

Prominence Veteran HMO offered by *Prominence Health Plan in Nevada*

Annual Notice of Change for 2026

You're enrolled as a member of Prominence Veteran.

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 Prominence Veteran.
- 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 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 Veteran*

- Prominence Health Plan is an HMO and HMO Special Needs Plan (SNP) with a Medicare contract and a contract with the Medicaid program. 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 Prominence Veteran.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in *Prominence Veteran*.** Starting January 1, 2026, you'll get your medical and drug coverage through *Prominence Veteran*. 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

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher than this amount. Go to Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you'll pay out of pocket for covered A and Part B services. (Go to Section 1.2 for details.)</p>	\$6,500	\$6,500
<p>Primary care office visits</p>	\$0 per visit	\$0 per visit
<p>Specialist office visits</p>	\$45 copay per visit	\$0-\$45 copay 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>	<p>Tier 1 hospitals: You pay \$350 Copay per day for days 1-6</p> <p>You pay \$0 Copay per day for days 7-90.</p> <p>Tier 2 hospitals: You pay \$425 Copay per day for days 1-6.</p> <p>You pay \$0 Copay per day for days 7-90.</p>	<p>Tier 1 hospitals: You pay \$350 Copay per day for days 1-6</p> <p>You pay \$0 Copay per day for days 7-90.</p> <p>Tier 2 hospitals: You pay \$425 Copay per day for days 1-6.</p> <p>You pay \$0 Copay per day for days 7-90.</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.)	\$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	\$140
Additional premium for optional supplemental benefits – Dental \$7,500 Annual allowance	\$59	Not covered

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.

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.

	2025 (this year)	2026 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.</p> <p>Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.</p>	\$6,500	<p>\$6,500 There is no change for the upcoming benefit year</p> <p>Once you've paid \$6,500 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.</p>

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *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.prominencemedicare.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*.

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 1-855-969-5882 (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

	<p style="text-align: center;">2025 (this year)</p>	<p style="text-align: center;">2026 (next year)</p>
<p>Dental Services</p>	<p>This dental plan will pay up to \$3,000 maximum plan coverage limit per calendar year.</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> • Oral Exams (up to 2 visits every year): \$0 copay • Dental X-Rays (up to 1 visit every year): \$0 copay • Cleaning (up to 2 visits every year): \$0 copay • Fluoride Treatment (up to 2 visits every year): \$0 copay <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • Restorative Services: \$50-\$100 copay • Crowns: \$50-\$100 copay • Endodontics: \$100 copay • Periodontics: \$50-\$100 copay • Prosthodontics: \$50-\$100 copay • Oral and Maxillofacial Surgery: \$50-\$100 copay • Adjunctive General Services: \$0-\$50 copay 	<p>This dental plan will pay up to \$3,000 maximum plan coverage limit per calendar year.</p> <p>Preventive Dental Services:</p> <ul style="list-style-type: none"> • Oral Exams (up to 2 visits every year): \$0 copay • Dental X-Rays (up to 1 visit every year): \$0 copay • Cleaning (up to 2 visits every year): \$0 copay • Fluoride Treatment (up to 2 visits every year): \$0 copay <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • Restorative Services: 10%-50% coinsurance • Crowns: Not covered • Endodontics: 50% coinsurance • Periodontics: 10%-50% coinsurance • Prosthodontics: 10%-50% coinsurance • Oral and Maxillofacial Surgery: 10%-50% coinsurance

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none"> • Adjunctive General Services: \$0-\$50 copay <p>Must use FCL Dental network of providers.</p> <p>Visit ProminenceMedicare.com/dental or call our Member Services Team to find a dentist.</p>	<ul style="list-style-type: none"> • Adjunctive General Services: 10%-50% coinsurance <p>Must use FCL Dental network of providers.</p> <p>Visit ProminenceMedicare.com/dental or call our Member Services Team to find a dentist.</p>
Dental Services– Optional Supplemental Benefits	<p>\$7,500 Annual Allowance</p> <p>Implant services: Covered</p>	<p>Not Covered</p> <p>Implant services: Not covered</p> <p>If Care plan is in progress, please call our Member Services Team for assistance.</p>
Medicare-covered Emergency Care	<p>You pay a \$125 copay per visit for Medicare-covered Emergency Care.</p>	<p>You pay a \$130 copay per visit for Medicare-covered Emergency Care.</p>
Medicare-covered Other Health Care Professional Services (Physician Assistant/Nurse Practitioner)	<p>You pay a minimum \$0 Copay per visit for Medicare-covered Other Health Care Professional Services with a Primary Care Provider.</p> <p>You pay a \$45 Copay per visit for Medicare-covered Other Health Care Professional Services with a Specialist provider.</p>	<p>You pay a minimum \$0 Copay per visit for Medicare-covered Other Health Care Professional Services with a Primary Care Provider or Rheumatologist.</p> <p>You pay a \$45 Copay per visit for Medicare-covered Other Health Care Professional Services with any other Specialist provider.</p>

	2025 (this year)	2026 (next year)
Medicare-covered Physician Specialist Services	You pay a minimum \$45 Copay per visit for Medicare-covered Physician Specialist Services at a Specialist provider.	You pay a minimum \$0 copay for Rheumatologist Specialist Services. You pay a maximum \$45 Copay per visit for all other Medicare-covered Physician Specialist services.
Skilled Nursing Facility (SNF) Medicare-covered stay	\$10 copay per day for days 1-20 \$214 copay per day for days 21-100	\$10 copay per day for days 1-20 \$218 copay per day for days 21-100
Worldwide Emergency Coverage	You pay a \$125 copay per visit.	You pay a \$130 copay per visit.

SECTION 3 How to Change Plans

To stay in *Prominence Veteran* 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 *Prominence Veteran*.

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 *Prominence Veteran*.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Prominence Veteran*.
- **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 2026* handbook, call your State Health Insurance Assistance Program, 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.
- **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.
- **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 Nevada office of HIV/AIDS. 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 702-274-2453. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from *Prominence Veteran*

- **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 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 Prominence Veteran*. 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 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 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.

