



Annual Notice of Change

Paramount Elite Prime (HMO-POS) Plan
(H3653-022)

Paramount Elite Prime (HMO-POS) offered by Paramount Care, Inc.

Annual Notice of Changes for 2026

You're enrolled as a member of Paramount Elite Prime (HMO-POS).

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 Paramount Elite Prime (HMO-POS).
- 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 ParamountHealthcare.com/MAPlanInfo or call Member Services at 1-833-554-2335 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-833-554-2335 (TTY users call 711) for more information. Hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. From October 1 to March 31, you may call 8:00 a.m. to 8:00 p.m., 7 days a week. This call is free.
- This document may be available in other alternate formats such as braille and large print.

About Paramount Elite Prime (HMO-POS)

- **Paramount Elite Medicare Plans include HMO and PPO plans each with a Medicare contract.** Enrollment in Paramount Elite Medicare Plans depends on contract renewal.
- When this material says "we," "us," or "our," it means Paramount Care, Inc. When it says "plan" or "our plan," it means Paramount Elite Prime (HMO-POS).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Paramount Elite Prime (HMO-POS).** Starting January 1, 2026, you'll get your medical and drug coverage through Paramount Elite Prime (HMO-POS). 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)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$27	\$35
Maximum out-of-pocket amount 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.)	\$3,300	\$4,200
Primary care office visits	<u>In Network</u> \$0 copayment per visit	<u>In Network</u> \$0 copayment per visit
Specialist office visits	<u>In Network</u> \$20 copayment per visit	<u>In Network</u> \$25 copayment 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</u> Days 1 - 5: \$310 copayment per day Day 6 and thereafter: \$0 copayment	<u>In Network</u> Days 1 - 5: \$350 copayment per day Day 6 and thereafter: \$0 copayment
Part D drug coverage deductible (Go to Section 1.6 for details.)	\$0	\$250 – except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.6 for details.)	Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Retail and mail-order pharmacies \$0 per prescription for up to a 90-day supply	Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Retail and mail-order pharmacies \$0 per prescription for up to a 90-day supply

	2025 (this year)	2026 (next year)
	<u>Drug Tier 2:</u> Retail and mail-order pharmacies • \$0 per prescription for up to a 90-day supply <u>Drug Tier 3:</u> Retail pharmacies • \$45 per prescription for up to a 30-day supply • \$135 per prescription for up to a 90-day supply Mail-order pharmacies • \$45 per prescription for up to a 30-day supply • \$90 per prescription for up to a 90-day supply <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> <u>Drug Tier 4:</u> Retail pharmacies • \$100 per prescription for up to a 30-day supply • \$300 per prescription for up to a 90-day supply Mail-order pharmacies • \$100 per prescription for up to a 30-day supply • \$200 per prescription for up to a 90-day supply <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> <u>Drug Tier 5:</u> Retail pharmacies • 33% per prescription for up to a 30-day supply • A long-term supply is not available for drugs in Tier 5 Mail-order pharmacies • Mail order is not available for drugs in Tier 5. <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> Catastrophic Coverage Stage:	<u>Drug Tier 2:</u> Retail and mail-order pharmacies • \$0 per prescription for up to a 90-day supply <u>Drug Tier 3:</u> Retail and mail-order pharmacies • 23% of the total cost for up to a 90-day supply <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> <u>Drug Tier 4:</u> Retail and mail-order pharmacies • 40% of the total cost for up to a 90-day supply <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> <u>Drug Tier 5:</u> Retail and mail-order pharmacies • 30% of the total cost for up to a 30-day supply • A long-term supply is not available for drugs in Tier 5 <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i> Catastrophic Coverage Stage:

	2025 (this year)	2026 (next year)
	During this payment stage, you pay nothing for your covered Part D drugs.	During this payment stage, you pay nothing for your covered Part D drugs.

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.)	\$27	\$35

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.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount 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.	\$3,300	\$4,200 Once you've paid \$4,200 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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (ParamountHealthcare.com/MAPlanInfo) 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 ParamountHealthcare.com/MAPlanInfo.
- Call Member Services at 1-833-554-2335 (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 1-833-554-2335 (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 ParamountHealthcare.com/MAPlanInfo to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at ParamountHealthcare.com/MAPlanInfo.
- Call Member Services at 1-833-554-2335 (TTY users call 711) 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 1-833-554-2335 (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 in these categories – contact the plan for details: • Acupuncture for chronic low back pain • Ambulance services • Chiropractic services • Durable medical equipment (DME) and related supplies • Home health agency care • Home infusion therapy – equipment and supplies • Inpatient hospital care • Inpatient services in a psychiatric hospital • Medicare Part B prescription drugs • Outpatient diagnostic tests and therapeutic services and supplies • Outpatient hospital services • Outpatient mental health care • Outpatient rehabilitation services • Outpatient substance use	Prior authorization rules may apply for certain services in these categories – contact the plan for details: • Acupuncture for chronic low back pain • Ambulance services • Cardiac rehabilitation services • Chiropractic services • Durable medical equipment (DME) and related supplies • Home infusion therapy – equipment and supplies • Home Meals Program • Inpatient hospital care • Inpatient services in a psychiatric hospital • Medicare Part B prescription drugs • Opioid treatment program services • Outpatient diagnostic tests and therapeutic services and supplies • Outpatient hospital services • Outpatient rehabilitation

	2025 (this year)	2026 (next year)
	disorder services • Outpatient surgery • Partial hospitalization • Physician/practitioner services • Prosthetic devices and related supplies • Services to treat kidney disease – equipment and supplies • Skilled nursing facility (SNF) care • Transportation services	services • Outpatient surgery • Partial hospitalization and intensive outpatient services • Physician/practitioner services • Podiatry services • Prosthetic devices and related supplies • Pulmonary rehabilitation • Services to treat kidney disease – equipment and supplies • Skilled nursing facility (SNF) care • Supervised Exercise Therapy (SET) • Transportation services
Ambulance services	<u>In Network and Out of Network</u> \$250 copayment for each one-way trip (ground ambulance or air ambulance)	<u>In Network and Out of Network</u> \$295 copayment for each one-way trip (ground ambulance or air ambulance)
Continuous glucose monitors	<i>See Durable Medical Equipment listing below.</i>	<i>See Durable Medical Equipment listing below.</i>
Dental services – preventive, diagnostic and comprehensive services See Chapter 4, Section 2 of your <i>Evidence of Coverage</i> for more information. <i>Also see “Physician/Practitioner Services” listing below for Medicare-covered non-routine dental services.</i>	<u>In Network</u> Your plan covers up to a maximum of \$6,500 per calendar year for the Diagnostic and Comprehensive Dental Services shown in the Medical Benefits Chart of Chapter 4 of your <i>Evidence of Coverage</i> , including up to 1 periodontic maintenance service per year with \$0 copayment.	<u>In Network</u> Your plan covers up to a maximum of \$3,000 per calendar year for the Preventive, Diagnostic and Comprehensive Dental Services shown in the Medical Benefits Chart of Chapter 4 of your <i>Evidence of Coverage</i> , including 2 periodontic maintenance services per year with \$0 copayment.
Diabetic supplies – listed under “Diabetes self-management training, diabetic services, and supplies” in Chapter 4, Section 2 of the <i>Evidence of Coverage</i>	<u>In Network</u> We will only cover OneTouch Ultra, OneTouch Verio, and True Metrix Glucose diabetic blood glucose monitors and blood glucose test strips at 0% coinsurance.	<u>In Network</u> We only cover Accu-Chek and True Metrix blood glucose meters and blood glucose test strips at 0% coinsurance. We exclude (do not cover) other brands of meters and test strips

	2025 (this year)	2026 (next year)
	We exclude (do not cover) other brands of monitors and test strips unless you or your provider requests a prior authorization and our plan approves it. A 20% coinsurance applies to approved non-preferred blood glucose monitors and test strips. Without plan prior approval, items will not be covered. See “Durable Medical Equipment” listing below for cost-sharing for insulin pumps and continuous glucose monitors.	unless you or your provider requests a prior authorization and our plan approves it. A 20% coinsurance applies to approved non-preferred blood glucose meters and test strips. Without plan prior approval, items will not be covered. See “Durable Medical Equipment” listing below for cost-sharing for insulin pumps and continuous glucose monitors.
Durable medical equipment (DME)	<u>In Network</u> 20% of the total cost for Medicare-covered DME items 0% of the total cost for insulin pumps and continuous glucose monitors 20% of the total cost for Medicare-covered oxygen equipment	<u>In Network</u> 20% of the total cost for Medicare-covered DME items, including continuous glucose monitors. We only cover Dexcom continuous glucose monitors at 20% coinsurance. We exclude (do not cover) other brands of monitors. 20% of the total cost for Medicare-covered oxygen equipment
Emergency care	<u>In Network and Out of Network</u> \$140 copayment for each covered emergency room visit within the United States \$140 copayment for each covered emergency visit to a hospital outside the United States \$140 copayment for each one-way emergency ambulance trip outside the United States	<u>In Network and Out of Network</u> \$150 copayment for each covered emergency room visit within the United States \$150 copayment for each covered emergency visit to a hospital outside the United States. \$150 copayment for each one-way emergency ambulance trip outside the United States
Hearing services – Non-Medicare See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.	<i>You must use NationsHearing for this benefit.</i> 0% of the total cost for up to one non-Medicare-covered routine hearing exam every year 0% of the total cost for each	<i>You must use TruHearing for this benefit.</i> 0% of the total cost for up to one non-Medicare-covered routine hearing exam every year 0% of the total cost for each

	2025 (this year)	2026 (next year)
	covered hearing aid fitting-evaluation visit Maximum coverage of \$500 for each covered hearing aid	covered hearing aid fitting-evaluation visit \$499 copayment for each covered Standard hearing aid \$699 copayment for each covered Advanced hearing aid \$999 copayment for each covered Premium hearing aid
Home Meals – See Chapter 4, Section 2 of the <i>Evidence of Coverage</i> for more information (listed under “Meal Benefit” in the 2025 <i>Evidence of Coverage</i>)	\$0 copayment After your inpatient stay in a hospital, you are eligible to receive two meals per day for up to 14 days.	\$0 copayment After your inpatient stay in a hospital, you are eligible to receive two meals per day for up to 7 days .
Inpatient hospital care	<u>In Network</u> Days 1 through 5: \$310 copayment per day Days 6 and thereafter: \$0 copayment per day	<u>In Network</u> Days 1 through 5 : \$350 copayment per day Days 6 and thereafter: \$0 copayment per day
Outpatient mental health care	<u>In Network</u> \$20 copayment for each covered individual or group therapy visit	<u>In Network</u> \$25 copayment for each covered individual or group therapy visit
Outpatient substance use disorder services	<u>In Network</u> \$35 copayment for each covered individual or group therapy visit	<u>In Network</u> \$25 copayment for each covered individual or group therapy visit
Outpatient surgery – listed under “Outpatient hospital services” and “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers”	<u>In Network</u> \$200 copayment for each covered surgery or surgical procedure performed as an outpatient at a hospital \$200 copayment for each covered surgery or surgical procedure performed as an outpatient at an Ambulatory Surgical Center	<u>In Network</u> \$325 copayment for each covered surgery or surgical procedure performed as an outpatient at a hospital \$250 copayment for each covered surgery or surgical procedure performed as an outpatient at an Ambulatory Surgical Center
Over-the-counter (OTC) supplies If your plan includes this benefit, select health and wellness items, such as bandages, aspirin and	\$0 copayment for the over-the-counter supplies benefit. Your plan includes a \$155 quarterly allowance to be used toward the purchase of over-the-counter (OTC) health and	\$0 copayment for the over-the-counter supplies benefit. Your plan includes a \$110 quarterly allowance to purchase eligible over-the-counter (OTC) items at

	2025 (this year)	2026 (next year)
cough syrup can be purchased with your plan allowance. For more information, contact Member Services or see your <i>Evidence of Coverage</i> .	wellness supplies. Members may access their OTC benefits online (at NationsOTC/Paramount), via mail order, through phone order, or at approved retailers via flex card.	participating retail locations using your benefit card. You can also order online at ParamountHealthcare.com/OTC benefit..
Partial hospitalization and Intensive outpatient services	<u>In Network</u> \$40 copayment for each covered partial hospitalization visit or intensive outpatient service visit	<u>In Network</u> \$25 copayment for each covered partial hospitalization visit or intensive outpatient service visit
Physician/ Practitioner services, including doctor's office visits See Chapter 4, Section 2 of your <i>Evidence of Coverage</i> for more information.	<u>In Network</u> \$0 copayment for each covered PCP visit \$20 copayment for each covered specialist visit	<u>In Network</u> \$0 copayment for each covered PCP visit \$25 copayment for each covered specialist visit
Podiatry services	<u>In Network</u> \$20 copayment for each Medicare-covered podiatry visit	<u>In Network</u> \$25 copayment for each Medicare-covered podiatry visit
Skilled nursing facility care	<u>In Network</u> Days 1 through 20: \$0 copayment per day Days 21 through 100: \$214 copay per day	<u>In Network</u> Days 1 through 20 : \$0 copayment per day Days 21 through 100 : \$218 copay per day
Supervised Exercise Therapy (SET) For members with Peripheral Artery Disease (PAD)	<u>In Network</u> \$15 copayment for each covered SET visit	<u>In Network</u> \$30 copayment for each covered SET visit
Virtual health visits – listed as “Virtual Doctor” in 2025 and “Virtual health visits” in 2026 under the Physician/Practitioner Services listing in the Medical Benefits Chart in Chapter 4 Section 2 of the <i>Evidence of Coverage</i>	\$0 for PCP visit \$20 for behavioral health visit	\$0 copayment for PCP visit \$25 copayment for behavioral health visit
Worldwide urgently	\$140 copayment for each	\$150 copayment for each

	2025 (this year)	2026 (next year)
needed services – listed under “Urgently needed services” in the <i>Evidence of Coverage</i>	urgent care center visit outside the United States	urgent care center visit outside the United States

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, 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 1-833-554-2335 (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 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 don’t get this material by September 30th, call Member Services at 1-833-554-2335 (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**
You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, Tier 4, and Tier 5 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.

Drug 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.	The deductible is \$250 . During this stage, you pay \$0 cost sharing for drugs on Tier 1 and Tier 2 , and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 and Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

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, or information about the costs for a long-term supply, or for mail-order prescriptions, 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	Standard cost sharing: You pay \$0 per prescription (retail or mail order).	Standard cost sharing: You pay \$0 per prescription (retail or mail order).
Tier 2: Generic	Standard cost sharing: You pay \$0 per prescription (retail or mail order).	Standard cost sharing: You pay \$0 per prescription (retail or mail order).
Tier 3: Preferred Brand	Standard cost sharing: You pay \$45 per prescription (retail or mail order). <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>	Standard cost sharing: You pay 23% of the total cost (retail or mail order). <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>
Tier 4: Non-Preferred Drug	Standard cost sharing: You pay \$100 per prescription (retail or mail order). <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>	Standard cost sharing: You pay 40% of the total cost (retail or mail order). <i>You pay no more than \$35 per month supply of each covered insulin product on this tier.</i>
Tier 5: Specialty Tier	Standard cost sharing: You pay 33% of the total cost	Standard cost sharing: You pay 30% of the total cost (retail

	2025 (this year)	2026 (next year)
	(retail). You pay no more than \$35 per month supply of each covered insulin product on this tier.	or mail order). You pay no more than \$35 per month supply of each covered insulin product on this tier.

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)
Detailed Notice of Discharge sample document URL See Chapter 9, Section 7.2 of your <i>Evidence of Coverage</i> .	www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices	www.CMS.gov/Medicare/forms-notices/beneficiary-notices-initiative/ffs-ma-im
Get Care in a Disaster URL See Chapter 3, Section 3.3 of your <i>Evidence of Coverage</i> .	www.medicare.gov/what-medicare-covers/getting-care-drugs-in-disasters-or-emergencies	ParamountHealthcare.com/MAPlanInfo
Income related monthly adjustment amount (IRMAA) URL See Chapter 1, Section 4.4 of your <i>Evidence of Coverage</i> .	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
Inpatient Medicare Fact sheet Name and URL See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> .	<i>Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!</i> This fact sheet is available on the web at https://es.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf	<i>Medicare Hospital Benefits</i> . This fact sheet is available at www.Medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf
Medicare and Clinical	www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-	www.Medicare.gov/sites/default/files/2019-09/02226-

	2025 (this year)	2026 (next year)
Research Studies publication URL See Chapter 3, Section 5.2 of the <i>Evidence of Coverage</i> .	Research-Studies. pdf	medicare-and-clinical-research-studies.pdf
Medicare Contact Information See Chapter 2, Section 2 of the <i>Evidence of Coverage</i> .	To submit a complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx .	To submit a complaint about Paramount Elite Prime (HMO-POS) directly to Medicare, go to www.Medicare.gov/my/medicare-complaint .
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 1-833-554-2335 (TTY users call 711) or visit www.Medicare.gov.
Payment options See Chapter 1, Section 5 of the <i>Evidence of Coverage</i> .	Members have an in-person option for paying their plan premium or late enrollment penalty	
Plan information URL Multiple references throughout the <i>Evidence of Coverage</i> .	paramounthealthcare.com/medicareplans	ParamountHealthcare.com/MAPlanInfo
Personal Emergency Response System (PERS) See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> .	The benefit description shown is as follows: Your coverage includes one of the below personal emergency response systems and includes monthly monitoring in the member's home with NationsResponse. Members will receive emergency alert services from Connect America and will have access to one of the three customizable emergency alert	The benefit description shown is as follows: Your plan includes a personal emergency response system with emergency alert services from NationsResponse. The PERS benefit includes: • Two-way voice communication to a monitoring center • Water-resistant pendants or wristbands

	2025 (this year)	2026 (next year)
	offerings below: • At Home: an in-home unit with range of up to 300-feet. • At Home (Cellular): an in-home unit with 600-foot range from base. Coverage inside and outside. • On-the-Go+Wireless connection with 2-way-talk, GPS with water resistant pendant. All PERS offerings above feature: 24/7/365 monitoring service through Connect America.	• 24/7/365 monitoring service through Connect America
Plan service area	The service area for Paramount Elite Prime (HMO-POS) includes the following: These counties in Michigan: Branch, Hillsdale, Lenawee, Monroe and Washtenaw These counties in Ohio: Allen, Crawford, Defiance, Erie, Fulton, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood and Wyandot	The service area for Paramount Elite Prime (HMO-POS) includes the following: These counties in Michigan: Branch, Hillsdale, Lenawee, Monroe and Washtenaw These counties in Ohio: Fulton, Lucas, Ottawa, Sandusky, and Wood
Prior authorization See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> .	Prior authorization requirements are indicated in italics in the Medical Benefits Chart. Since certain benefits require prior authorization on some, but not all, services, please contact the plan for further details.	Prior authorization requirements are indicated in bold in the Medical Benefits Chart. Since certain benefits require prior authorization on some, but not all, services, please contact the plan for further details.
Quality Improvement Organization (QIO) contact information See Chapter 2, Section 4 of the <i>Evidence of Coverage</i> .	The QIO is listed under the Livanta name with the TTY number of 1-888-985-8775 and the mailing address 10820 Guilford Rd., Suite 202, Annapolis Junction, MD 20701.	The QIO is listed under the Commence Health name with the TTY number of 711 and the mailing address P.O. Box 2687, Virginia Beach, VA 23450.
Transportation and lodging for transplant services – listed under “Inpatient	The <i>Evidence of Coverage</i> includes the following language for travel and lodging for transplant services: Transplant providers may be local or outside of the service area. If our in-	The <i>Evidence of Coverage</i> includes the following language for travel and lodging for transplant services: Transplant providers may be local or outside of the service area. If our in-

	2025 (this year)	2026 (next year)
hospital care” in Chapter 4 Section 2 of the <i>Evidence of Coverage</i>	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 Paramount Elite Prime (HMO-POS) 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.	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 Paramount Elite Prime (HMO-POS) 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 Member Services for details.
Transportation services See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> .	This benefit is described as below: Your plan covers up to 24 one-way trips per calendar year to plan approved health-related locations. Transportation will be via a Taxi, Rideshare Service, or Van. Ride share requests must be 48 hours in advance. Non-Emergent Transportation (NEMT) must be scheduled 72 hours in advance. Trip mileage cannot exceed 60 miles per one-way-trip unless prior authorization is approved by plan. For more information about this benefit, please contact NationsBenefits at 877-204-1721.	This benefit is described as below: You are eligible to receive limited health-related transportation services, at no extra cost to you. You may receive up to 24 one-way trips per year. Trips are limited to 35 miles per trip and must take place within our plan service area. For a full list of counties, go to Chapter 1, Section 2.2. This benefit is available for transportation provided by the contracted vendor to medical locations only. To use your transportation benefit or for more information, call Member Services at 1-833-554-2335 (711 for hearing impaired). Non-urgent appointments should be scheduled at least three days in advance. Please note that urgent appointments requested with less than three days' notice will be accommodated based on the

	2025 (this year)	2026 (next year)
		transportation network availability at that time and may not be guaranteed.
Virtual health visits See the Medical Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> .	Listed as “Virtual Doctor” under Physician/Practitioner Services	Listed as “Virtual health visits” under Physician/Practitioner Services

SECTION 3 How to Change Plans

To stay in Paramount Elite Prime (HMO-POS) 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 Paramount Elite Prime (HMO-POS).

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 Paramount Elite Prime (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Paramount Elite Prime (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-833-554-2335 (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).

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 agencies listed below. 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:
 - For Michigan, call the Michigan Drug Assistance Program (MIDAP) at 1-888-826-6565. You can also write to Michigan Drug Assistance Program, HIV Care and Prevention Section, Division of HIV and STI Programs, Michigan Department of Health and Human Services, P.O. Box 30727, Lansing, MI 48909.
 - For Ohio, call the Ohio HIV Drug Assistance Program (OHDAP) at 1-800-777-4775. You can also write to Ohio HIV Drug Assistance Program (OHDAP), Ohio Department of Health, 246 N. High St., Columbus, OH 43215.

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 Member Services 1-833-554-2335 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions

Get Help from Paramount Elite Prime (HMO-POS)

- **Call Member Services at 1-833-554-2335. (TTY users call 711).**

We're available for phone calls Monday through Friday, 8:00 a.m. to 8:00 p.m. From October 1 to March 31, you may call 8:00 a.m. to 8:00 p.m., 7 days a week. 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 Paramount Elite Prime (HMO-POS). 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 ParamountHealthcare.com/MAPlanInfo or call Member Services at 1-833-554-2335 (TTY users call 711) to ask us to mail you a copy.

- **Visit ParamountHealthcare.com/MAPlanInfo**

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 Michigan, the SHIP is called Michigan Medicare Assistance Program (MMAP, Inc.).
- In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Call the 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 your State Health Insurance Assistance Program (SHIP) at the numbers below. Learn more about your State Health Insurance Assistance Program (SHIP) by visiting their website below.

Michigan Members— Michigan Medicare Assistance Program (MMAP, Inc.) - Contact Information

Call	1-800-803-7174 toll-free
Write	MMAP, Inc. 6105 W. St. Joseph Hwy, Suite 204, Lansing, MI 48917
Website	www.mmapinc.org

Ohio Members – Ohio Senior Health Insurance Information Program (OSHIIP) - Contact Information

Call	1-800-686-1578 toll-free
Write	Ohio Dept. of Insurance 50 W. Town Street, Suite 300, Columbus, OH 43215
Website	www.insurance.ohio.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.

PARAMOUNT
ELITE | MEDICARE PLANS

Order Number: Z9110-PMA 6.25
Dept. of Ins. Filing Number: Z9110-PMA 6.25

Serbo Croatia: PAŽNJA: Ako govorite srpski, na raspolaganju su Vam besplatne usluge jezičke pomoći. Besplatna su i odgovarajuća pomoć i usluge za pružanje informacija u pristupačnim formatima. Pozovite 1-833-554-2335 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

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 1-833-554-2335 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

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 1-833-554-2335 (tty: 711) of spreek met je 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 1-833-554-2335 (TTY: 711) sau contactați-vă furnizorul.

Ukrainian: УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-833-554-2335 (TTY: 711) або зверніться до свого постачальника

Notice of Non-Discrimination: Discrimination is Against the Law

Paramount complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

Paramount Provides (free of charge and in a timely manner):

- Reasonable modifications and appropriate auxiliary aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters for individuals with disabilities.
 - Information in alternate formats (large print, audio, accessible electronic formats, other formats).
- Language assistance services for people whose primary language is not English, which may include:
 - Qualified oral interpreters.
 - Electronic and written translated documents.

If you need these services, please contact Member Services at 1-833-554-2335 (TTY 711). We are available from 8:00 a.m. to 8:00 p.m. EST, Monday through Friday. From October 1st through March 31st, we are available 8:00 a.m. to 8:00 p.m. EST seven (7) days per week.

If you believe that Paramount has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator (also called our Section 1557 Coordinator). Our Civil Rights Coordinator can help you with our grievance procedure.

Contact our **Civil Rights Coordinator** at:

- **Mail:** Paramount Civil Rights Coordinator, PO Box 928, Toledo, OH 43697
- **Phone:** 1-833-554-2335 (TTY 711)
- **E-mail:** paramount.memberservices@medmutual.com
- **Fax:** 419-887-2047

You may file a grievance in-person at 650 Beaver Creek Circle, Suite 100, Maumee, OH 43537

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. For more information on filing a complaint, go to <http://www.hhs.gov/ocr/office/file/index.html>.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)

An electronic copy of this notice is available on our website: www.paramounthealthcare.com/medicareplans

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