Annual Notice of Change

Iowa Health Advantage Choice (HMO I-SNP)
January 1, 2026 – December 31, 2026

Toll-free: 1-866-327-0523 (TTY/TDD users call 1-833-312-0046)
Hours: October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week;
April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday
IowaHealthAdvantage.com

2026

IOWA HEALTH ADVANTAGE CHOICE

Medicare Rx
Prescription Drug Coverage

Annual Notice of Change for 2026

You are enrolled as a member of Iowa Health Advantage Choice.

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

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.
- 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 IowaHealthAdvantage.com or call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) to get a copy by mail.

More Resources

- Call Member Services at 1-866-327-0523 for additional information. (TTY users should call 1-833-312-0046.) Hours are October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week; April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday. This call is free.
- Alternative formats of this document are available upon request. Please contact member services for more information.

About Iowa Health Advantage Choice

- Iowa Health Advantage Choice (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Iowa Health Advantage Choice (HMO I-SNP) depends on contract renewal.
- When this material says "we," "us," or "our," it means American Health Plan of Iowa, Inc.. When it says "plan" or "our plan," it means Iowa Health Advantage Choice.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Iowa Health Advantage Choice.** Starting January 1, 2026, you'll get your medical and drug coverage through Iowa Health Advantage Choice. 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. Iowa Health Advantage Choice will provide updated rates as soon as they are released.

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$50.60	$41.50
Deductible	$257 except for insulin furnished through an item of durable medical equipment.	$257 except for insulin furnished through an item of durable medical equipment. These are 2025 amounts and may change for 2026. Iowa Health Advantage Choice will provide updated rates as soon as they are released.
Maximum out-of-pocket amount This is the most you will pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$9,350	$9,250
Primary care office visits	You pay nothing per visit	You pay nothing per visit
Specialist office visits	You pay nothing for visits performed in a Skilled Nursing or Long Term Care setting. You pay 20% of the total costs for visits performed in any other setting.	You pay nothing for visits performed in a Skilled Nursing or Long Term Care setting. You pay 20% of the total costs for visits performed in any other setting.

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	For each Medicare covered stay: Deductible for each benefit period: $1,676 Days 1-60: $0 Days 61-90: $419 per day Reserve days 91 & beyond: $838 per day	For each Medicare covered stay: Deductible for each benefit period: $1,676 Days 1-60: $0 Days 61-90: $419 per day Reserve days 91 & beyond: $838 per day These are 2025 cost-sharing amounts and may change for 2026. Iowa Health Advantage Choice will provide updated rates as soon as they are released.
Part D drug coverage deductible (Go to Section 1 for details.)	You pay $590 , except for covered insulin products and most adult Part D vaccines.	You pay $615 , except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Initial Coverage Stage:** All Part D Drugs: You pay 25% of the total costs You pay $35 per month supply of each covered insulin product on this tier. **Catastrophic Coverage:** During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	**Initial Coverage Stage:** All Part D Drugs: You pay 25%of the total costs You pay $35 per month supply of each covered insulin product on this tier. **Catastrophic Coverage:** During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

Cost	2025 (this year)	2026 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$50.60	$41.50

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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

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

Cost	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$9,350	$9,250 Once you have paid $9,250 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at IowaHealthAdvantage.com 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 IowaHealthAdvantage.com.
- Call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) 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 1-866-327-0523 (TTY users call 1-833-312-0046) 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 Please review the 2026 *Pharmacy Directory* IowaHealthAdvantage.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at IowaHealthAdvantage.com.
- Call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) 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 1-866-327-0523 (TTY users call 1-833-312-0046) for help.

Section 1.5 Changes to Benefits and Costs for Medical Services

	2025 (this year)	**2026 (next year)**
Maximum out-of-pocket amount This is the most you will pay out of pocket for covered Part A and Part B services.	$9,350	$9,250
Emergency Care	You pay 20% of the cost for Medicare-covered services (up to $110 per visit).	You pay 20% of the cost for Medicare-covered services (up to $115 per visit).

	2025 (this year)	2026 (next year)
Specialty Supplemental Benefits for the chronically ill (SSBCI): **Healthy Foods & Produce** The benefits mentioned are a part of the special supplemental program for the chronically ill. Not all members qualify.	You pay nothing. You receive up to $110 credit per calendar month to spend on health food items such as vegetables, fruit, grains, milk, meats and more. Your credit expires at the end of each calendar quarter.	You pay nothing. You receive up to $115 credit per calendar month to spend on health food items such as vegetables, fruit, grains, milk, meats and more. Your credit expires at the end of each calendar quarter.
Urgently needed services	You pay 20% of the cost for Medicare-covered services (up to $45 per visit).	You pay 20% of the cost for Medicare-covered services (up to $40 per visit).

Section 1.6 Changes to Part D Prescription Drug Coverage

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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, 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 1-866-327-0523 (TTY users call 1-833-312-0046) for more information.

Section 1.7 Changes to Prescription Drug Benefits and Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you haven't received this insert call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) and ask for the *LIS Rider*.

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've reached the yearly deductible.

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

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

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	You pay $590. You pay $35 per month supply of each covered insulin product on this tier.	You pay $615. You pay $35 per month supply of each covered insulin product on this tier.

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)**
All Part D Drugs	You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier	You pay 25% of the total cost. You pay $35 per month supply of each covered insulin product on this tier.

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)
Pharmacy Benefit Manager (PBM)	MedImpact	Navitus Health Solutions
Part D Appeals Address	MedImpact Attn: Appeals Dept. 10181 Scripps Ct San Diego, CA 92131	Navitus Health Solutions - Claims PO Box 1039 Appleton, WI 54912-1039
Part D Appeals Fax Number	1-877-503-7231	1-855-668-8550
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 1-866-327-0523 (TTY users call 1-833-312-0046)or visit www.medicare.gov.

SECTION 3 How to Change Plans

To stay in Iowa Health Advantage Choice, 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 Iowa Health Advantage Choice.

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 Iowa Health Advantage Choice.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Iowa Health Advantage Choice.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll . Call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) 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).

Section 3.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

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

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

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

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

SECTION 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.

- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Iowa ADAP 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 Iowa ADAP Program at 1-515-725-2011. 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 1-866-327-0523 (TTY users call 1-833-312-0046) or visit www.medicare.gov.

SECTION 5 Questions?

Get Help from Iowa Health Advantage Choice

- **Call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046.)**

  We're available for phone calls October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week; April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday. 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 Iowa Health Advantage Choice. 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 or call Member Services at 1-866-327-0523 (TTY users call 1-833-312-0046) to ask us to mail you a copy.

- **Visit IowaHealthAdvantage.com**

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

Get Free Counseling about Medicare

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

Call AIowa to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call AIowa at 1-800-351-4664.Learn more about AIowa by visiting (https://shiip.iowa.gov/).

Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

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

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

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