

Nevada Veterans Plan MA-Only (HMO) offered by *Prominence Health Plan* in Northern Nevada (Washoe County and Rural Counties)

Annual Notice of Change for 2027

You're enrolled as a member of Nevada Veterans Plan (MA-Only HMO).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Nevada Veterans Plan (MA-Only HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.prominencemedicare.com or call Member Services at 1-855-969-5882 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-855-969-5882 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday through Friday from April 1 through September 30. This call is free.
- This document is available in other formats such as large print, braille, and audio.

About *Prominence Health*

- Prominence Health Plan is an HMO with a Medicare contract. Enrollment in Prominence Health Plan depends on contract renewal. See Evidence of Coverage for eligibility qualifications.
- When this material says “we,” “us,” or “our,” it means *Prominence Health Plan*. When it says “plan” or “our plan,” it means Nevada Veterans Plan (MA-Only HMO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in** Nevada Veterans Plan (MA-Only HMO). Starting January 1, 2027, you'll get your medical coverage through Nevada Veterans Plan (MA-Only HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change. This plan does not include Medicare Part D drug coverage.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$6,500	\$6,500
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$0-\$45 copay per visit	\$0-\$45 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care.	Tier 1 hospitals: You pay \$350 copay per day for days 1-6 You pay \$0 copay per day for days 7-90. Tier 2 hospitals: You pay \$425 copay per day for days 1-6	Tier 1 hospitals: You pay \$350 copay per day for days 1-6 You pay \$0 copay per day for days 7-90. Tier 2 hospitals: You pay \$425 copay per day for days 1-6

	2026 (this year)	2027 (next year)
	You pay \$0 copay per day for days 7-90.	You pay \$0 copay per day for days 7-90.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$140	\$202.90

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 the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered Part A and Part B services count toward this amount.	\$6,500	\$6,500 Once you've paid \$6,500 out of pocket for covered services, you'll pay \$0 for covered services for the rest of the year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.prominencemedicare.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 www.primencemedicare.com.
- Call Member Services at 1-855-969-5882 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

Note: Our Provider Directory and Pharmacy Directory may be combined into one document. If applicable, you will receive one combined directory.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-855-969-5882 (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 Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
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Dental Services	This dental plan will pay up to \$3,000 combined limit maximum plan coverage limit per calendar year. Preventive Dental Services: • Oral Exams (up to 2 visits every year): \$0 Copay • Dental X-Rays (up to 2 visits every year): \$0 Copay • Cleaning (up to 2 visits every year): \$0 Copay • Fluoride Treatment (up to 2 visits every year): \$0 Copay Comprehensive Dental Services: • Restorative Services: \$50-\$100 Copay • Crowns and Implants: Not covered • Endodontics: \$100 Copay • Periodontics: \$0-\$100 Copay • Prosthodontics: \$50-\$100 Copay • Oral and Maxillofacial Surgery: \$50-\$100 Copay • Adjunctive General Services: \$0-\$50 Copay Must use Liberty Dental network of providers.	This dental plan will pay up to \$3,000 combined limit maximum plan coverage limit per calendar year. Preventive Dental Services: • Oral Exams (up to 2 visits every year): \$0 Copay • Dental X-Rays (up to 2 visits every year): \$0 Copay • Cleaning (up to 2 visits every year): \$0 Copay • Fluoride Treatment (up to 2 visits every year): \$0 Copay Comprehensive Dental Services: • Restorative Services: min 0% / max 50% coinsurance • Crowns and Implants: Not covered • Endodontics: min 0% / max 50% coinsurance • Periodontics: min 0% / max 50% coinsurance • Prosthodontics: min 0% / max 50% coinsurance • Oral and Maxillofacial Surgery: min 0% / max 50% coinsurance
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	2026 (this year)	2027 (next year)
	Visit ProminenceMedicare.com/dental or call our Member Services Team to find a dentist.	• Adjunctive General Services: min 0% / max 50% coinsurance Must use Liberty Dental network of providers. Visit ProminenceMedicare.com/dental or call our Member Services Team to find a dentist.
Skilled Nursing Facility (SNF) Medicare-covered stay	You pay \$10 copay per day for days 1-20 You pay \$218 copay per day for days 21-100	You pay \$10 copay per day for days 1-20 You pay \$221 copay per day for days 21-100
Telemonitoring Services	Covered	Not Covered

SECTION 2 How to Change Plans

To stay in Nevada Veterans Plan (MA-Only HMO) **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 Nevada Veterans Plan (MA-Only HMO).

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

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Nevada Veterans Plan (MA-Only HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare drug coverage,** enroll in a new standalone Medicare separate drug plan. You'll be automatically disenrolled from Nevada Veterans Plan (MA-Only HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-855-969-5882 (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.

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program, or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 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 3 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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Nevada has a program called SeniorRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

SECTION 4 Questions?

Get Help from Nevada Veterans Plan (MA-Only HMO)

- **Call Member Services at 1-855-969-5882 (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, and Monday through Friday from April 1 through September 30. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Nevada Veterans Plan (MA-Only HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.prominencemedicare.com or call Member Services at 1-855-969-5882 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.prominencemedicare.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 *Nevada*, the SHIP is called Nevada Medicare State Health Insurance Assistance Program.

Call Nevada Medicare State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Nevada Medicare State Health Insurance Assistance Program at 1-800-307-4444.

Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

- **Read *Medicare & You 2027***

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