



MEDICAL MUTUAL®

Oberlin College
Group Number – 590467

2026 Annual Notice of Change

MedMutual Advantage PPO Plan

MedMutual Advantage PPO offered by Medical Mutual of Ohio (Medical Mutual)

Annual Notice of Change for 2026

You're currently enrolled as a member of MedMutual Advantage PPO.

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

- **You can make changes to your Medicare coverage for next year during your group's open enrollment period.**
- 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 MedMutual.com/MAGroup or call Customer Care at 1-800-801-4823 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Care at 1-800-801-4823 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. This call is free.
- This document is available in alternate formats (e.g., braille, large print, audio).

About MedMutual Advantage PPO

- MedMutual Advantage PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage PPO plan depends on contract renewal.
- When this material says "we," "us," or "our", it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage PPO.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.
Maximum out-of-pocket amounts This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	From network providers: \$3,000 From network and out-of-network providers combined: \$3,000	From network providers: \$3,000 From network and out-of-network providers combined: \$3,000
Primary care office visits	<u>In Network and Out of Network</u> 15% of the total cost per visit	<u>In Network and Out of Network</u> 15% of the total cost per visit
Specialist office visits	<u>In Network and Out of Network</u> 15% of the total cost per visit	<u>In Network and Out of Network</u> 15% of the total cost 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.	<u>In Network and Out of Network</u> Day 1 and thereafter: After the \$500 deductible is met, 15% of the total cost	<u>In Network and Out of Network</u> Day 1 and thereafter: After the \$500 deductible is met, 15% of the total cost
Part D drug coverage deductible (Go to Section 1.6 for details.)	\$0	\$0
Part D drug coverage (Go to Section 1.6 for details.)	Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> • \$10 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 30-day supply	Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> • \$10 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 30-day supply

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> • \$30 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <ul style="list-style-type: none"> • \$10 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 30-day supply • \$30 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <ul style="list-style-type: none"> • \$50 copayment (retail) or \$100 copayment (mail order) per prescription for up to a 30-day supply • \$150 copayment (retail) or \$100 copayment (mail order) per prescription for up to a 90-day supply <p><i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i></p> <p><u>Drug Tier 4:</u></p> <ul style="list-style-type: none"> • \$75 copayment (retail) or \$150 copayment (mail order) per prescription for up to a 30-day supply • \$225 copayment (retail) or \$150 copayment (mail order) per prescription for up to a 90-day supply <p><i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i></p> <p><u>Drug Tier 5:</u></p> <ul style="list-style-type: none"> • \$100 copayment per prescription for up to a 30-day supply (retail or mail order) <p>A long-term supply is not available for drugs in Tier 5.</p>	<ul style="list-style-type: none"> • \$30 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <ul style="list-style-type: none"> • \$10 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 30-day supply • \$30 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <ul style="list-style-type: none"> • \$50 copayment (retail) or \$100 copayment (mail order) per prescription for up to a 30-day supply • \$150 copayment (retail) or \$100 copayment (mail order) per prescription for up to a 90-day supply <p><i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i></p> <p><u>Drug Tier 4:</u></p> <ul style="list-style-type: none"> • \$75 copayment (retail) or \$150 copayment (mail order) per prescription for up to a 30-day supply • \$225 copayment (retail) or \$150 copayment (mail order) per prescription for up to a 90-day supply <p><i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i></p> <p><u>Drug Tier 5:</u></p> <ul style="list-style-type: none"> • \$100 copayment per prescription for up to a 30-day supply (retail or mail order) <p>A long-term supply is not available for drugs in Tier 5.</p> <p><u>Drug Tier 6:</u></p> <ul style="list-style-type: none"> • \$10 copayment (retail) or \$20 copayment (mail order)

	2025 (this year)	2026 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	per prescription for up to a 30-day supply • \$30 copayment (retail) or \$20 copayment (mail order) per prescription for up to a 90-day supply Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.
Pharmacy maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered prescription drugs.	\$2,000	\$2,100

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to 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 is 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.

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 and other health services not covered by Medicare for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers 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.	\$3,000	\$3,000 (No change from 2025) Once you've paid \$3,000 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.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$3,000	\$3,000 (No change from 2025) Once you've paid \$3,000 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (MedMutual.com/MAGroup) 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 MedMutual.com/MAGroup.
- Call Customer Care at 1-800-801-4823 (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 Care at 1-800-801-4823 (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 of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at MedMutual.com/MAGroup to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at MedMutual.com/MAGroup.
- Call Customer Care at 1-800-801-4823 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-800-801-4823 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Prior authorization requirements – see Chapter 4, Section 2 of your <i>Evidence of Coverage</i> for details	Prior authorization rules may apply for certain services. Contact the plan for details.	Prior authorization rules may apply for certain services. The services on the list have changed. Contact the plan for details.
Diabetic supplies – listed under Diabetes self-management training, diabetic services, and supplies in Chapter 4, Section 2 of the <i>Evidence of Coverage</i>	<p><u>In Network</u></p> <p>0% of the total cost for the following diabetic supplies:</p> <ul style="list-style-type: none"> • A blood glucose meter (excluding continuous glucose monitors) • Blood glucose test strips • Lancing devices and glucose lancets • Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors <p>Please note: In order to qualify for 0% coinsurance, diabetic test strips and meters must be produced by a preferred manufacturer, Abbott or Lifescan, and be purchased at an in-network retail or mail order pharmacy. Preferred products include Freestyle, OneTouch, Optium, Precision, and Relion Ultima. Non-preferred diabetic test strips and meters are covered (with</p>	<p><u>In Network</u></p> <p>0% of the total cost for the following diabetic supplies:</p> <ul style="list-style-type: none"> • A blood glucose meter (excluding continuous glucose monitors – refer to DME section below for coverage of CGMs) • Blood glucose test strips • Lancing devices and glucose lancets • Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors <p>Please note: In order to qualify for 0% coinsurance, diabetic test strips and meters must be produced by a preferred manufacturer, Abbott or Trividia, and be purchased at an in-network retail or mail order pharmacy. Preferred products include Freestyle, Precision Xtra, True Metrix meters and Trividia test strips.</p>

	2025 (this year)	2026 (next year)
	0% coinsurance) when filled by an in-network durable medical equipment supplier. 0% of the total cost for all other diabetic supplies	Non-preferred diabetic test strips and meters are covered (with 0% coinsurance) when filled by an in-network durable medical equipment supplier. 0% of the total cost for all other diabetic supplies
Home-based palliative care See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> for more information.	\$0 copayment	This benefit is not covered.

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, please 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 Care at 1-800-801-4823 (TTY users call 711) 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 does 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 receive Extra Help and you don't get this material by September 30, please call Customer Care at 1-800-801-4823 (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.

Drugs 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.

Drugs costs in Stage 2: Initial Coverage

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.

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, 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 Drugs	Standard cost sharing: You pay \$10 copayment (retail) or \$20 copayment (mail order) per prescription.	Standard cost sharing: You pay \$10 copayment (retail) or \$20 copayment (mail order) per prescription.
Tier 2: Generic Drugs	Standard cost sharing: You pay \$10 copayment (retail) or \$20 copayment (mail order) per prescription.	Standard cost sharing: You pay \$10 copayment (retail) or \$20 copayment (mail order) per prescription.

	2025 (this year)	2026 (next year)
Tier 3: Preferred Brand and Generic Drugs	Standard cost sharing: You pay \$50 copayment (retail) or \$100 copayment (mail order) per prescription. <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>	Standard cost sharing: You pay \$50 copayment (retail) or \$100 copayment (mail order) per prescription. <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>
Tier 4: Non-Preferred Drugs	Standard cost sharing: You pay \$75 copayment (retail) or \$150 copayment (mail order) per prescription. <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>	Standard cost sharing: You pay \$75 copayment (retail) or \$150 copayment (mail order) per prescription. <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>
Tier 5: Specialty Drugs	Standard cost sharing: You pay \$100 copayment per prescription (retail or mail order).	Standard cost sharing: You pay \$100 copayment per prescription (retail or mail order).
Tier 6: Select Care Drugs	N/A	Standard cost sharing: You pay \$10 copayment (retail) or \$20 copayment (mail order) per prescription.

Changes to the Catastrophic Coverage Stage

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.

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

	2025 (this year)	2026 (next year)
Additional in-network coverage See Chapter 1, Section 3.2 and Chapter 3, Section 2.3 of the <i>Evidence of Coverage</i> for details.	If you need to seek covered services from providers who are outside Ohio or in the following Ohio counties (in other words, from an out-of-network provider), your Plan provides in-network coverage for these services, but only if the provider is eligible to participate in Medicare. These counties are Ashtabula, Athens, Belmont, Jefferson, Lawrence, and Meigs.	If you need to seek covered services from providers who are outside Ohio, your Plan provides in-network coverage for these services, but only if the provider is eligible to participate in Medicare.

	2025 (this year)	2026 (next year)
Durable medical equipment (DME) See Chapter 4, Section 2 of the <i>Evidence of Coverage</i> for details.	These additional notes are shown in the Medical Benefits Chart: You must get durable medical equipment through our participating plan suppliers. You cannot purchase these items from a pharmacy.	These additional notes are shown in the Medical Benefits Chart: You must get durable medical equipment through our participating plan suppliers. Continuous glucose monitors (CGMs) are only covered with an approved prior authorization.
Drug Assistance Program listings	Drug assistance program information is provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> .	Drug assistance program information provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> has been updated.
Income Related Monthly Adjustment Amount (IRMAA) URL See Chapter 1, Section 4.4 of the <i>Evidence of Coverage</i> for details.	https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans	www.Medicare.gov/health-drug-plans/part-d/basics/costs
Mail-order supply for Part D prescription drugs See Chapter 5, Section 2.2 of the <i>Evidence of Coverage</i> for details.	Our plan's mail-order service allows you to order up to a 90-day supply .	Our plan's mail-order service allows you to order up to a 90-day supply . Our plan's mail-order service may have a lower cost-share compared to a retail pharmacy. However, to take advantage of the lower cost-sharing, you must fill your prescription for at least a two-month supply. Please contact Part D Customer Service at 1-844-404-7947 for information.
Medicaid Agency listings	Medicaid agency information is provided in Appendix 2 of your <i>Evidence of Coverage</i> .	Medicaid agency information provided in Appendix 2 of your <i>Evidence of Coverage</i> has been updated.

	2025 (this year)	2026 (next year)
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 1-800-801-4823 (TTY users call 711) or visit www.Medicare.gov.
Payment requests for Part D prescription drug claims See Chapter 2, Section 1 and Chapter 7, Section 2 of the <i>Evidence of Coverage</i> for details.	The mailing address is listed as: Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718	The mailing address is listed as: Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85082
Pharmacy network changes See the 2026 <i>Pharmacy Directory</i> for details.	CVS is part of the pharmacy network.	CVS is no longer part of the pharmacy network.
Quality Improvement Organization (QIO) contact information	The QIO for Ohio (and for other states in Regions 2, 3, 5, 7, and 9) is listed in Chapter 2, Section 4 of the <i>Evidence of Coverage</i> under the Livanta name with the TTY number of 1-888-985-8775 and the following mailing address: 10820 Guilford Rd., Suite 202, Annapolis Junction, MD 20701.	The QIO for Ohio (and for other states in Regions 2, 3, 5, 7, and 9) is listed in Chapter 2, Section 4 of the <i>Evidence of Coverage</i> under the Commence Health name with the TTY number of 711 and the following mailing address: P.O. Box 2687, Virginia Beach, VA 23450.
State Health Insurance Assistance Program listings	State health insurance assistance program information is provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> .	State health insurance assistance program information provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> has been updated.

	2025 (this year)	2026 (next year)
Transportation and lodging for transplant services – listed under “Inpatient hospital care” in Chapter 4 Section 2 of the <i>Evidence of Coverage</i>	<p>The <i>Evidence of Coverage</i> includes the following language for travel and lodging for transplant services:</p> <p>Transplant providers may be local or outside of the service area. If our in-network transplant services are outside the community pattern of care, you may choose to go locally as long as the local transplant providers are willing to accept the Original Medicare rate. If MedMutual Advantage PPO provides transplant services at a location outside the pattern of care for transplants in your community and you choose to get transplants at this distant location, we'll arrange or pay for appropriate lodging and transportation costs for you and a companion.</p>	<p>The <i>Evidence of Coverage</i> includes the following language for travel and lodging for transplant services:</p> <p>Transplant providers may be local or outside of the service area. If our in-network transplant services are outside the community pattern of care, you may choose to go locally as long as the local transplant providers are willing to accept the Original Medicare rate. If MedMutual Advantage PPO provides transplant services at a location outside the pattern of care for transplants in your community and you choose to get transplants at this distant location, we'll arrange or pay for appropriate lodging and transportation costs for you and a companion provided the covered transplant occurs more than 75 miles from your permanent residence. We will cover transportation and lodging for you and a companion up to a maximum of \$10,000 per transplant. Meals are not included. Documentation of expenses is required for reimbursement. Please contact Customer Care for details.</p>

	2025 (this year)	2026 (next year)
Using a pharmacy that's not in our plan's network See Chapter 5, Section 2.4 of the <i>Evidence of Coverage</i> for details.	<p>The description of when prescriptions are covered at an out-of-network pharmacy includes the following language:</p> <ul style="list-style-type: none"> • If the prescriptions are related to care for a medical emergency or urgently needed care, they will be covered. In this situation, you will have to pay the full cost (rather than paying just the copayment or coinsurance) when you fill your prescription. You can ask us to reimburse you by submitting a paper claim to us for up to usual, customary, and reasonable (UCR). Any amount you pay over the UCR will be applied to your TrOOP (True Out-Of-Pocket cost). • If you are traveling within the United States, but outside the plan's service area, and you become ill or run out of your prescription drugs, we will cover prescriptions that are filled at an out-of-network pharmacy (if you follow all other coverage rules identified within this document and a network pharmacy is unavailable). In this situation, you will have to pay the full cost (rather than paying just the copayment or coinsurance) when you fill your prescription. You can ask us to reimburse you by submitting a paper claim to us for up to usual, customary, and reasonable (UCR). Any amount you pay over the UCR will be applied to your TrOOP. 	<p>The description of when prescriptions are covered at an out-of-network pharmacy includes the following language:</p> <ul style="list-style-type: none"> • If the prescriptions are related to care for a medical emergency or urgently needed care, they will be covered. In this situation, you will have to pay the full cost (rather than paying just the copayment or coinsurance) when you fill your prescription. You can ask us to reimburse you by submitting a paper claim to us for up to usual, customary, and reasonable (UCR). Any amount you pay over the UCR will be applied to your Part D Out-Of-Pocket Costs. • If you are traveling within the United States, but outside the plan's service area, and you become ill or run out of your prescription drugs, we will cover prescriptions that are filled at an out-of-network pharmacy (if you follow all other coverage rules identified within this document and a network pharmacy is unavailable). In this situation, you will have to pay the full cost (rather than paying just the copayment or coinsurance) when you fill your prescription. You can ask us to reimburse you by submitting a paper claim to us for up to usual, customary, and reasonable (UCR). Any amount you pay over the UCR will be applied to your Part D Out-of-Pocket Costs.

SECTION 3 How to Change Plans

To stay in MedMutual Advantage PPO, 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 MedMutual Advantage PPO.

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 MedMutual Advantage PPO.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from MedMutual Advantage PPO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-800-801-4823 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

To learn more about Original Medicare and the different types of Medicare plans, visit 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, Medical Mutual offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amount.

SECTION 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage **during your group's open enrollment period.**

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 can 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 AIDS Drug Assistance Program. 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 SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-800-801-4823 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from MedMutual Advantage PPO

- **Call Customer Care at 1-800-801-4823. (TTY users call 711).**

We're available for phone calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. 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 MedMutual Advantage PPO. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at MedMutual.com/MAGroup or call Customer Care at 1-800-801-4823 (TTY users call 711) to ask us to mail you a copy.

- **Visit MedMutual.com/MAGroup**

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. See Appendix 1 to find the SHIP in your state.

Call your SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. For more information, call the phone number or visit the website for your state's SHIP listed in Appendix 1.

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 should 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.

APPENDIX 1 State Health Insurance Assistance Programs (SHIPs)

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Alabama	State Health Insurance Assistance Program (SHIP) Alabama Department of Senior Services 201 Monroe St., Suite 350 Montgomery, AL 36104 www.alabamaageline.gov/ship/	1-800-243-5463
Alaska	State Health Insurance Assistance Program (SHIP) Alaska Medicare Information Office 3601 C St., Suite 902 Anchorage, AK 99811 http://hss.medicare@alaska.govhealth.alaska.gov/en/senior-and-disabilities-services/medicare-office	1-800-478-6065 TTY: 1-800-770-8973
Arizona	State Health Insurance Assistance Program (SHIP) Individuals should contact the SHIP office in the county in which they reside. https:// azship.org	1-800-432-4040
Arkansas	Senior Health Insurance Information Program (AR SHIIP) Arkansas Insurance Department One Commerce Way Little Rock, AR 72202 https://www.shiipar.com	1-800-224-6330
California	State Health Insurance Assistance Program (SHIP) California Health Insurance Counseling and Advocacy Program (HICAP) https://www.aging.ca.gov/hicap/	1-800-434-0222
Colorado	Senior Health Insurance Assistance Program (SHIP) Division of Insurance Colorado Department of Regulatory Agencies 1560 Broadway, Suite 850 Denver, CO 80202 https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare	1-888-696-7213
Connecticut	The CHOICES Program - Connecticut Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening Aging and Disability Services 55 Farmington Ave., 12 th Floor Hartford, CT. 06105 https://portal.ct.gov/ADS-CHOICES	1-800-994-9422
Delaware	Delaware Medicare Assistance Bureau (DMAB) https://insurance.delaware.gov/divisions/dmab	1-800-336-9500

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
District of Columbia	DC State Health Insurance Assistance Program (SHIP) InsuHealth Insurance Assistance 500 K Street, NE Washington, D.C. 20002 https://dcoa.dc.gov/service/dc-state-health-insurance-assistance-program-ship	1-202-727-8370
Florida	Serving Health Insurance Needs of Elders (SHINE) Program Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399-7000 https://www.floridashine.org	1-800-963-5337 TTY: 1-800-955-8770
Georgia	Georgia SHIP Georgia Department of Human Services' (DHS) Division of Aging Services (DAS) State Health Insurance Assistance Program 47 Trinity Ave. S.W. Atlanta, GA. 30334 https://aging.georgia.gov/georgia-ship	1-866-552-4464 (Option #4) Monday through Friday, 8 a.m. – 5 p.m.
Guam	Guam Medicare Assistance Program (GUAM MAP) State Health Insurance Assistance Program (SHIP) https://dphss.guam.gov	1-671-735-7421 1-671-735-7415
Hawaii	Hawaii State Health Insurance Assistance Program (SHIP) Hawaii State Department of Health Executive Office on Aging – No. 1 Capitol District 250 South Hotel St., Suite 406 Honolulu, HI 96813-2831 https://www.hawaiiiship.org	1-808-586-7299 Toll Free 1-888-875-9229
Idaho	Senior Health Insurance Benefits Advisors (SHIBA) – Idaho Department of Insurance 700 West State St., 3rd Floor P.O. Box 83720 Boise, ID 83720-0043 https://www.shiba.idaho.gov	1-800-247-4422 Monday through Friday, 8 a.m. to 5 p.m.
Illinois	Senior Health Insurance Program (SHIP) One Natural Resources Way, #100 Springfield, IL. 62702-1271 https://www.illinois.gov/aging/ship	1-800-252-8966 TTY: 711 (TRS)
Indiana	State Health Insurance Assistance Program (SHIP) 311 W. Washington St. Indianapolis, IN 46204 https://www.in.gov/ship	1-800-452-4800
Iowa	Senior Health Insurance Information Program SHIIP-SMP https://shiip.iowa.gov	1-800-351-4664 TTY: 1-800-735-2942

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Kansas	Senior Health Insurance Counseling for Kansas (SHICK) Kansas Department for Aging and Disability Services New England Building 503 South Kansas Ave. Topeka, KS 66603-3404 https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick	1-800-860-5260
Kentucky	State Health Insurance Assistance Program (SHIP) Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living Office of the Secretary 275 East Main St., 3E-E Frankfort, KY 40621 https://chfs.ky.gov/agencies/dail/Pages/ship.aspx	1-877-293-7447 (Option #2)
Louisiana	Senior Health Insurance Information Program (SHIIP) 1702 N. Third St. P.O. Box 94214 Baton Rouge, LA 70802 https://www.lidi.la.gov/consumers/senior-health-shiip	1-800-259-5300
Maine	Maine State Health Insurance Assistance Program (SHIP) Maine Department of Health and Human Services 109 Capital Street 11 State House Station Augusta, ME 04333 https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance	1-800-262-2232 (SHIP) 1-877-353-3771 (ADRC)
Maryland	State Health Insurance Assistance Program (SHIP) Maryland Department of Aging 301 West Preston St., Suite 1007 Baltimore, MD 21201 https://aging.maryland.gov/Pages/state-health-insurance-program.aspx	1-800-243-3425
Massachusetts	Serving Health Information Needs of Elders (SHINE) https://www.mass.gov/health-insurance-counseling	1-800-243-4636 TTY/ASCII: (800)-439-2370
Michigan	Michigan Medicare Assistance Program (MMAP, Inc.) https://www.mmapinc.org	1-800-803-7174
Minnesota	Minnesota Senior LinkAge Line 540 Cedar St. St. Paul, MN 55164 https://mn.gov/senior-linkage-line/	1-800-333-2433

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Mississippi	State Health Insurance Assistance Program (SHIP) Mississippi Department of Human Services Division of Aging & Adult Services 200 S. Lamar St. Jackson, MS 39201 https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program	1-844-822-4622 (SHIP) 1-601-359-4500
Missouri	Missouri SHIP, State Health Insurance Assistance Program (SHIP) https://www.missouriship.org	1-800-390-3330
Montana	Montana State Health Insurance Assistance Program (SHIP) https://dphhs.mt.gov/sltc/aging/SHIP	1-800-551-3191
Nebraska	Nebraska Senior Health Insurance Information Program (SHIIP) Nebraska Department of Insurance 2717 S. 8th St., Suite 4 Lincoln, NE 68508 https://doi.nebraska.gov/ship	1-800-234-7119
Nevada	Nevada Medicare Assistance Program (MAP) 3208 Goni Rd., Suite 181 Carson City, NV 89706 https://www.nevedacareconnection.org/care-options/types-of-services/healthcare/medicare-assistance-program-map/	1-800-307-4444
New Hampshire	New Hampshire State Health Insurance Assistance Program (SHIP) https://www.dhhs.nh.gov	1-866-634-9412
New Jersey	State Health Insurance Assistance Program (SHIP) New Jersey Department of Human Services Division of Aging Services https://www.state.nj.us/humanservices/doas/services/ship/	1-800-792-8820
New Mexico	New Mexico ADRC – State Health Insurance Assistance Program (SHIP) New Mexico Aging & Long-Term Services Dept. 2550 Cerrillos Road Santa Fe, NM 87505 https://aging.nm.gov	1-800-432-2080 TTY: 1-505-476-4937
New York	Health Insurance Information Counseling and Assistance Program (HIICAP) https://aging.ny.gov/health-insurance-information-counseling-and-assistance	1-800-701-0501

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
North Carolina	Seniors' Health Insurance Information Program (SHIIP) North Carolina Department of Insurance 3200 Beechleaf Court Raleigh, NC 2760 https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip	1-855-408-1212
North Dakota	North Dakota Insurance Department State Health Insurance Assistance Program (SHIP) 600 E. Boulevard Ave. Bismarck, ND 58505 https://www.insurance.nd.gov/consumers/medicare	1-888-575-6611
Ohio	Ohio Senior Health Insurance Information Program (OSHIIP) Ohio Department of Insurance 50 West Town St., 3rd Floor, Suite 300 Columbus, OH 43215 https://insurance.ohio.gov/about-us/divisions/oshiip	1-800-686-1578 Monday through Friday 7:30 a.m. - 5 p.m.
Oklahoma	Senior Health Insurance Counseling Program (SHIP) Oklahoma Insurance Department 400 NE 50th St. Oklahoma City, OK 73105 https://www.oid.ok.gov	1-800-763-2828
Oregon	Senior Health Insurance Benefits Assistance (SHIBA) https://shiba.oregon.gov	1-800-722-4134
Pennsylvania	Pennsylvania Medicare Education and Decision Insight – PA MEDI http://www.aging.pa.gov	1-800-783-7067 Monday through Friday 8 a.m. to 5 p.m.
Puerto-Rico	State Health Insurance Assistance Program SHIP https://agencias.pr.gov/ship	1-877-725-4300 TTY: 787-919-7291
Rhode Island	Rhode Island State Health Insurance Assistance Program (SHIP) Rhode Island Department of Human Services Office of Healthy Aging 25 Howard Ave. Building 57 Cranston, RI 02920 https://oha.ri.gov/medicare	1-888-884-8721 TTY: 1-401-462-0740
South Carolina	State Health Insurance Assistance Program (SHIP) 1301 Gervais St., Suite 350 Columbia, SC 29201 https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid	1-800-868-9095

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
South Dakota	Senior Health Information and Insurance Education (SHIINE) https://www.shiine.net	Eastern South Dakota: 1-800-536-8197 Central South Dakota: 1-877-331-4834 Western South Dakota: 1-877-286-9072
Tennessee	Tennessee State Health Insurance Assistance Program (SHIP) https://tn.gov/aging/ship	1-877-801-0044
Texas	Health Information Counseling and Advocacy Program (HICAP) – Texas Department of Aging and Disability https://www.hhs.texas.gov/services/health/medicare	1-800-252-9240
US Virgin Islands	The Virgin Islands State Health Insurance Assistance Program (VI SHIP) https://ltg.gov.vi/departments/vi-ship-medicare	1-340-773-6449 (St. Croix) 1-340-774-2991 (St. Thomas/St. John)
Utah	Senior Health Insurance Information Program (SHIP) Aging and Adult Services of Utah https://daas.utah.gov/seniors/	1-800-541-7735
Vermont	State Health Insurance Assistance Program (SHIP) Vermont Association for Area Agencies on Aging https://asd.vermont.gov	1-800-642-5119 802-241-0294
Virginia	Virginia Insurance Counseling and Assistance Program (VICAP) Virginia Division for the Aging 1610 Forest Ave., Suite 100 Henrico, VA 23229 https://www.vda.virginia.gov/vicap.htm	1-800-552-3402
Washington	Statewide Health Insurance Benefits Advisors (SHIBA) Office of the Insurance Commissioner https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/	1-800-562-6900 TTY: 1-360-586-0241 Monday through Friday 8 a.m. to 5 p.m.
West Virginia	West Virginia State Health Insurance Assistance Program (WV SHIP) West Virginia Bureau of Senior Services 1900 Kanawha Boulevard East Town Center Mall, 3 rd Level Charleston, WV 25305 https://www.wvship.org	1-877-987-4463 304-558-3317

State Health Insurance Assistance Programs (SHIPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Wisconsin	State Health Insurance Assistance Program (SHIP) https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm	1-800-242-1060
Wyoming	Wyoming State Health Insurance Information Program (WSHIIP) http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program	1-800-856-4398

APPENDIX 2 AIDS Drug Assistance Programs (ADAPs)

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Alabama	Alabama AIDS Drug Assistance Program HIV/AIDS Division Alabama Department of Public Health The RSA Tower 201 Monroe St., Suite 1400 Montgomery, AL 36104 https://www.alabamapublichealth.gov/hiv/adap.html	1-866-574-9964
Alaska	Alaskan AIDS Assistance Association 1057 W. Fireweed Ln., Suite 102 Anchorage, AK 99503 https://www.alaskanids.org/client-services/aids-drug-assistance-program-adap	1-800-478-2437
Arizona	Arizona Department of Health Services 150 N. 18th Ave., Phoenix, AZ 85007 https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php	1-800-334-1540 1-602-364-4571
Arkansas	Arkansas Department of Health Infectious Disease Branch 4815 W. Markham St., Slot 33 Little Rock, AR 72205 https://healthy.arkansas.gov/programs-services/diseases-conditions/infectious-disease/ryan-white-program/	1-501-661-2408 1-800-462-0599
California	California Department of Public Health Center for Infectious Diseases Office of AIDS MS 0500, P.O. Box 997377 Sacramento, CA 95899-7377 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAad.aspx	1-844-421-7050 ADAP CALL CENTER 1-916-558-1784
Colorado	Colorado Department of Public Health Environment Care and Treatment Program ADAP-3800 4300 Cherry Creek Dr. South Denver, CO 80246 https://colorado.gov/PACIFIC/CDPHE/state-drug-assistance-program	1-303-692-2000
Connecticut	Connecticut Department of Public Health 410 Capitol Ave. Hartford, CT 06134 https://ctdph.primetherapeutics.com/	1-800-424-3310
Delaware	Division of Public Health Thomas Collins Building 540 S. DuPont Highway Dover, DE 19901 https://ramsellcorp.com/medical_professionals/de.aspx	Local: 1-302-744-1050 Customer Service: 1-888-311-7632

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
District of Columbia	District of Columbia Department of Health, DC Pharmacy Benefits Program (DC ADAP) 2201 Shannon Place, SE Washington, DC 20020 https://dchealth.dc.gov/Pharmacy_Benefits	202-442-5955
Florida	Florida Department of Health HIV/AIDS Section AIDS Drug Assistance Program 4052 Bald Cypress Way Tallahassee, FL 32399 https://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html	1-850-245-4422 ADAP HELP DESK: 1-844-381-2327 HIV/AIDS HOTLINE: English 1-800-352-2437 Spanish 1-800-545-7432 Haitian Creole 1-800-2437-101 TTY: 1-888-503-7118
Georgia	Georgia Department of Public Health, Health Protection, Office of HIV/AIDS 2 Peachtree St. NW Atlanta, GA 30333 https://dph.georgia.gov/hiv-care/aids-drug-assistance-program-adap	1-404-656-9805
Hawaii	Hawaii Department of Health Harm Reduction Services Branch 3627 Kilauea Ave., #306 Honolulu, HI 96816 https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/	1-808-733-9360 1-808-733-9361
Idaho	Idaho Ryan White Part B Program 450 West State St. P.O. Box 83720 Boise, ID 83720 https://healthandwelfare.idaho.gov/Health-wellness/diseases-conditions/human-immunodeficiency-virus-hiv	1-208-334-5612 HIV Prevention: 1-208-616-2755 RyanWhite/ADA P: 1-208-985-3019
Illinois	Illinois Medication Assistance Program 525 W. Jefferson St., 1st Floor Springfield, IL 62761 https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services	1-800-825-3518

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Indiana	Indiana State Department of Health, HIV/STD Viral Hepatitis Division 2 North Meridian St., Suite 6C Indianapolis, IN 46204 https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/#programs	1-866-588-4948
Iowa	Iowa Health and Human Services Bureau of HIV, STI, and Hepatitis 321 East 12th St. Des Moines, IA 50319-0075 https://hhs.iowa.gov/hiv-sti-and-hepatitis/hiv-aids-program	1-515-204-3746
Kansas	Kansas Department of Health & Environment 1000 South West Jackson, Suite 210 Topeka, KS 66612 https://www.kdhe.ks.gov/355/The-Ryan-White-Part-B-Program	1-785-296-6174
Kentucky	Kentucky Department for Public Health Cabinet for Health and Family Services HIV/AIDS Branch 275 East Main St., HS2E-C Frankfort, KY 40621 https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx	1-502-564-6539 1-800-420-7431
Louisiana	Louisiana Office of Public Health Louisiana Health Access Program 1450 Poydras St., Suite 2136 New Orleans, LA 70112 https://www.lahap.org/	1-504-568-7474
Maine	Maine Center for Disease Control and Prevention ADAP 40 State House Station Augusta, ME 04330 https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml	1-207-287-3747
Maryland	Maryland AIDS Drug Assistance Program (MADAP) 1223 W. Pratt St. Baltimore, MD 21223 https://health.maryland.gov/OIDPCS/Pages/madap.aspx	1-410-767-6535 1-800-205-6308
Massachusetts	Community Resource InitiativeAttn: Community research Initiative of New England/HDAP The Schrafft's City Center 529 Main St., Suite 301 Boston, MA 02129 https://crihealth.org/drug-assistance/hdap/	1-800-228-2714 617-502-1700 option 1

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Michigan	HIV Care Section Division of HIV/STI Programs, Client and Partner Services Bureau of HIV and STI Programs Michigan Department P.O. BOX 30727 Lansing, MI 48913 https://www.michigan.gov/en/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/michigan-drug-assistance-program	1-888-826-6565
Minnesota	HIV/AIDS Programs Minnesota Department of Human Services P.O. Box 64972 St. Paul, MN 55164 https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/programs-services/medications.jsp	1-800-657-3761
Mississippi	Mississippi State Department of Health Office of STD/HIV Care and Treatment Division P.O. BOX 1700 Jackson, MS 39215 https://msdh.ms.gov/msdhsite/_static/14,13047,150.html	1-888-343-7373
Missouri	Bureau of HIV, STD, and Hepatitis Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65102 https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php	1-888-252-8045
Montana	Montana Ryan White HIV Treatment Program 1400 Broadway Cogswell Bldg. Room C-211 1400 Broadway Helena, MT 59620 https://dphhs.mt.gov/publichealth/hivstd/treatment/mtryanwhiteprog	1-406-444-3565 1-406-444-5622
Nebraska	Nebraska AIDS Drug Assistance Program P.O. Box 95026 Lincoln, NE 68509 https://dhhs.ne.gov/Pages/HIV-Care.aspx	1-402-471-2101
Nevada	Office of HIV2290 S. Jones Blvd, Suite 110 Las Vegas, NV 89146 https://endhivnevada.org/ryan-white-care/	1-702-486-0768
New Hampshire	DHHS-NH CARE Program 29 Hazen Dr. Concord, NH 03301 https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-aids	1-603-271-4502 800-852-3345

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
New Jersey	New Jersey ADDP Office P.O. Box 360 Trenton, NJ 08625 https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml	1-877-613-4533
New Mexico	New Mexico Department of Health HIV Services Program 1190 St. Francis Dr., Suite S-1200 Santa Fe, NM 87502 https://nmhealth.org/about/phd/idb/hats/	1-505-476-3628
New York	HIV Uninsured Care Programs, Empire Station P.O. Box 2052 Albany, NY 12220 https://www.health.ny.gov/diseases/aids/general/resources/adap/	1-800-542-2437 1-844-682-4058
North Carolina	N.C. Dept. of Health and Human Services, Epidemiology Section Communicable Disease Branch 1907 Mail Service Center Raleigh, NC 27699 https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html	1-877-466-2232 919-733-9161
North Dakota	North Dakota Department of Health Division of Disease Control 2635 E. Main Avenue Bismarck, ND 58506-5520 https://www.ndhealth.gov/hiv/RyanWhite/	1-800-472-2180 701-328-2378
Ohio	Ohio AIDS Drug Assistance Program (ADAP), HIV Client Services, Ohio Department of Health 246 North High St. Columbus, OH 43215 https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/	1-800-777-4775
Oklahoma	HIV/STD Services Division, Oklahoma State Department of Health 1000 N.E. Tenth St. Mail Drop 0308 Oklahoma City, OK 73117-1299 https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/sexual-health-harm-reduction/provider-info/training-material/hiv-hdapbrochure14.pdf	1-405-271-4636

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Oregon	CAREAssist Program 800 NE Oregon St., Suite 1105 Portland, OR 97232 https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx	1-971-673-0144
Pennsylvania	Pennsylvania Department of Health Special Pharmaceutical Benefits Program 625 Forster St., H & W Bldg., Rm 611 Harrisburg, PA 17120 https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/hiv/special-pharmaceutical-benefits.html	1-800-922-9384
Rhode Island	Executive Office of Health and Human Services Office of HIV/AIDS Virks Building 3 West Rd. Suite 227 Cranston, RI 02920 https://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx	1-401-462-3295
South Carolina	South Carolina Drug Assistance Program DHEC Constituent Services 2600 Bull Street Columbia, SC 29211 https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/aids-drug-assistance-program	1-800-856-9954 HIV/STD Hotline: 1-800-322-2437
South Dakota	South Dakota Department of Health Ryan White Part B CARE Program 615 East 4th St. Pierre, SD 57501 https://doh.sd.gov/topics/disease-prevention-services/hivaids/ryan-white-part-b-program/	1-800-592-1861 605-773-3737
Tennessee	Tennessee Department of Health, HIV/STD Program, Ryan White Part B Services 710 James Robertson Parkway 4th Floor Andrew Johnson Tower Nashville, TN 37243 https://www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b.html	1-800-525-2437 615-741-7500
Texas	Texas HIV Medication Program, ATTN: MSJA, MC 1873 P.O. BOX 149347 Austin, TX 78714 https://www.dshs.texas.gov/hivstd/meds/	1-800-255-1090 737-255-4300

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Vermont	Vermont Department of Health, Vermont Medication Assistance Program (VMAP) 108 Cherry St., P.O. Box 70 Burlington, VT 05402 https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care	1-802-951-4005 1-802-863-7314
Virginia	Virginia Department of Health, HCS Unit 1 st Floor, James Madison Building 109 Governor St. Richmond, VA 23219 https://www.vdh.virginia.gov/disease-prevention/vamap/	1-855-362-0658
Washington	Client Services P.O. Box 47841 Olympia, WA 98504 The Early Intervention Program (EIP) https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hiv/hiv-care-client-services/early-intervention-program	1-877-376-9316 (in Washington State) 360-236-3426
Washington, DC	District of Columbia Department of health, HIV/AIDS, Hepatitis, STD, and TB Administration, AIDS Drugs Assistance Program 899 North Capitol St. NE Washington, DC 20002 https://dchealth.dc.gov/Pharmacy_Benefits	202-671-4900 DC ADAP Hotline 202-671-4815
West Virginia	West Virginia Office of Epidemiology & Prevention Services Jay Adams, HIV Care Coordinator P.O. Box 6360 Wheeling, WV 26003 https://oepe.wv.gov/rwp/pages/default.aspx	1-304-232-6822
Wisconsin	Department of Health Services Attn: ADAPP.O. Box 2659 Madison, WI 53701 https://www.dhs.wisconsin.gov/hiv/hdap.htm	1-800-991-5532 1-608-261-6952 1-608-267-6875
Wyoming	Wyoming Department of Health 401 Hathaway Building Cheyenne, WY 82002	1-307-777-7656 1-866-571-0944
American Samoa	Department of Public Health LBJ Tropical Medical Center P.O. Box F Pago Pago, AS 96799 https://nastad.org/sites/default/files/2024-06/NASTAD%20Membership%20Directory%20as%20of%206_24_2024.pdf	011-684-633-1433

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Federated States of Micronesia	Federated States of Micronesia, Department of Health Services, FSM National HIV/AIDS Program Mogithin Building Palikir Sta P.O. Box PS-70 Palikir Pohnpei, FM 96941 https://www.fsmgov.org	011-691-320-2619
Guam	Department of Public Health and Social Services, Bureau of Communicable Disease of Control Ryan White HIV/AIDS Office 520 West Santa Monica Avenue Dededo, GU 96929 http://dphss.guam.gov/ryan-white-hiv-aids-program/	671-735-3603
Marshall Islands	Majuro, MH	011-692-329-4031
Northern Mariana Islands	CNMI Department of Public Health P.O. Box 500409 Saipan, MP 96950 https://www.chcc.health/	1-670-664-4050
Palau	Ministry of Public Health, Communicable Disease Unit P.O. Box 6027 Koror, PW 96940 https://www.palau.gov.pw/	011-680-488-1360
Puerto Rico	Departamento de Salud, OCASet, Programa Ryan White PartB P.O. Box 70184 San Juan, PR 00936-8184 https://www.salud.pr.gov/CMS/DOWNLOAD/6886	1-787-765-2929 Ext. 5106-5137
Virgin Islands	John Moorehead Complex (Old Hospital) Communicable Diseases Clinic, Building 1 St. Thomas, VI 00802 https://doh.vi.gov/programs/communicable-diseases/	1-340-774-9000

Notice of Availability of Language Assistance and Auxiliary Aids and Services



English

ATTENTION: If you speak [language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY: 711) ou parlez à votre fournisseur.

Chinese

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-982-3117 (文本电话: 711) 或咨询您的服务提供商。

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Arabic

،ةيبرعلا ةغللا ثدحتت تنك اذا :هينبنتةيبرعلا امك .ةيناجملا ةيغللا ةدعاسملا تامدخ كل رفوتتسف تامولعمل ريوفوتل ةبسانم تامدخو ةدعاسم لئاسو رفوتت مقرلا لىل لصتا .أناجم اهيلل لوصول نكمي تاقيسي سنبت 1-800-382-5729 (TTY: 711)

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite/Oromo

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

Japanese

注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

Order Number: Z8188-MCA R8.25

Dept of Ins. Filing Number: Z8188-MCA R8.25

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

WICH DICH: Wann du Deutsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍNÍZIN: Diné bizaad bíyáti' nílt'jǫ́, t'áá jíí'k'ehgo saad bee áká anilyeedígíí t'áá hólo. T'áá jíí'k'ehgo áká anilyeedígíí dóo bee haz'ánígíí t'áá hólo, t'áá íiyisí bee t'áá ájík'ehgo. 1-800-382-5729 (TTY: 711) bich'j' hodíilnih dóo provider ní'doolníí.

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) 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>
- This notice is available at Medical Mutual's website:
www.MedMutual.com

Questions about your benefits or other inquiries about your health insurance should be directed to Medical Mutual's Customer Care Department at 1-800-382-5729.

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.