



ANNUAL NOTICE OF CHANGES

2026 | SOUTH FLORIDA

DrExtraCare
(HMO C-SNP)

THANK YOU FOR CONTINUING TO TRUST DOCTORS HEALTHCARE PLANS, INC. WITH YOUR HEALTH CARE NEEDS.

We are happy to have you as a Member!

Please read this booklet carefully for important privacy information and to learn about the changes to your health plan for 2026. Reviewing your coverage now will ensure it meets your needs for next year.

Remember to visit www.doctorshcp.com to view or print the following documents pertaining to your selected health care plan:

Evidence of Coverage

This booklet includes important information and details about your health care and prescription drug coverage

Drug List/Formulary

This provides a listing of the drugs covered in your plan

Provider Directory

This directory includes all doctors, pharmacies, and other providers in your network

In addition, you can request printed copies of materials be mailed to you by calling our Member Services Department at the number found below or on the back of your Member ID Card.

LOCAL (786) 460-3427

TOLL-FREE (833) 342-7463, TTY:711

FAX (786) 578-0283

Member Services is open 7 days a week, 8AM to 8PM.

Doctors HealthCare Plans respects your privacy and would like to remind you that you may opt out of receiving future phone calls regarding plan business. Please call us at the number above and one of our representatives will be happy to assist you.

We look forward to continuing to serve your healthcare needs in 2026!

DrExtraCare (HMO C-SNP) offered by Doctors HealthCare Plans, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of DrExtraCare (HMO C-SNP).

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

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in DrExtraCare (HMO C-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at <https://www.doctorshcp.com/2026plans/> or call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.
- Call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) for more information. Hours are 8AM to 8PM seven (7) days a week. This call is free.
- This information is available in different formats, including braille, large print and audio. Please call our Member Services Department at the number listed above if you need plan information in another format.

About DrExtraCare (HMO C-SNP)

- Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Doctors HealthCare Plans, Inc. When it says “plan” or “our plan,” it means DrExtraCare (HMO C-SNP).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in DrExtraCare (HMO C-SNP).** Starting January 1, 2026, you'll get your medical and drug coverage through DrExtraCare (HMO C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (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 <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$3,400	\$3,400
Primary care office visits	Primary care visits: \$0 per visit	Primary care visits: \$0 per visit
Specialist office visits	Specialist visits: \$0 per visit	Specialist visits: \$0 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	\$0 per stay	\$0 per stay

	2025 (this year)	2026 (next year)
discharged is your last inpatient day.		
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: \$0	Deductible: \$0
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$20 Drug Tier 4: \$55</p> <p>(You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p> <p>Drug Tier 5: 33% of the total cost (You pay no more than \$35 per month supply of each covered insulin product on this tier.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$0 Drug Tier 4: \$55</p> <p>Your cost for up to a one-month supply for a covered insulin product will not exceed the lesser of:</p> <p>(1) \$35 (2) 25% of the Medicare-negotiated price (for 'Selected Drugs') or (3) 25% of the Plan-negotiated price.</p> <p>Drug Tier 5: 33% of the total cost</p> <p>Your cost for up to a one-month supply for a covered insulin product will not exceed the lesser of:</p>

	2025 (this year)	2026 (next year)
	<p>Drug Tier 6: \$0</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p>	<p>(1) \$35</p> <p>(2) 25% of the Medicare-negotiated price (for 'Selected Drugs') or</p> <p>(3) 25% of the Plan-negotiated price.</p> <p>Drug Tier 6: \$0</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</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

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 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.	\$3,400	\$3,400 Once you've paid \$3,400 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* <https://www.doctorshcp.com/2026providers/> 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 <https://www.doctorshcp.com/2026providers/>.
- Call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (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 (786) 460-3427 or toll free at (833) 342-7463 (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 *Provider Directory* <https://www.doctorshcp.com/2026providers/> to see which pharmacies are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at <https://www.doctorshcp.com/2026providers/>.
- Call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider 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 (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Comprehensive Dental - Bridge	Bridge is not covered.	You pay a \$0 copay for 1 bridge every three years.
Fillings & Crowns	You pay a \$0 copay for 4 fillings and 1 crown every year	You pay a \$0 copay for 4 fillings and 3 crowns every year.
Diabetic Supplies	<p>You pay a 0% coinsurance of the total cost of preferred diabetic supplies (glucometers, test strips, lancets, lancet devices and control solutions).</p> <p>Preferred Diabetic Supplies include: Abbott products: FreeStyle® Lite, FreeStyle® Freedom Lite, Precision Xtra and Trividia products: True Metrix.</p>	<p>You pay a 0% coinsurance of the total cost of preferred diabetic supplies (glucometers, test strips, lancets, lancet devices and control solutions).</p> <p>Preferred Diabetic Supplies include: Abbott products: FreeStyle, FreeStyle Lite, FreeStyle Freedom Lite, Freestyle Insulinx, Freestyle Precision Neo, Precision Xtra and Trividia/Nipro Products: True Metrix,</p>

	2025 (this year)	2026 (next year)
		Relion True Metrix, True Metrix Air.
	You pay a 20% coinsurance of the total cost for non-preferred glucometers and test strips. This will require a prior authorization.	You pay a 20% coinsurance of the total cost for non-preferred glucometers and test strips. This will require a prior authorization.
	You pay a 20% coinsurance of the total cost for non-preferred lancets, lancet devices and control solutions. This will not require a prior authorization.	You pay a 20% coinsurance of the total cost for non-preferred lancets, lancet devices and control solutions. This will not require a prior authorization.
	You pay a 0% coinsurance of the total cost for Preferred Continuous Blood Glucose Monitors (CBGM). A prior authorization is not required. You must have insulin prescription history within the last 120-days.	You pay a 0% coinsurance of the total cost for Preferred Continuous Blood Glucose Monitors (CBGM). A prior authorization is not required when you have insulin prescription history within the last 120-days.
	Preferred CBGMs include Freestyle®Libre, Dexcom G6 and Dexcom G7.	Preferred CBGMs include Freestyle Libre, Freestyle Libre 2 Plus, Freestyle Libre 3, Freestyle Libre 3 Plus, Dexcom G6 and Dexcom G7.
	You pay a 20% coinsurance of the total cost for non-preferred CBGM. This will require prior authorization	You pay a 20% coinsurance of the total cost for non-preferred CBGM. This will

	2025 (this year)	2026 (next year)
	and trial of a preferred CBGM.	require prior authorization and trial of a preferred CBGM.
Emergency Care	You pay a \$75 copay for Emergency Services visit.	You pay a \$100 copay for Emergency Services visit.
Eyewear	You receive up to a \$350 allowance for eyeglasses and/or contact lenses per calendar year or up to 2 pairs of eyeglasses at no cost from the iCare Grand Lux Collection per calendar year.	You receive up to a \$350 allowance for eyeglasses and/or contact lenses per calendar year or up to 2 pairs of eyeglasses at no cost from selected eyewear collection per calendar year.
Fitting Evaluation for Hearing Aid	You pay a \$0 copay for Fitting Evaluation for Hearing Aid.	You pay a \$0 copay for Fitting Evaluation for Hearing Aid. Plan covers 1 Fitting/Evaluation for Hearing Aid every 2 years.
Meal Benefit	Immediately following surgery or inpatient hospitalization, Meals are limited on a per year basis. There is no maximum dollar amount allowed, rather a limited number of meals allowed per year. Up to 16 meals total are allowed per year (post hospitalization	Immediately following surgery or inpatient hospitalization, for a chronic illness: Meals are limited on a per year basis. There is no maximum dollar amount allowed, rather a limited number of meals allowed per year. Up to 16 meals

	2025 (this year)	2026 (next year)
	discharge) regardless of the number of hospitalization discharges in the year.	total are allowed per year (post hospitalization discharge) regardless of the number of hospitalization discharges in the year. Up to 20 meals total are allowed per year that are related to management of a chronic condition.
Observation Services	You pay a \$50 copay for Medicare-covered Observation Services.	You pay a \$0 copay for Medicare-covered Observation Services.
<p>Prepaid Card - Special Supplemental Benefits for the Chronically Ill (SSBCI)*</p> <p>*The benefits mentioned are part of a special supplemental program for chronically ill members with one of the following conditions: Diabetes mellitus, Cardiovascular disorders, Chronic heart failure. Having a qualifying condition alone does not mean you will receive the benefits. Other requirements apply.</p>	\$137 card per month, to be used for purchasing healthy foods, meals, OTC and / or paying for utilities. Unused benefit amount does not roll over from month to month.	\$152 card per month, to be used for purchasing healthy foods, meals, OTC, personal care items, pet supplies, pay for utilities and purchase gas at the pump. Unused benefit amount does not roll over from month to month.

	2025 (this year)	2026 (next year)
Therapeutic Radiological Services	You pay a \$75 copay for Therapeutic Radiology Services.	You pay a 20% coinsurance of the total cost for Therapeutic Radiology Services.

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 (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) for more information.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website:

[www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Member Services at (786) 460-3427 or toll free

at (833) 342-7463 (TTY users call 711 or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does 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 30, 2025, call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (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**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

Go to the following table for the changes from 2025 to 2026.

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

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy; 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)
Preferred Generic:	You pay \$0 per prescription.	You pay \$0 per prescription.
Generic:	You pay \$0 per prescription.	You pay \$0 per prescription.
Preferred Brand:	You pay \$20 per prescription.	You pay \$0 per prescription.

	2025 (this year)	2026 (next year)
	Your cost for a one-month mail-order prescription is \$20.	Your cost for a one-month mail-order prescription is \$0.
Non-Preferred Drug:	<p>You pay \$55 per prescription.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p>You pay \$55 per prescription.</p> <p>Your cost for up to a one-month supply for a covered insulin product will not exceed the lesser of:</p> <p>(1) \$35</p> <p>(2) 25% of the Medicare-negotiated price (for 'Selected Drugs') or</p> <p>(3) 25% of the Plan-negotiated price.</p>
Specialty Tier:	<p>You pay 33% of the total cost.</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<p>You pay 33% of the total cost.</p> <p>Your cost for up to a one-month supply for a covered insulin product will not exceed the lesser of:</p> <p>(1) \$35</p> <p>(2) 25% of the Medicare-negotiated price (for 'Selected Drugs') or</p> <p>(3) 25% of the Plan-negotiated price.</p>
Supplemental Drugs:	You pay \$0 per prescription.	You pay \$0 per prescription.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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)
Change in Chronic Conditions	This plan is a chronic condition special needs plan (C-SNP), for people living with Chronic Heart Failure and/or Diabetes Mellitus	This plan is a chronic condition special needs plan (C-SNP), for people living with Diabetes Mellitus, Chronic Heart Failure and Cardiovascular Disorders
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 (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711) or visit www.Medicare.gov

SECTION 3 How to Change Plans

To stay in DrExtraCare (HMO C-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our DrExtraCare (HMO C-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from DrExtraCare (HMO C-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from DrExtraCare (HMO C-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (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 3.2).
- **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 Florida AIDS Drug Assistance Program (ADAP) HIV/AIDS Section. 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 1 -850-245-4422 (English), 1 -800-545-7432 (1 -800-545-SIDA) (Spanish) 1 -800-243-7101 (1 -800-AIDS-101) (Creole), 1 -888-503-7118 (TTY/TDD) Monday through Friday, 8AM to 4:30PM. 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 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 (786) 460-3427 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from DrExtraCare (HMO C-SNP)

- **Call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711.)**

We're available for phone calls Monday – Sunday from 8AM to 8PM. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for DrExtraCare (HMO C-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.doctorshcp.com/2026plans/ or call Member Services at (786) 460-3427 or toll free at (833) 342-7463 (TTY users call 711 to ask us to mail you a copy).

- **Visit www.doctorshcp.com/2026plans/**

Our website has the most up-to-date information about our provider network (*Provider 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

Call Serving Health Insurance Needs of Elders (SHINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337 or TTY/TDD: 1-800-955-8770. Learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting www.floridashine.org.

Get Help from Medicare

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

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

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

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

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

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

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

Notice of Privacy Practices

MEDICAL AND FINANCIAL INFORMATION PRIVACY NOTICE

This notice describes how medical and financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on your health plan website, such as www.doctorshcp.com.

WHAT IS PERSONAL HEALTH INFORMATION?

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

For Payment of premiums due to us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

For Treatment. We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

For Health Care Operations. We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may use or disclose, as-needed, your protected health information in order to support the business activities of DHCP. These activities include, but are not limited to, quality assessment activities, employee review activities, training, accreditation, licensing, marketing, and conducting or arranging for other cost management.

TO PROVIDE YOUR INFORMATION ON HEALTH

Related Programs or Products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

For Plan Sponsors. We may share health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

For Reminders. We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purpose under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.

- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your

health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.
- **To Our Corporate Affiliates,** which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
- **To Nonaffiliated Companies** for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations, and to nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health information
 6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

WHAT ARE YOUR RIGHTS?

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions.

Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and

(iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice on our website at www.doctorshcp.com.

EXERCISING YOUR RIGHTS

If you have any questions about this notice or want to exercise any of your rights or file complaint, please call us at (833) 500-3427 (TTY:711) or write us at:

Doctors HealthCare Plans, Inc.

Attn: Privacy Office

2020 Ponce de Leon Blvd., PH 1

Coral Gables, FL 33134

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. You may email your complaint to OCRComplaint@hhs.gov. We will not take any action against you for filing a complaint.

Notice of Non-Discrimination

Doctors HealthCare Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, creed, religion, national origin, age, disability, political affiliations or beliefs, or sex (including pregnancy, sexual orientation, and gender identity).

Doctors HealthCare Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Member Services/Civil Rights.

If you believe that Doctors HealthCare Plans has failed to provide these services or discriminated in another way, you can file a grievance with:

Doctors HealthCare Plans, Inc.

Attn: Member Services/Civil Rights

2020 Ponce De Leon Blvd, PHI

Coral Gables, FL 33134

Telephone: 833 342-7463 (TTY: 711)

Fax: 786-578-0293,

Email: civilrights@doctorshcp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services/Civil Rights, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS AND SERVICES

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 833-342-7463 (TTY:711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, están disponibles servicios de asistencia lingüística gratuita para usted. También están disponibles sin cargo adecuado apoyos y servicios para proporcionar información en formatos accesibles. Llame al 833-342-7463 (TTY:711) o hable con su proveedor.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 833-342-7463 (TTY:711) oswa pale avèk founisè w la.

Arabic: وسائل تتوفر كما. المجانية اللغوية المساعدة خدمات لك فستتوفر، العربية اللغة تتحدث كنت إذا: تنبيه 833-342-7463 م الرق على اتصل. مجاناً إليها الوصول يمكن بتنسيقات المعلومات لتوفير مناسبة وخدمات مساعدة "الخدمة مقدم إلى تحدث أو (TTY:711) .

Chinese Traditional: 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 833-342-7463 (TTY:711) 或與您的提供者討論。」

Chinese Simplified: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 833-342-7463（文本电话：(TTY:711) 或咨询您的服务提供商。

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 833-342-7463 (TTY: 711) ou parlez à votre fournisseur.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe-Dienste zur Verfügung. Angemessene Hilfsmittel und Dienste zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 833-342-7463 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. માહિતીને સુલભ રૂપરૂપમાં આપવાની યોગ્ય સહાયક સાધનો અને સેવાઓ પણ નિ:શુલ્ક ઉપલબ્ધ છે. 833-342-7463 (TTY:711) પર કોલ કરો અથવા તમારા પરદાતા સાથે વાત કરો.

Italian: ATTENZIONE: Se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili anche ausili e servizi appropriati per fornire informazioni in formati accessibili, anch'essi gratuiti. Chiama il 833-342-7463 (TTY:711) o parla con il tuo fornitore.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 833-342-7463 (TTY:711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych

formatach są również dostępne bezpłatnie. Zadzwoń pod numer 833-342-7463 (TTY:711) lub porozmawiaj ze swoim dostawcą”.

Portuguese: ATENÇÃO: Se você fala Português, serviços de assistência linguística gratuitos estão disponíveis para você. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 833-342-7463 (TTY:711) ou converse com seu prestador de serviços.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 833-342-7463 (TTY:711) или обратитесь к своему поставщику услуг.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 833-342-7463 (TTY:711) o makipag-usap sa iyong provider.”

Thai: หมายเหตุ: หากคุณใช้ ภาษาไทย เรามี บริการความช่วยเหลือ ด้ านภาษาฟรี นอกจากนี้ ังมี เครื่ ่องมี ้อและบริ การ ช ่วยเหลื ้อเพื่ ้อให้ ช ้อมูลในรูปแบบที่ ็ เข้า ึ่งได้ โดยไม่ เสีย ค ่าใช้ จ ่าย โปรดโทรติ ดต ้อ 833-342-7463 (TTY:711) หรือ ปรี ษาผุ ้ให้ บริ การของคุณ”

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo cá nhân dạng dễ tiếp cận cũng đợc cung cấp miễn phí. Vui lòng gọi theo số người khuyết tật: 833-342-7463 (TTY:711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”