Great Plains Medicare Advantage Gold (HMO-I-SNP)

offered by
Great Plains Medicare Advantage

Annual Notice of Change for 2027

You're enrolled as a member of Great Plains Medicare Advantage Gold (HMO I-SNP).

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

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug coverage) at any time.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.greatplainsmedicareadvantage.com or call Customer Service at 1-877-492-5189 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-877-492-5189 (TTY users call 711) for additional information. We are open 7 days a week, 8 a.m. to 8 p.m., Oct. 1 – March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1 – Sept. 30. This call is free.
- This information is also available in languages other than English, large print or other alternate formats.

About Great Plains Medicare Advantage Gold (HMO I-SNP)

- Great Plains Medicare Advantage is an HMO I-SNP plan with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Great Plains Medicare Advantage. When it says “plan” or “our plan,” it means Great Plains Medicare Advantage GOLD (HMO I-SNP).
- On January 1, 2027, Great Plains Medicare Advantage will be combining Great Plains Medicare Advantage (HMO ISNP) H8967-02 with one of our plans, Great Plains Medicare Advantage (HMO ISNP) H1787-02. This material tells you about the differences between your current benefits in Great Plains Medicare Advantage (HMO ISNP) H8967-02 and the benefits you’ll have on January 1, 2027, as a member of Great Plains Medicare Advantage (HMO I-SNP) H1787-02.
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Great Plains Medicare Advantage Gold (HMO I-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through Great Plains Medicare Advantage Gold (HMO I-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Great Plains
Medicare Advantage

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	$72	$106
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$2,750	$3,750
Primary care office visits	$0 copay per visit	$0 copay per visit
Specialist office visits	$30 copay per visit	$30 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay a $185 copay for each day, days 1-5. You pay $0 for days 6-90.	You pay a $300 copay for each day, days 1-5. You pay $0 for days 6-discharge.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	**Part D drug coverage deductible** $0 deductible **Copayment/Coinsurance** during the Initial Coverage Stage: **Drug Tier 1(Preferred generic drugs):** $0 copay for a 1-month (up to a 30-day) supply; $0 copay for a 3-month (up to a 90-day) supply **Drug tier 2 (Generic drugs):** $10 copay for a 1-month (up to a 30-day) supply; $30 copay for a 3-month (up to a 90-day) supply; you pay 25% coinsurance with a limit of $10 per 1-month supply of each covered insulin product on this tier **Drug tier 3 (Preferred brand drugs):** $45 copay for a 1-month (up to a 30-day) supply; $135 copay for a 3-month (up to a 90-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier	**Part D drug coverage deductible** $300 deductible (applies to tiers 3-5 only) except for covered insulin products and most adult Part D vaccines **Copayment/Coinsurance** during the Initial Coverage Stage: **Drug Tier 1(Preferred generic drugs):** $0 copay for a 1-month (up to a 34-day) supply; $0 copay for a 3-month (up to a 102-day) supply **Drug tier 2 (Generic drugs):** $8 copay for a 1-month (up to a 34-day) supply; $24 copay for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $8 per 1-month supply of each covered insulin product on this tier **Drug tier 3 (Preferred brand drugs):** 25% coinsurance for a 1-month (up to a 34-day) supply; 25% coinsurance for a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier

	2026 (this year)	2027 (next year)
	Drug tier 4 (Non-preferred drugs): $95 copay for up to a 1-month (up to a 30-day) supply; $285 copay for up to a 3-month (up to a 90-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier **Drug tier 5 (Specialty drugs):** 33% coinsurance for a 1-month (up to a 30-day) supply; 33% for up to a 3-month (up to a 90-day) supply **Drug tier 6 (Select care drugs)*:** $0 copay for up to a 1-month (up to a 30-day) supply; $0 copay for up to a 3-month (up to a 90-day) supply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.	**Drug tier 4 (Non-preferred drugs):** 30% coinsurance for up to a 1-month (up to a 34-day) supply; 30% coinsurance for up to a 3-month (up to a 102-day) supply; you pay 25% coinsurance with a limit of $35 per 1-month supply of each covered insulin product on this tier **Drug tier 5 (Specialty drugs):** 30% coinsurance for a 1-month (up to a 34-day) supply **Drug tier 6 (Select care drugs)*:** $0 copay for up to a 1-month (up to a 34-day) supply; $0 copay for up to a 3-month (up to a 102-day) supply **Catastrophic Coverage Stage:** 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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$72	$106

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 Part D or 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 1 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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and coinsurance) **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.	$2,750	$3,750 Once you've paid $3,750 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 2027 *Provider Directory* (www.greatplainsmedicareadvantage.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.greatplainsmedicareadvantage.com.
- Call Customer Service at 1-877-492-5189 (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 Customer Service at 1-877-492-5189 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. 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 2027 *Pharmacy Directory* (www.greatplainsmedicareadvantage.com/member-resources) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.greatplainsmedicareadvantage.com/member-resources.
- Call Customer Service at 1-877-492-5189 (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 Customer Service at 1-877-492-5189 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture (low back pain) Medicare-covered	$30 copay	$20 copay
Ambulatory Surgery Center Services	$50 copay	$0 copay for minor procedures $200 copay for surgery
Dental (Medicare-covered)	20% coinsurance	$30 copay
Dental • Preventive – 1 fluoride treatment	Not covered	$0 copay
Diagnostic Procedures/Tests	20% coinsurance	$0 copay

	2026 (this year)	2027 (next year)
High-end Imaging (Diagnostic Radiology) • Vascular peripheral ultrasound	$50 copay	$0 copay
Inpatient Hospital	Days 1-5: $185 copay/day Days 6-90: $0 copay/day	Days 1-5: $300 copay/day Days 6-discharge: $0 copay
Inpatient Mental Hospital	Days 1-5: $185 copay/day Days 6-discharge: $0 copay	Days 1-5: $300 copay/day Days 6- discharge: $0 copay
Observation Services	$100 copay	$0 copay for minor procedures; $200 copay for surgery
Outpatient Hospital	$50 copay	$0 copay for minor procedures; $200 copay for surgery
Outpatient Lab Services	$0 copay	20% coinsurance
Partial Hospitalization Services/Intensive Outpatient Program	$30 copay	$0 copay
SET for PAD Services	$30 copay	$20 copay
Skilled Nursing Facility	Days 1-20: $0 copay/day Days 21-100: $50 copay/day	Days 1-20: $0 copay/day Days 21-100: $100 copay/day
Therapeutic Radiological Services	$50 copay	20% coinsurance

	2026 (this year)	2027 (next year)
Transportation services (routine)	32 one-way trips every year to plan-approved health-related locations.	12 one-way trips every year to plan-approved health-related locations.
Vision • Frames • Contacts	$275 allowance for frames; or $100 for contacts	$300 allowance for frames; or $100 for contacts

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 posted online at www.greatplainsmedicareadvantage.com/member-resources/.

You can get the *complete* Drug List by calling Customer Service at 1-877-492-5189 (TTY users call 711) or visiting our website at www.greatplainsmedicareadvantage.com/member-resources.

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 Customer Service at 1-877-492-5189 (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 have 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, call Customer Service at 1-877-492-5189 (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.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 3-5 Part D drugs until you've reached the yearly deductible.

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

  Once you pay the yearly deductible, you move to the Initial Coverage Stage.-In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach $2,400.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$0 deductible	The deductible is $300 for drugs on **tiers 3-5 only.** During this stage, you do not pay a deductible for drugs on tiers 1, 2 and 6. See Initial Coverage Stage below. You pay the full costs of drugs on tiers 3-5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on tier 3 and 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 2026 to 2027.

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, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred generic drugs:	$0 copay for a 1-month (up to a 30-day) supply; $0 copay for a 3-month (up to a 90-day) supply	$0 copay for a 1-month (up to a 34-day) supply; $0 copay for a 3-month (up to a 102-day) supply
Tier 2 – Generic drugs:	$10 copay for a 1-month (up to a 30-day) supply; $30 copay for a 3-month (up to a 90-day) supply You pay $10 per month supply of each covered insulin product on this tier.	$8 copay for a 1-month (up to a 34-day) supply; $24 copay for a 3-month (up to a 102-day) supply You pay $8 per month supply of each covered insulin product on this tier.
Tier 3 – Preferred brand drugs:	$45 copay for a 1-month (up to a 30-day) supply; $135 copay for a 3-month (up to a 90-day) supply You pay no more than $35 per month supply of each covered insulin product on this tier.	25% coinsurance for a 1-month (up to a 34-day) supply; 25% coinsurance for a 3-month (up to a 102-day) supply You pay no more than $35 per month supply of each covered insulin product on this tier.
Tier 4 – Non-preferred drugs:	$95 copay for a 1-month (up to a 30-day) supply; $285 copay for a 3-month (up to a 90-day) supply You pay no more than $35 per month supply of each covered insulin product on this tier.	30% coinsurance for a 1-month (up to a 34-day) supply; 30% coinsurance for a 3-month (up to a 102-day) supply You pay no more than $35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 5 – Specialty drugs:	33% coinsurance for a 1-month (up to a 30-day) supply; 33% coinsurance for a 3-month (up to a 90-day) supply	30% coinsurance for a 1-month (up to a 30-day) supply;
Tier 6 – Select care drugs:	$0 copay for a 1-month (up to a 30-day) supply; $0 copay for a 3-month (up to a 90-day) supply	$0 copay for a 1-month (up to a 34-day) supply; $0 copay for a 3-month (up to a 102-day) supply

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Dental administrator is changing; update will be on the new ID card	Delta Dental of MN - Customer Service (866) 502-9753; (TTY: 711)	Delta Dental of WI - Customer Service (866) 548-0292; (TTY: 711)
Hearing vendor Information will be updated on your ID card	Benefit offered through NationsHearing (877) 212-0859; TTY 711	Benefit offered through TruHearing (833) 455-7672; TTY 711
ID Card A new ID card will be provided	ID card is for Great Plains Medicare Advantage (HMO I-SNP) H8967-02	A new ID card will be issued for Great Plains Medicare Advantage (HMO I-SNP) H1787-02
Prescription coverage • days supply • long-term supply • out-of-network (oon) supply	30, 60, 90 days 31 days 10 days	34, 68, 102 days 34 days 33 days

	2026 (this year)	2027 (next year)
Prior authorization required • Non-emergency ground or air ambulance services • Diabetic supplies • Diabetic therapeutic shoes/inserts • Medicare Part B Insulin Drugs	Not required	Required
Prior authorization not required • Home Health Services	Required	Not required
Quality Improvement Organization for North Dakota	Commence Health BFCC-QIO Call: (888) 755-5580 TTY: (888) 985-8775 Write: P.O. Box 2687 Virginia Beach, VA 23450 Website: commencehealthqio.cms.gov	Acentra Health Call: (888) 317-0891 TTY: 711 Write: 1650 Summit Lake Dr., Suite 102, Tallahassee, FL 32317 Website: AcentraQIO.com
Service area updated North Dakota: Barnes, Burleigh, Cass, Dickey, Grand Forks, Hettinger, McHenry, McLean, Morton, Nelson, Ramsey, Ransom, Renville, Richland, Stark, Stutsman, Traill, Walsh, Ward	Not covered under contract H1787	Select North Dakota counties added

	2026 (this year)	2027 (next year)
Telehealth Benefit (added covered services) Air Ambulance Services; Ambulatory Surgical Center (ASC) Services; Diagnostic Procedures/Tests; EKG following Welcome Visit; Emergency Services; Eye Exams; Glaucoma Screening; Ground Ambulance Services; Group Sessions for Mental Health Specialty Services; Group Sessions for Outpatient Substance Abuse; Hearing Exams; Home Health Services; Individual Sessions for Mental Health Specialty Services; Individual Sessions for Outpatient Substance Abuse; Intensive Outpatient Program Services; Observation Services; Occupational Therapy Services; Opioid Treatment Program Services; Other Health Care Professional; Outpatient Hospital Services; Partial Hospitalization Program; Physical Therapy and Speech Language Pathology Services; Podiatry Services; Skilled Nursing Facility (SNF); Urgently Needed Services	Telehealth services listed *not* offered	Telehealth services listed offered

SECTION 3 How to Change Plans

To stay in Great Plains Medicare Advantage Gold (HMO I-SNP) you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Great Plains Medicare Advantage Gold (HMO I-SNP).

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

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Great Plains Medicare Advantage Gold (HMO I-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Great Plains Medicare Advantage Gold (HMO I-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-877-492-5189 (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 Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

As a reminder, Great Plains Medicare Advantage offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

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

Section 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 HIV Drug Assistance Program . For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-701-328-2378. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-877-873-5611 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Great Plains Medicare Advantage

- To contact us:
  - Log in to your Great Plains Medicare Advantage account and live chat with a Customer Service representative.
  - Send us an email at memberservices@greatplainsmedicareadvantage.com
  - **Call Customer Service at 1-877-492-5189. (TTY users call 711.)**

    We're available for phone calls 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Great Plains Medicare Advantage Gold (HMO I-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.greatplainsmedicareadvantage.com/member-resources or call Customer Service at 1-877-492-5189 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.greatplainsmedicareadvantage.com**

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

Get Free Counseling about Medicare

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

Call the North Dakota State Health Assistance Program (NDSHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call NDSHIP at 1-888-575-6611. Learn more about SHIINE by visiting www.shiine.net.

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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit Medicare.gov**

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

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

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