

UCLA Health Medicare Advantage Principal Plan (HMO) offered by UCLA Health Medicare Advantage Plan

Annual Notice of Change for 2027

You're enrolled as a member of UCLA Health Medicare Advantage Principal Plan.

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

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in UCLA Health Medicare Advantage Principal Plan.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at uclahealthmedicareadvantage.org/resources or call Member Services at 1-833-627-8252 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-833-627-8252 (TTY users call 711) for more information. Hours are 8am - 8pm PT, Monday - Friday, April 1 through September 30, except on all federal holidays. Hours are 8am - 8pm PT, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day. This call is free.
- This document is also available in alternate formats (e.g. braille, large print, audio). To get this document in an alternate format, call Member Services at 1-833-627-8252 (TTY users call 711).

About UCLA Health Medicare Advantage Principal Plan

- UCLA Health Medicare Advantage Plan (HMO) has a contract with Medicare and enrollment in the plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means UCLA Health Medicare Advantage Plan. When it says “plan” or “our plan,” it means UCLA Health Medicare Advantage Principal Plan.

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in UCLA Health Medicare Advantage Principal Plan.** Starting January 1, 2027, you'll get your medical and drug coverage through UCLA Health Medicare Advantage Principal Plan (HMO). Go to Section 2 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027	4
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	6
Section 1.3 Changes to the Provider Network	7
Section 1.4 Changes to the Pharmacy Network	7
Section 1.5 Changes to Benefits & Costs for Medical Services	7
Section 1.6 Changes to Part D Drug Coverage	12
Section 1.7 Changes to Prescription Drug Benefits & Costs	12
SECTION 2 How to Change Plans	14
Section 2.1 Deadlines for Changing Plans	15
Section 2.2 Are there other times of the year to make a change?	15
SECTION 3 Get Help Paying for Prescription Drugs	15
SECTION 4 Questions?	16
Get Help from UCLA Health Medicare Advantage Principal Plan	16
Get Free Counseling about Medicare	17
Get Help from Medicare	17

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$2,499	\$2,499
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$0 per visit	\$0 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.	\$200 per stay	\$200 per stay
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0 deductible applies to Tiers 1 and 2, and \$250 deductible applies to Tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$0	Part D drug coverage deductible \$0 deductible applies to Tiers 1 and 2, and \$300 deductible applies to Tiers 3, 4, and 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$0

	2026 (this year)	2027 (next year)
	Drug Tier 3: \$47 per month supply. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 45% coinsurance Drug Tier 5: 30% coinsurance Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit	Drug Tier 3: \$47 per month supply. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 27% coinsurance Drug Tier 5: 30% coinsurance Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

Cost	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 (There is no change for the upcoming benefit year)

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.

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) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$2,499	\$2,499 (There is no change for the upcoming benefit year) Once you've paid \$2,499 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* uclahealthmedicareadvantage.org/providers 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 uclahealthmedicareadvantage.org.
- Call Member Services at 1-833-627-8252 (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 1-833-627-8252 (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* uclahealthmedicareadvantage.org/pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at uclahealthmedicareadvantage.org.
- Call Member Services at 1-833-627-8252 (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 1-833-627-8252 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture services (Routine/ Non-Medicare-covered)	\$0 copayment for up to 12 visits per year through the plan's designated vendor, WholeHealth Living.	\$0 copayment for up to 12 visits per year through the plan's designated vendor, American Specialty Health Group (ASH).

	2026 (this year)	2027 (next year)
		Services may be subject to medical necessity review. Refer to your 2027 plan materials to locate an ASH network provider.
Chiropractic services (Routine/ Non-Medicare-covered)	\$0 copayment for up to 12 visits per year through the plan's designated vendor, WholeHealth Living.	\$0 copayment for up to 12 visits per year through the plan's designated vendor, American Specialty Health Group (ASH). Services may be subject to medical necessity review. Refer to your 2027 plan materials to locate an ASH network provider.
Dental services (Routine/ Non-Medicare-covered)	• \$0 copayment for covered diagnostic and preventive services like cleanings, exams, fluoride and x-rays. • \$7 to \$410 copayment for covered restorative and endodontic services like fillings, crowns and root canals. • \$0 to \$130 copayment for periodontic services like gum disease treatment. • \$16 to \$656 copayment for prosthodontic services like dentures. • \$3 to \$152 copayment for oral surgery services like extractions. • \$0 to \$64 copayment for adjunctive services like palliative care, local and general anesthesia.	• \$0 copayment for covered diagnostic and preventive services like cleanings, exams, fluoride and x-rays. • \$7 to \$410 copayment for covered restorative and endodontic services like fillings, crowns and root canals. • \$0 to \$130 copayment for periodontic services like gum disease treatment. • \$16 to \$656 copayment for prosthodontic services like dentures. • \$3 to \$152 copayment for oral surgery services like extractions.

	2026 (this year)	2027 (next year)
		• \$0 to \$18 copayment for adjunctive services like palliative care, local and general anesthesia. We have updated the list of covered dental procedures. Refer to the Delta Dental Evidence of Coverage for a full list of covered services and plan limitations.
Fitness benefit	\$0 copayment for an Online Fitness Benefit which includes: • live virtual and pre-recorded fitness classes • educational resources • personalized programming	\$0 copayment for the SilverSneakers® health and fitness program which includes a standard monthly membership at a participating fitness center, online classes, workshops and more.
Flex allowance Smart Benefits Card &more	\$500 allowance per year on your Smart Benefits Card &more to pay for covered dental, vision and hearing services at approved providers.	Flex allowance is <u>not</u> covered.
Hearing services (Routine/ Non-Medicare-covered) - Hearing aids	Up to two (2) hearing aids from the TruHearing Catalog every 1 year (limit 1 hearing aid per ear) \$295 copayment per aid for Basic aids or \$695 copayment per aid for Standard aids or \$1,095 copayment per aid for Advanced aids or \$1,495 copayment per aid for Premium aids	Up to two (2) hearing aids from the TruHearing Catalog every 2 years (limit 1 hearing aid per ear) \$295 copayment per aid for Basic aids or \$695 copayment per aid for Standard aids or \$1,095 copayment per aid for Advanced aids or \$1,495 copayment per aid for Premium aids

	2026 (this year)	2027 (next year)
In-home care services	\$0 copayment for up to 8 hours per month of in-home personal care services such as companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over to the following month.	\$0 copayment for up to 48 hours per year of in-home personal care services such as companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over to the following year.
Telehealth	\$0 copayment for additional Telehealth services covered beyond Original Medicare including Primary Care Provider (PCP), specialist services, and urgently needed services. Prior authorization or referral are not required for additional Telehealth services.	\$0 copayment for additional Telehealth services covered beyond Original Medicare including PCP, specialist services, urgently needed services, and services from other health care professionals. Prior authorization or referral may be required. Refer to your PCP for any prior authorization or referral requirements.
Transportation (Routine)	\$0 copayment for up to 12 one-way rides to plan-approved health-related locations through plan's designated vendor. Each ride counts as one-way and each one-way ride cannot exceed 30 miles.	\$0 copayment for up to 12 one-way rides to plan-approved health-related locations through plan's designated vendor. Each ride counts as one-way and each one-way ride cannot exceed 40 miles.
Vision care - Eyewear after cataract surgery	\$0 copayment for up to a maximum benefit of \$150 allowance for one pair of eyeglasses or contact lenses after cataract surgery, offered through the plan's designated vendor, EyeMed.	\$0 copayment for eyeglasses or contact lenses after cataract surgery offered through your PCP's office. Prior authorization or referral may be required for eyeglasses or contact lenses after cataract surgery.

	2026 (this year)	2027 (next year)
		Refer to your PCP for any prior authorization or referral requirements.

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 uclahealthmedicareadvantage.org/formulary.

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 1-833-627-8252 (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 30, 2026, call Member Services at 1-833-627-8252 (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 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) 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	\$250 deductible During this stage, you pay \$0 cost sharing for drugs on Tiers 1 (Preferred Generic), 2 (Generic), and the full cost of drugs on Tiers 3 (Preferred Brand), 4 (Non-Preferred Drug) and 5 (Specialty Tier) until you've reached the yearly deductible.	\$300 deductible During this stage, you pay \$0 cost sharing for drugs on Tiers 1(Preferred Generic), 2 (Generic), and the full cost of drugs on Tiers 3 (Preferred Brand), 4 (Non-Preferred Drug) and 5 (Specialty Tier) until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy.

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 \$2,400 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)
Preferred Generic Drugs:	\$0 copayment	\$0 copayment
Generic Drugs:	\$0 copayment	\$0 copayment
Preferred Brand Drugs:	\$47 copayment	\$47 copayment
Non-Preferred Drugs:	45% of the total cost	27% of the total cost
Specialty Tier Drugs:	30% of the total cost	30% of the total cost

SECTION 2 How to Change Plans

To stay in UCLA Health Medicare Advantage Principal Plan, 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 UCLA Health Medicare Advantage Principal Plan.

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 UCLA Health Medicare Advantage Principal Plan. 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 separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from UCLA Health Medicare Advantage Principal Plan.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-833-627-8252 (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](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, UCLA Health Medicare Advantage Plan offers another Medicare health plan. The other plan can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

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

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

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.
- **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 California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-844-421-7050. 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 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 1-833-627-8252 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 Questions?

Get Help from UCLA Health Medicare Advantage Principal Plan

- **Call Member Services at 1-833-627-8252. (TTY users call 711.)**
We're available for phone calls, hours are 8am - 8pm PT, Monday - Friday, April 1 through September 30, except on all federal holidays. Hours are 8am - 8pm PT, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day. 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 UCLA Health Medicare Advantage Principal Plan (HMO). 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 uclahealthmedicareadvantage.org or call Member Services at 1-833-627-8252 (TTY users call 711) to ask us to mail you a copy.

- **Visit uclahealthmedicareadvantage.org**

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 California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP).

Call Health Insurance Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222. Learn more about Health Insurance Counseling and Advocacy Program (HICAP) by visiting aging.ca.gov/hicap/ or healthcarerights.org in Los Angeles County.

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](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit [Medicare.gov](https://www.medicare.gov)**

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

- **Read Medicare & You 2027**

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

Required Information:

UCLA Health Medicare Advantage Plan (HMO) has a contract with Medicare and enrollment in the plan depends on contract renewal. UCLA Health Medicare Advantage Plan includes Part D drug coverage. To enroll in UCLA Health Medicare Advantage Plan, you must have both Medicare Parts A and B and reside in the plan service area, Los Angeles County. In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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