[Repeat for all tiers]</i></p>	<p><i>[insert as applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2025 to 2026 insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order</i></p>	<p><i>[insert as applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2026 to 2027, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p>

	2026 (this year)	2027 (next year)
	<i>prescriptions from 2025 to 2026 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i>	<i>[Plans that are changing costs for mail-order prescriptions from 2026 to 2027 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i>

[Plans with pharmacies that offer standard and preferred cost sharing may replace the chart above with the one below to provide both cost-sharing rates.]

	2026 (this year)	2027 (next year)
<i>[Insert name of Tier 1]:</i>	<p><i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2025 to 2026, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2025 to 2026 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing:</i> You pay <i>[insert as</i></p>	<p><i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2026 to 2027, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2026 to 2027 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing:</i> You pay <i>[insert as</i></p>

	<p><i>applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2025 to 2026, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2025 to 2026, insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p>	<p><i>applicable: \$[xx] OR [xx]% of the total cost]</i></p> <p><i>[Plans that are changing insulin cost sharing from 2026 to 2027, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2026 to 2027, insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p>
<i>[Repeat for all tiers]</i>		

[If VBID Model Part D cost-sharing reduction or elimination were offered in 2026, insert section to reflect changes in Part D cost-sharing, as applicable 2027.]

Changes to your VBID Part D Benefit

[VBID Model participating plans that were approved to offer Part D reduced or eliminated cost sharing in 2026 should update this section to reflect all Part D changes in cost-sharing reduction or elimination beginning 2027.]

Changes to the Catastrophic Coverage Stage

*[Plans that cover excluded drugs under an enhanced benefit in 2027, insert the following, as applicable: **If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**]*

*[Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following: **If you reach the Catastrophic Coverage Stage, you pay nothing for***

your covered Part D drugs. You can have cost sharing for excluded drugs that are covered under our enhanced benefit.]

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

[Insert this section if applicable: Plans with administrative changes that impact members (e.g., a change in options for paying the monthly plan premium, a change in contract or PBP number) can insert this section and include an introductory sentence that explains the general nature of the administrative changes. Plans that choose to omit this section should renumber the remaining sections as needed.]

	2026 (this year)	2027 (next year)
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2026 administrative description]</i>	<i>[Insert 2027 administrative description]</i>
<i>[Repeat the above row as necessary.]</i>	<i>[Repeat the above row as necessary.]</i>	<i>[Repeat the above row as necessary.]</i>
Medicare Prescription Payment Plan	<p>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).</p> <p>You may be participating in this payment option.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027.</p> <p>To learn more about this payment option, call us at <i>[insert Member Services number]</i> (TTY users call <i>[insert TTY</i></p>

	2026 (this year)	2027 (next year)
		number]) or visit www.Medicare.gov .

SECTION 3 How to Change Plans

To stay in [insert 2027 plan name], 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 [insert 2027 plan name].

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from [insert 2027 plan name].
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from [insert 2027 plan name].
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll [insert if organization has complied with CMS guidelines for online disenrollment: or visit our website to disenroll online at [insert URL]]. Call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) 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 [edit section number as needed]).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section [edit section number as needed] 5), or call 1-800-MEDICARE (1-800-633-4227). [Plans can choose to insert if applicable: As a reminder, [insert MAO name] [insert plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this material] offers other [insert as applicable: Medicare health plans AND/OR 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, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, 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.
- *[Plans without an SPAP in its state(s) should delete this bullet.] [Organizations offering plans in multiple states: Revise this bullet to use the generic name (State Pharmaceutical Assistance Program) when necessary and include a list of names for all SPAPs in your service area.]* **Help from your state's pharmaceutical assistance program (SPAP).**

[Insert state name] has a program called [insert state-specific SPAP name] that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- *[Plans with no Part D drug cost sharing should delete this bullet.] [Plans without an ADAP in its state(s) should delete this bullet.] [Plans with an ADAP in its state(s) that DON'T provide Insurance Assistance should delete this bullet.]* **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 [insert state-specific ADAP name and information]. 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 [insert state-specific ADAP contact information]. 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 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 [insert Member Services number] (TTY users call [insert TTY number]) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from [insert 2027 plan name]

- **Call Member Services at [insert Member Services number].** (TTY users call [insert TTY number].)

We're available for phone calls [insert days and hours of operation]. [Insert if applicable: Calls to these numbers are free.]

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for [insert 2027 plan name]. 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 [insert URL] or call Member Services at [insert Member Services number] (TTY users call [insert TTY number]) to ask us to mail you a copy. [Insert as applicable: You can also review the attached OR enclosed OR separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.]

- **Visit [insert URL]**

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

[Organizations offering plans in multiple states: Revise this section to use the generic name (“State Health Insurance Assistance Program”) when necessary, and include a list of names, phone numbers, and addresses for all SHIPs in your service area.]

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In [insert state], the SHIP is called [insert state-specific SHIP name].

Call [insert state-specific SHIP name] to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call [insert state-specific SHIP name] at [insert SHIP phone number]. [Plans may insert the following: Learn more about [insert state-specific SHIP name] by visiting [insert SHIP website].]

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 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

[Appendix A

Operational Guidance

Health Plan Management System (HPMS) Submission Instructions:

1. ANOCs must be submitted in HPMS.
2. Unpopulated materials may not be submitted into HPMS. The organization must submit an ANOC (if applicable) for each Contract/Plan Benefit Package (PBP) offered and must include all applicable premiums, cost-sharing, and benefit information in the material.

Note: Non-English language versions of previously submitted English language versions of the ANOC should not be submitted in HPMS. Refer to the Submission, Review, and Distribution of Materials (42 C.F.R. §§ 422.2261 and 423.2261) section of the MCMG for additional information regarding non-English language and alternate format materials.

3. MAOs, PDPs or Cost Plans that have consolidated plans should include, in one “zipped” file, the ANOCs for both plans being consolidated. The zipped file should be uploaded under the remaining PBP. For example, H0001 is consolidating PBP 001 into PBP 002 for CY2026. One zipped file should be uploaded into HPMS under H0001 PBP 002. This zipped file should have the ANOC for PBP 001 and the ANOC for PBP 002. To help identify the zipped ANOCs, organizations must use the following naming convention for all zipped ANOC files: the Plan’s/Part D sponsor’s contract or MCE number, (i.e., “H” for MA or Section 1876 Cost Plans, “R” for Regional PPO plans (RPPOs), “S” for PDPs, or “Y” for Multi-Contract Entity (MCE) identifier) followed by an underscore; the PBP number followed by an underscore, any series of alpha numeric characters (Plan/Part D sponsor discretion) followed by an underscore; and an uppercase “M” for marketing materials (for example: H0001_001_efg456_M or H0001_002_abc123_M).
4. The “No Longer in Use” button should not be selected for ANOC submissions. Plans/Part D sponsors must submit updated ANOCs via the material replacement function in HPMS.

Input of Actual Mail Dates:

MAOs, PDPs, and Cost Plans must input the actual mail dates (AMDs) in HPMS within 15 days of mailing the ANOC. For instructions on technical aspects of submitting, refer to the Update AMD/Beneficiary Link/Function section of the Marketing Review Users Guide in HPMS. When entering the AMDs, note the following requirements:

1. Enter AMDs only for ANOC mailings to existing enrollees.

2. *If a renewing PBP has no existing enrollees, input the material submission date as the AMD and enter “1” for number of beneficiaries. HPMS does not accept “0” in the “#Beneficiaries” field.*
3. *MAOs, PDPs, and Cost Plans cannot enter AMDs that are prior to the material submission date or edit existing mail wave information that was previously entered for the material. Contact your organization’s/sponsor’s Account Manager or Marketing Reviewer if edits to previously existing mail wave dates need to be made or if prior dates need to be entered.*

Multiple ANOC Material Versions:

MAOs, PDPs, and Cost Plans are permitted to upload different versions (not corrections) of ANOC materials with the original submission in one “zipped” file. For example, if a plan covers two states, the standalone ANOC for both states would be submitted in one “zipped” file as the original submission.

Material Replacements:

MAOs, PDPs, and Cost Plans that change their current year ANOCs (e.g., error corrections, Medicare FFS rate updates, policy updates) must submit updated materials via the material replacement function in HPMS. Refer to the MCMG, under “§§ 422.2261(d), 423.2261(d) – Standards for CMS Review,” and the HPMS Marketing Module User’s Guide for additional information regarding the material replacement function.

Note: *MAOs, PDPs, and Cost Plans that submit updated ANOCs via the material replacement function to correct errors must also submit erratas for those errors in HPMS. Refer to the HPMS Memo, “Contract Year 2024 Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment,” to determine when erratas should be submitted.*

Note: *Do not submit errata sheets for updating Medicare fee-for-service (FFS) rates.*

ANOC Mailing Requirements:

Plans/Part D sponsors may include the following in the ANOC mailing: a cover letter, a Notification of Availability of Electronic Materials, Summary of Benefits, Provider Directory, Pharmacy Directory, EOC, LIS Rider, the Formulary, Multi-language Insert (MLI) or Notice of Availability, a form allowing enrollees to “opt-in” to receiving their upcoming ANOC via e-mail, the annual Notice of Non-Discrimination, and an annual notification allowing enrollees to opt out of future calls regarding plan business as defined in 42 C.F.R. § 422.2264(b)(2). Additionally, every plan/sponsor that transitions a member from a D-SNP look-alike plan to a renewal plan is encouraged to include language about the transition in the cover letter that accompanies the ANOC. Unless otherwise directed, no additional plan communications may be included in the mailing.

Other than providing the SB with the ANOC, Plans/Part D sponsors may not highlight benefits or information regarding upcoming 2027 Plan/Part D sponsor activities in the ANOC, the EOC, or the notice.]