Solis Guardian Plan (HMO D-SNP) offered by Solis Health Plans, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Solis Guardian Plan (HMO D-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 Solis Guardian Plan (HMO D-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 www.solishealthplans.com or call Member Services at 1-844-447-6547 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in Florida and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication. See the Notice of Availability at the end of this material.
- Call Member Services at 1-844-447-6547 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1 - September 30. This call is free.
- To request a document in an alternative format, such as large print, braille or audio please contact Member Services at 1-844-447-6547.

About Solis Guardian Plan (HMO D-SNP)

- Solis Health Plans, Inc., is an HMO plan with a Medicare contract. Enrollment in Solis Health Plans, Inc., depends on contract renewal. Our plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.

- When this material says “we,” “us,” or “our,” it means Solis Health Plans, Inc. When it says “plan” or “our plan,” it means Solis Guardian Plan (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Solis Guardian Plan (HMO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through Solis Guardian Plan (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- Solis Health Plans, Inc. is a DSNP with a Florida Medicaid Contract.
- The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the DSNP.
- Limitations, copayments, and/or restrictions may apply.
- Benefits, preferred drug list, pharmacy network, premium and/or co-payments/ co-insurance may change.

Table of Contents

Summary of Important Costs for 2026 4

SECTION 1 Changes to Benefits & Costs for Next Year 7
Section 1.1 Changes to the Monthly Plan Premium 7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 7
Section 1.3 Changes to the Provider Network 8
Section 1.4 Changes to the Pharmacy Network 8
Section 1.5 Changes to Benefits & Costs for Medical Services 9
Section 1.6 Changes to Part D Drug Coverage 13
Section 1.7 Changes to Prescription Drug Benefits & Costs 14

SECTION 2 Administrative Changes 18

SECTION 3 How to Change Plans 19
Section 3.1 Deadlines for Changing Plans 19
Section 3.2 Are there other times of the year to make a change? 19

SECTION 4 Get Help Paying for Prescription Drugs 20

SECTION 5 Questions? 21
Get Help from Solis Guardian Plan (HMO D-SNP) 21
Get Help from Medicare 22
Get Help from Medicaid 22

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$20.30	**$4.80**
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 1.2 for details.)	$3,400 If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	**$3,400** **If you are eligible for Medicare cost-sharing help under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.**
Primary care office visits	$0 per visit	**$0 per visit**
Specialist office visits	$0 per visit	**$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 discharged is your last inpatient day.	$0 per stay	**$0 per stay**

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	If you receive Extra Help this payment stage does not apply to you. If you do not receive Extra Help your deductible is $590 except for covered insulin products and most adult Part D vaccines.	**If you receive Extra Help this payment stage does not apply to you.** **If you do not receive Extra Help your deductible is $615 except for covered insulin products and most adult Part D vaccines.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) **The amount you pay depends on the level of Extra Help you receive. Please refer to your LIS Rider for more information about your actual drug costs.*	**If you receive Extra Help your copayment during the Initial Coverage Stage:**	
	Drug Tier 1: $0 copayment	**Drug Tier 1:** **$0 copayment**
	Drug Tier 2: $0 copayment	**Drug Tier 2:** **$0 copayment**
	Drug Tier 3: $0 copayment	**Drug Tier 3:** **$0-$12.65 copayment***
	Drug Tier 4: $0 copayment	**Drug Tier 4:** **$0-$12.65 copayment***
	Drug Tier 5: $0 copayment	**Drug Tier 5:** **$0-$12.65 copayment***
	Drug Tier 6: $0 copayment	**Drug Tier6:** **$0 copayment**
	If you <u>do not</u> receive Extra Help your copayment/ coinsurance during the Initial Coverage Stage:	
	Drug Tier 1: 25% of the total cost	**Drug Tier 1:** **$0 copayment**

	2025 (this year)	2026 (next year)
	Drug Tier 2: 25% of the total cost	**Drug Tier 2:** **$0 copayment**
	Drug Tier 3: 25% of the total cost	**Drug Tier 3:** **25% of the total cost**
	You pay $35 per month supply of each covered insulin product on this tier.	**You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 4: 25% of the total cost	**Drug Tier 4:** **25% of the total cost**
	Drug Tier 5: 25% of the total cost	**Drug Tier 5:** **25% of the total cost**
	Drug Tier 6: $0 copayment	**Drug Tier 6:** **$0 copayment**
	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.	**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

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$20.30	**$4.80**

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 Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments **count** toward your maximum out-of-pocket amount. Our plan	$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.**

	2025 (this year)	2026 (next year)
premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider/Pharmacy Directory at www.solishealthplans.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.solishealthplans.com.
- Call Member Services at 1-844-447-6547 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy 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 1-844-447-6547 (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/Pharmacy Directory* at www.solishealthplans.com to see which pharmacies are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at www.solishealthplans.com.
- Call Member Services at 1-844-447-6547 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider/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 1-844-447-6547 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Acupuncture Services (Supplemental)	$0 copayment for 24 non-Medicare covered routine acupuncture visits per year.	**Non-Medicare covered routine acupuncture is not covered.**
Air Ambulance Services	$0 copayment for air ambulance services.	**20% of the total cost for air ambulance services.** **The coinsurance is not waived if you are admitted to the hospital.** **If you are eligible for Medicare cost-sharing help under Medicaid, you pay 0% of the total cost.**
Chiropractic Services (Supplemental)	$0 copayment for unlimited non-Medicare covered routine chiropractic visits per year.	**$0 copayment for 12 non-Medicare covered routine chiropractic visits per year.**
Dental Services (Supplemental)	$0 copayment for non-Medicare covered supplemental dental services. The plan covers up to a $5,000 allowance for covered preventive and comprehensive dental services each year.	**$0 copayment for non-Medicare covered supplemental dental services.** **The plan covers up to a $5,000 allowance for covered preventive and comprehensive dental services each year.**

	Unused amounts expire at the end of the calendar year. The allowance can be used for most dental services such as exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals, crowns implants, and dentures. *Referral is required for comprehensive dental services.* The supplemental dental benefits and dental provider network is managed through FCL Dental.	**Unused amounts expire at the end of the calendar year.** **The allowance can be used for most dental services such as exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals, crowns, implants, and dentures.** **<u>New for 2026:</u> The list of covered dental procedure codes has been updated. Frequency limits by procedure code will now apply to certain covered dental services. In addition, procedure codes that fall under Other Preventive Dental Services and Other Diagnostic Dental Services categories are <u>not</u> covered. For details about covered procedure codes and frequency limits, please visit www.solishealthplans.com/2026/member-resources and download the 2026 Dental Guide.** ***Referral is <u>not</u> required for comprehensive dental services.*** **The supplemental dental benefits and dental provider network is managed through DentaQuest.**

Diabetic Testing Supplies	\$0 copayment Diabetic testing supplies (meters, strips AND LANCETS) obtained through the pharmacy are limited to Trividia (Trumetrix®) and Lifescan (OneTouch®) branded products.	**\$0 copayment** **Diabetic testing supplies (meters, strips AND LANCETS) obtained through the pharmacy are limited to Trividia (Trumetrix®) and Roche (Accu-check®) branded products.**
Healthy Living Allowance Special Supplemental Benefits for the Chronically Ill (SSBCI)	The plan offers a \$180 monthly allowance on a prepaid card. This allowance can be used to buy approved food, produce and pet supplies from participating retail locations. It can also be used to pay for home pest control services, non-medical transportation costs like Uber and Lyft and help to pay utilities, rent, and/or mortgage payments where card payments are accepted. Unused amounts expire at the end of each month. This benefit is a Value Based Insurance Design (VBID) Benefit If you receive "Extra Help" to pay for your Medicare prescription drug program costs, you are eligible for this benefit through the plan's participation in the Value-Based Insurance Design (VBID) model.	**The plan offers a \$200 monthly allowance on a prepaid card.** **This allowance can be used to buy approved food and produce or pet services and supplies from participating retail locations.** **It can also be used to pay for home pest control services and non-medical transportation costs like Uber and Lyft where card payments are accepted.** **Unused amounts expire at the end of each month.** **Rent and/or mortgage payment assistance is <u>not</u> covered.** **To be eligible for this SSBCI benefit you must have a chronic condition such as diabetes, cardiovascular disease, chronic heart failure, dementia, or hypertension. Your condition must also limit your overall health or function, put you at high risk of hospitalization, and**

		require intensive care coordination. **For additional coverage criteria and other eligible conditions, see chapter 4 of the Evidence of Coverage.** **Not all members will qualify.**
Hearing Services (Supplemental)	$0 copayment for unlimited non-Medicare covered routine hearing exams. $0 copayment for unlimited non-Medicare covered routine hearing aid fitting evaluations.	**$0 copayment for 1 non-Medicare covered routine hearing exam.** **$0 copayment for 1 non-Medicare covered routine hearing aid fitting evaluation.**
Intensive Outpatient Program Services	$0 copayment per day.	**$180 copayment per day.** **If you are eligible for Medicare cost-sharing help under Medicaid, you pay a $0 copayment amount.**
Nutritional & Dietary Education (Supplemental)	$0 copayment for unlimited non-Medicare covered routine nutritional counseling sessions.	**Non-Medicare covered routine nutritional counseling is <u>not</u> covered.**
Over the Counter	This plan covers up to $125 every month for approved OTC items. Unused amounts expire at the end of every month.	**This plan covers up to $118 every month for approved OTC items.** **Unused amounts expire at the end of every month.**
Papa® (In home support/ companionship)	$0 copayment for 96 hours annually (up to 8 hours max per month).	**$0 copayment for 48 hours annually.**

Podiatry Services (Medicare-covered)	*Prior authorization is required.*	***Prior authorization is <u>not</u> required.***
Podiatry Services (Supplemental)	$0 copayment for unlimited non-Medicare covered routine podiatry visits per year. *Prior authorization is required.*	**$0 copayment for 12 non-Medicare covered routine podiatry visits per year.** ***Prior authorization is <u>not</u> required.***
Smoking and Tobacco Cessation (Supplemental)	$0 copayment for 12 non-Medicare covered smoking and tobacco cessation counseling sessions.	**Non-Medicare covered smoking and tobacco cessation counseling is <u>not</u> covered.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-844-447-6547 (TTY users call 711) for more information.

Starting in 2026, we may immediately remove brand name drugs or original biological products on our Drug List if, we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

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. You can also call Member Services at 1-844-447-6547 (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 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 about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-844-447-6547 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

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

  You start in this payment stage each calendar year.

  If you receive Extra Help this payment stage does not apply to you.

  If you do not receive Extra Help during this stage, you pay the full cost of your Tiers 3-5 drugs until you reach the yearly deductible.

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

  If you receive Extra Help, 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 out-of-pocket costs reach $2,100.

  If you do not receive Extra Help, 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 out-of-pocket 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.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	If you receive Extra Help this payment stage does not apply to you.	**If you receive Extra Help this payment stage does not apply to you.**
	If you do not receive Extra Help your deductible is $590.	**If you do not receive Extra Help your deductible is $615.**
	During this stage, you pay $0 cost sharing for drugs on Tier 6 and the full cost of drugs on Tiers 1-5 until you've reached the yearly deductible.	**During this stage, you pay $0 cost sharing for drugs on Tiers 1, 2 and 6 and the full cost of drugs on Tiers 3-5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

If you do not receive Extra Help, for drugs on Tiers 1 and 2, your cost sharing in the Initial Coverage Stage is changing from coinsurance to a copayment. 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 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)**
	If you receive Extra Help, you pay the following:	
Tier 1 Preferred Generic:	$0 copayment	**$0 copayment**
Tier 2 Generic:	$0 copayment	**$0 copayment**
Tier 3 Preferred Brand:	$0 copayment	**$0-$12.65 copayment***
	You pay $0 per month supply of each covered insulin product on this tier.	**You pay no more than $12.65* per month supply of each covered insulin product on this tier.**
Tier 4 Non-Preferred Drug:	$0 copayment	**$0-$12.65 copayment***
Tier 5 Specialty Tier:	$0 copayment	**$0-$12.65 copayment***

	2025 (this year)	2026 (next year)
Tier 6 Supplemental Drugs: 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. **The amount you pay depends on the level of Extra Help you receive. Please refer to your LIS Rider for more information about your actual drug costs.*	$0 copayment	**$0 copayment**
	If you <u>do not</u> receive Extra Help, you pay the following:	
Tier 1 Preferred Generic:	25% of the total cost	**$0 copayment**
Tier 2 Generic:	25% of the total cost	**$0 copayment**
Tier 3 Preferred Brand:	25% of the total cost	**25% of the total cost**
Tier 4 Non-Preferred Drug:	25% of the total cost	**25% of the total cost**
Tier 5 Specialty Tier:	25% of the total cost	**25% of the total cost**
Tier 6 Supplemental Drugs: 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.	$0 copayment	**$0 copayment**

Changes to your VBID Part D Benefit

In 2026 the Value Based Insurance Design (VBID) Benefit Model is being eliminated. If you receive Extra Help in 2025, you pay $0 copayment for all covered Part D drugs through all stages.

If you receive Extra Help in 2026, your copayment will be $0 for covered Part D drugs in Tiers 1, 2 and 6. You will pay your LIS copayment amount for covered Part D drugs in Tiers 3-5. Please refer to your LIS Rider for specific copayment amounts.

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)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at 1-833-246-7515 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in Solis Guardian Plan (HMO D-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 Solis Guardian Plan (HMO D-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 Solis Guardian Plan (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Solis Guardian Plan (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-844-447-6547 (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 Chapter 1, Section 4.3 of your *Evidence of Coverage*).
- **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

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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 Florida AIDS 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 Florida HIV/AIDS Hotline

at 1-800-352-2437 (English) / 1-800-545-7432 (Spanish) /1-800-243-7101 (Creole) / 1-888-503-7118 (TTY*)*. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-844-447-6547 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Solis Guardian Plan (HMO D-SNP)

- **Call Member Services at 1-844-447-6547. (TTY users call 711.)**

  We're available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week from October 1st – March 31st and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1st-September 30th. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Solis Guardian Plan (HMO D-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.solishealthplans.com or call Member Services at 1-844-447-6547 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.solishealthplans.com**

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

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

Get Help from Medicaid

Call Florida Medicaid at 1-888-419-3456. TTY users 1-800-955-8771 for help with Medicaid enrollment or benefit questions.