

CCHP Senior Select Program (HMO D-SNP) offered by Chinese Community Health Plan (CCHP)

Annual Notice of Change for 2026

You're enrolled as a member of CCHP Senior Select Program (HMO D-SNP).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in CCHP Senior Select Program (HMO D-SNP).
- 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 cchphealthplan.com/medicare or call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) to get a copy by mail.

More Resources

- This material is available for free in *Chinese and Spanish*.
- *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 1-888-775-7888 (TTY users call 1-877-681-8898) for more information. Hours are 8:00 a.m. to 8:00 p.m. during the open enrollment period (October 1 - March 31). During the non-open enrollment period (April 1 – September 30), the hours are Mondays – Fridays 8:00 a.m. to 8:00 p.m. This call is free.
- Call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) for more information. Hours are 8:00 a.m. to 8:00 p.m. during the open enrollment period (October 1 - March 31). During the non-open enrollment period (April 1 – September 30), the hours are Mondays – Fridays 8:00 a.m. to 8:00 p.m. This call is free.
- 此文件有其它的語言版本免費提供。了解詳情請致電： 1-888-775-7888 與會員服務中心聯絡。（聽力殘障人士請電 TTY: 1-877-681-8898），10月1日至3月31日期

間，每週七天，上午 8 時至晚上 8 時。4月1日至9月30日期間，週一至週五，上午 8 時至晚上 8 時。會員服務中心也有提供免費其它語言的口譯服務。

- Por favor comuníquese con nuestro número de Servicios para Miembros al 1-888-775-7888 para obtener información adicional. (Los usuarios de TTY deben llamar al 1-877-681-8898). El horario es los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. durante el período de inscripción abierta (1 de octubre al 31 de marzo). Durante el período de inscripción no abierta (del 1 de abril al 30 de septiembre), el horario es de lunes a viernes de 8:00 a. m. a 8:00 p. m. Esta llamada es gratis.
- This document may be available in other formats, such as Braille, large print, or alternate formats. You may call member services at 1-888-775-7888 for more information. TTY callers should call 1-877-681-8898.

About CCHP Senior Select Program (HMO D-SNP)

- CCHP Senior Select Program (HMO D-SNP) is an HMO plan with a Medicare contract. Our plan also has a written agreement with the *California* Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means *Chinese Community Health Plan (CCHP)*. When it says “plan” or “our plan,” it means *CCHP Senior Select Program (HMO D-SNP)*.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in CCHP Senior Select Program (HMO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through *CCHP Senior Select Program (HMO D-SNP)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

These are 2025 cost-sharing amounts and can change for 2026. CCHP Senior Select Program (HMO D-SNP) will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher than this amount. Go to Section 1 for details.</p>	\$0 - \$9.40 per month	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)</p>	\$3,400	\$3,400
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 per visit
<p>Inpatient hospital stays</p> <p>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.</p>	\$0 per day up to 90 days	\$0 per day up to 90 days

	2025 (this year)	2026 (next year)
<p>Part D drug coverage deductible (Go to Section 1.7 for details.)</p>	<p>Deductible: \$590 except for covered insulin products and most adult Part D vaccines.</p>	<p>Deductible: \$615 except for covered insulin products and most adult Part D vaccines.</p>
<p>Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> All Drugs: 25% per prescription <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> Tier 1 Drugs: \$0 All Other Drugs: 25% per prescription <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0 - \$9.40 per month Premiums may vary from \$0 to \$9.40 depending on your eligibility and the Extra Help you get.	\$0

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

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

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments, you are not responsible for paying any out-of-pocket costs toward the maximum	\$3,400	\$3,400 Once you've paid \$3,400 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p>out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments) 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.</p>		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at cchphealthplan.com/medicare 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 cchphealthplan.com/medicare.
- Call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) 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 1-888-775-7888 (TTY users call 1-877-681-8898) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.cchphealthplan.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.cchphealthplan.com.
- Call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) 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 1-888-775-7888 (TTY users call 1-877-681-8898) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<p>Grocery Flex Benefit</p> <p>You pay \$0 out-of-pocket for a Grocery Flex Card, administered by NationsBenefits.</p>	<p>Qualifying members who receive Limited Income Subsidy (LIS) are eligible for monthly \$45 grocery benefit through the Value-Based Insurance Design (VBID) Model benefits.</p>	<p>Starting January 1, 2026, members who qualify with a diagnosis of at least one eligible chronic condition will be eligible to receive a \$45 monthly grocery allowance through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program.</p>
<p>Hearing Services</p> <p>Our plan has contracted with NationsHearing to provide your non-Medicare-covered hearing services. You must obtain your hearing aids through NationsHearing. Please contact NationsHearing by phone at (877) 392-3753 (TTY: 711) or online at nationshearing.com/cchp for more information or to schedule an appointment.</p>	<p>Prior Authorization and referral rules may apply.</p> <p>In-Network</p> <p>\$20 copay for Medicare covered hearing exams.</p> <p>Non-Medicare-covered hearing services:</p> <p>Routine hearing exam: \$0 copay</p>	<p>Prior Authorization and referral rules may apply.</p> <p>In-Network</p> <p>\$20 copay for Medicare covered hearing exams.</p> <p>Non-Medicare-covered hearing services:</p> <p>Routine hearing exam: \$0 copay</p>

	<p>Hearing aid fitting evaluation: \$0 copay</p> <p>Hearing aid allowance of \$3,000 per year. This benefit allows you to receive a pair of hearing aids from a large selection of technology, many at no out-of-pocket cost.</p> <p>Hearing aid purchases must be made through NationsHearing.</p>	<p>Hearing aid fitting evaluation: \$0 copay</p> <p>Hearing aid allowance of \$1,000 per year. This benefit allows you to receive a pair of hearing aids from a large selection of Entry level technology, many at no out-of-pocket cost.</p> <p>Hearing aid purchases must be made through NationsHearing.</p>
<p>Over-the-Counter (OTC) Items</p> <p>Your coverage includes OTC items, medications, and herbal products.</p> <p>You can order:</p> <p>Online – visit cchp.nationsbenefits.com</p> <p>Or Via Benefits Pro App</p> <p>By Phone – call a NationsOTC Member Experience Advisor at 1-877-211-3132 (TTY: 711), Monday to Friday, excluding holidays.</p> <p>By Mail – Fill out and return the order form in the NationsOTC Product Catalog.</p> <p>You can also purchase OTC items at participating retail locations using your Flex card.</p>	<p>You have a \$55 quarterly allowance to spend on plan approved OTC items, medications, and products.</p> <p>Your monthly OTC benefit balance will expire on March 31, 2026. Be sure to use your benefits before that time.</p>	<p>You have a \$15 monthly allowance to use on OTC items and health-related products.</p> <p>Unused monthly balances roll over from month to month within the same calendar quarter. Any remaining balance expires at the end of each quarter and does not carry over to the next quarter.</p>

<p>Rewards & Incentive Program Grocery Flex Card*</p>	<p>There was no Rewards and Incentive Program in 2025.</p>	<p>Starting 2026, upon completion of your annual wellness visit, you receive a one-time \$100 benefit allowance on the Grocery Flex Card to use at participating retail locations.</p> <p>*The grocery allowance benefit is contingent upon completion of an Annual Wellness Visit.</p>
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>Hypertension Management Program</p>	<p>When hypertensive members opt into our management program and complete the requirements, a \$10 monthly bonus will be applied to their Grocery Flex Card.</p>	<p>Members with hypertension may receive a \$10 monthly bonus on their Grocery Flex Card by enrolling in and completing the new Hypertension Management Program requirements.</p> <ul style="list-style-type: none"> • This is a change in how the benefit is administered. • There is no cost (copayment, coinsurance, or deductible) for eligible participating members. • Eligible members will be notified about how to participate in the program.

Value-Based Insurance Design (VBID) Model

Qualifying Limited Income Subsidy (LIS) members received enhanced benefits through the Value-Based Insurance Design (VBID) program. VBID benefits included:

- \$45 monthly allowance to use on approved grocery items at participating retail locations.
- Covered Part D drug copays waived for eligible members.

The Value-Based Insurance Design (VBID) program will discontinue in 2026.

Grocery benefits will be offered through the Special Supplemental Benefits for the Chronically Ill (SSBCI) program.

Members who qualify with a diagnosis of at least one eligible chronic condition will be eligible to receive a \$45 monthly grocery allowance through SSBCI.

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. **You can get the complete Drug List** by calling Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) or visiting our website at www.cchphealthplan.com/medicare.

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 1-888-775-7888 (TTY users call 1-877-681-8898) for more information.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and didn't get this material with this packet, call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) 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 Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket 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.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$590	\$615

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 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)
<p>Drug Tier 1</p> <p>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.</p>	25% of the total cost	<p>\$0</p> <p>Deductible does not apply to Tier 1 drugs</p>
<p><i>Drug Tier 2</i></p> <p><i>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>	25% of the total cost	25% of the total cost
<p><i>Drug Tier 3</i></p> <p><i>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>	25% of the total cost	25% of the total cost
<p><i>Drug Tier 4</i></p> <p><i>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>	25% of the total cost	25% of the total cost

	2025 (this year)	2026 (next year)
<p><i>Drug Tier 5</i></p> <p><i>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>	25% of the total cost	25% of the total cost

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.

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
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). 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 2026.</p> <p>To learn more about this payment option, call us at 1-888-775-7888 (TTY users call 1-877-681-8898) or visit www.Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in CCHP Senior Select Program (HMO D-SNP), 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 CCHP Senior Select Program (HMO D-SNP).

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 CCHP Senior Select Program (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from CCHP Senior Select Program (HMO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you

don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, *Chinese Community Health Plan (CCHP)* offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without 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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can

change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the California AIDS Drug Assistance Program (ADAP) – 1-415-554-9172. 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 *California AIDS Drug Assistance Program (ADAP) – 1-415-554-9172*. 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, regardless of income level. To learn more about this payment option, call us at 1-888-775-7888 (TTY users call 1-877-681-8898) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from CCHP Senior Select Program (HMO D-SNP)

- **Call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898.)**

We're available for phone calls. Hours are 8:00 a.m. to 8:00 p.m. from October 1 through March 31. From April 1 to September 30, the hours are Mondays – Fridays 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage for CCHP Senior Select Program (HMO D-SNP)*. 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 cchphealthplan.com/medicare or call Member Services at 1-888-775-7888 (TTY users call 1-877-681-8898) to ask us to mail you a copy.

- **Visit cchphealthplan.com/medicare**

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

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In *California*, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

Call *HICAP* to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *HICAP* at 1-415-677-7520. Learn more about *HICAP* by visiting hicap.org.

Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

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

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

Get Help from Medicaid

To get information from Medi-Cal (Medicaid) you can call California Department of Health Care Services at 1-916-445-4171. TTY users should call 1-916-445-0553.