WyoBlue Advantage Essential PPO offered by WyoBlue Advantage Insurance Company

Annual Notice of Change for 2027

You're enrolled as a member of WyoBlue Advantage Essential PPO.

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, 2026, you'll stay in WyoBlue Advantage Essential PPO.
- 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 **WyoBlueAdvantage.com/member-resources** or call Customer Service at **1-844-682-9966** (TTY users call **711**) to get a copy by mail.

More Resources

- Call Customer Service at **1-844-682-9966** (TTY users call **711**). Hours are from 8 a.m. to 8 p.m. Mountain time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This document is available for free in large print and other alternate formats.

About WyoBlue Advantage Essential PPO

- WyoBlue Advantage Essential PPO is a PPO plan with a Medicare contract. Enrollment in WyoBlue Advantage Essential PPO depends on contract renewal.
- When this material says "we," "us," or "our," it means WyoBlue Advantage Insurance Company. When it says "plan" or "our plan," it means WyoBlue Advantage Essential PPO.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in WyoBlue Advantage Essential PPO.** Starting January 1, 2027, you'll get your medical and drug coverage through WyoBlue Advantage Essential PPO. Go to Section 3 for more information about how to change plans and deadlines for making a change.

H9326_27WyoPPOEssANOC_M CMS Accepted 08312026
OMB Approval 0938-1051 (Expires: July 31, 2029)

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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.	$59	**$69**
Deductible	$200 except for insulin furnished through an item of durable medical equipment.	$200 except for insulin furnished through an item of durable medical equipment.
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.)	From network providers: $9,250 From network and out-of-network providers combined: $9,250	**From network providers: $9,850** **From network and out-of-network providers combined: $9,850**
Primary care office visits	**In- and Out-of-Network** $0 copayment per visit	**In- and Out-of-Network** **$0 copayment per visit**
Specialist office visits	**In- and Out-of-Network** $55 copayment per visit	**In- and Out-of-Network** **$55 copayment 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.	**In- and Out-of-Network** Days 1-4: $450 copayment, after deductible, per day. $0 copayment, after deductible, per day for additional days.	**In- and Out-of-Network** **Days 1-4: $485 copayment, after deductible, per day.** **$0 copayment, after deductible, per day for additional days.**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible	**Part D drug coverage deductible**
	$0 deductible for Tier 1. $615 deductible for Tiers 2, 3, 4, and 5. Deductible does not apply to covered insulin products and most adult Part D vaccines.	**$0 deductible for Tier 1. $700 deductible for Tiers 2, 3, 4, and 5. Deductible does not apply to covered insulin products and most adult Part D vaccines.**
	Copayment/Coinsurance during the Initial Coverage Stage:	**Copayment/Coinsurance during the Initial Coverage Stage:**
	Standard retail pharmacy:	**Standard retail pharmacy:**
	Drug Tier 1: $9	**Drug Tier 1: $10**
	Drug Tier 2: $14	**Drug Tier 2: $15**
	Drug Tier 3: 20% You pay no more than $35 per month supply of each covered insulin product on this tier.	**Drug Tier 3: 21%** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 4: 35% You pay no more than $35 per month supply of each covered insulin product on this tier.	**Drug Tier 4: 31%** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 5: 25% You pay no more than $35 per month supply of each covered insulin product on this tier.	**Drug Tier 5: 25%** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
	Preferred retail & Mail-order pharmacy:	**Preferred retail & Mail-order pharmacy:**
	Drug Tier 1: $4	**Drug Tier 1: $5**
	Drug Tier 2: $9	**Drug Tier 2: $10**
	Drug Tier 3: 20%	**Drug Tier 3: 21%**
	You pay no more than $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: 35% You pay no more than $35 per month supply of each covered insulin product on this tier.	**Drug Tier 4: 31%** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 5: 25%	**Drug Tier 5: 25%**
	You pay no more than $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.**
	Catastrophic Coverage Stage:	**Catastrophic Coverage Stage:**
	During this payment stage, you pay nothing for your covered Part D drugs.	**During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$59	**$69**

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 1.6 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 (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$9,250	**$9,850** **Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.**
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$9,250	**$9,850** **Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider and Pharmacy Network

Our network of providers has changed for next year. Review the 2027 *Provider/Pharmacy Directory* **WyoBlueAdvantage.com/find-a-doc** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

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 **1-844-682-9966** (TTY users call **711**) for help. You may have a special enrollment period if your provider leaves the plan 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Provider/Pharmacy Directory* at **WyoBlueAdvantage.com/pharmacies** to see which pharmacies are in our network.

Here's how to get an updated *Provider/Pharmacy Directory:*

- For provider information, visit our website at **WyoBlueAdvantage.com/find-a-doc**.
- For pharmacy information, visit our website at **WyoBlueAdvantage.com/pharmacies**.
- Call Customer Service at **1-844-682-9966** (TTY users call **711**) to get current provider or 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 Customer Service at **1-855-205-4426** (TTY users call **711**) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Dental services	**Supplemental Benefits Flex Card allowance** Our plan provides a $600 Supplemental Benefits Flex Card allowance per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.	**Supplemental Benefits Flex Card allowance Our plan provides a $625 Supplemental Benefits Flex Card allowance per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.**

	2026 (this year)	2027 (next year)
Hearing services	**Supplemental Benefits Flex Card allowance** For services other than a Routine Hearing Exam, our plan provides a $600 Supplemental Benefits Flex Card allowance per year for non-Medicare covered services related to dental services, hearing aids, or eyewear.	**Supplemental Benefits Flex Card allowance** **For services other than a Routine Hearing Exam, our plan provides a $625 Supplemental Benefits Flex Card allowance per year for non-Medicare covered services related to dental services, hearing aids, or eyewear.**
Inpatient hospital care	Days 1-4: $450 copayment, after deductible, per day. $0 copayment, after deductible, per day for additional days.	**Days 1-4: $485 copayment, after deductible, per day.** **$0 copayment, after deductible, per day for additional days.**
Inpatient services in a psychiatric hospital	Days 1-4: $450 copayment, after deductible, per day. Days 5-90: $0 copayment, after deductible, per day. $0 copayment, after deductible, per day for days 91-190 until lifetime limitation is exhausted.	**Days 1-4: $485 copayment, after deductible, per day.** **Days 5-90: $0 copayment, after deductible, per day.** **$0 copayment, after deductible, per day for days 91-190 until lifetime limitation is exhausted.**

	2026 (this year)	2027 (next year)
Supplemental Benefits Flex Card	You have a $600 allowance per year for non-Medicare covered supplemental services related to dental care, hearing aids, or eyewear.	**You have a $625 allowance per year for non-Medicare covered supplemental services related to dental care, hearing aids, or eyewear.**
Vision care **Enhanced vision benefits beyond Original Medicare**		
Routine eye exam every 12 months	$0 copayment for a routine eye exam through a VSP provider	**$15 copayment for a routine eye exam through a VSP provider**
Supplemental Benefits Flex Card Allowance	For services other than a Routine Eye Exam, our plan provides a $600 allowance per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.	**For services other than a Routine Eye Exam, our plan provides a $625 allowance per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.**

Section 1.5 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 and posted online at **WyoBlueAdvantage.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 **1-855-205-4426** (TTY users call **711**) for more information.

Section 1.6 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 don't receive this material by October 31, 2026, call Customer Service at **1-844-682-9966** (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 Tiers 2, 3, 4, and 5 drugs until you reach 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 Out-of-Pocket 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	The deductible is $0 for Tier 1. $615 deductible for Tiers 2, 3, 4, and 5. Deductible does not apply to covered insulin products and most adult Part D vaccines. During this stage, you pay $9 cost sharing (at a standard retail pharmacy) or $4 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 1: Preferred Generic; and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier drugs until you've reached the yearly deductible.	**The deductible is $0 for Tier 1. $700 deductible for Tiers 2, 3, 4, and 5. Deductible does not apply to covered insulin products and most adult Part D vaccines.** **During this stage, you pay $10 cost sharing (at a standard retail pharmacy) or $5 cost sharing (at a preferred retail or mail-order pharmacy) for drugs on Tier 1: Preferred Generic; and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier drugs 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 with standard and preferred cost sharing.

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; at a network pharmacy that offers preferred cost sharing; 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)
Tier 1: **Preferred Generic** 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.	*Standard cost sharing* You pay $9 *Preferred cost sharing* You pay $4 Your cost for a one-month (30 days) mail-order prescription is $4.	***Standard cost sharing*** **You pay $10** ***Preferred cost sharing*** **You pay $5** **Your cost for a one-month (30 days) mail-order prescription is $5.**
Tier 2: **Generic** 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.	*Standard cost sharing* You pay $14 *Preferred cost sharing* You pay $9 Your cost for a one-month (30 days) mail-order prescription is $9.	***Standard cost sharing*** **You pay $15** ***Preferred cost sharing*** **You pay $10** **Your cost for a one-month (30 days) mail-order prescription is $10.**
Tier 3: **Preferred Brand** 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.	*Standard cost sharing* You pay 20% of the total cost *Preferred cost sharing* You pay 20% of the total cost	***Standard cost sharing*** **You pay 21% of the total cost** ***Preferred cost sharing*** **You pay 21% of the total cost**

	2026 (this year)	2027 (next year)
	Your cost for a one-month (30 days) mail-order prescription is 20% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**Your cost for a one-month (30 days) mail-order prescription is 21% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 4: **Non-Preferred Drug** 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.	*Standard cost sharing* You pay 35% of the total cost *Preferred cost sharing* You pay 35% of the total cost Your cost for a one-month (30 days) mail-order prescription is 35% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing*** **You pay 31% of the total cost** ***Preferred cost sharing*** **You pay 31% of the total cost** **Your cost for a one-month (30 days) mail-order prescription is 31% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 5: **Specialty Tier** 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.	*Standard cost sharing* You pay 25% of the total cost *Preferred cost sharing* You pay 25% of the total cost	***Standard cost sharing*** **You pay 25% of the total cost** ***Preferred cost sharing*** **You pay 25% of the total cost**

	2026 (this year)	2027 (next year)
	Your cost for a one-month (30 days) mail-order prescription is 25% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**Your cost for a one-month (30 days) mail-order prescription is 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

WyoBlue Advantage's pharmacy network includes limited lower-cost, preferred pharmacies in Wyoming. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-855-205-4426** TTY: **711** or consult the online pharmacy directory at **WyoBlueAdvantage.com/pharmacies**.

SECTION 2 Administrative Changes

We are making an administrative change to your plan.

	2026 (this year)	2027 (next year)
Mailing address to pay your plan premium or invoice	WyoBlue Advantage Inc. PO Box 555202 Detroit, MI 48255-5202	**WyoBlue Advantage Inc.** **PO Box 88516** **Chicago, IL 60680-1516**

SECTION 3 How to Change Plans

To stay in WyoBlue Advantage Essential PPO, 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 WyoBlue Advantage Essential PPO.

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 WyoBlue Advantage Essential PPO. 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 WyoBlue Advantage Essential PPO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-844-682-9966 (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, WyoBlue Advantage Insurance Company offers other Medicare health 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 can 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 can 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 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 Wyoming Department of Health (**health.wyo.gov/publichealth/communicable-disease-unit/hiv-treatment-program/hiv-treatment-resources-for-patients/**). 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 1-307-777-6563. 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 1-844-682-9966 (TTY users should call 711) or visit **Medicare.gov**.

SECTION 5 Questions?

Get Help from WyoBlue Advantage Essential PPO

- Call Customer Service at 1-844-682-9966. (TTY users call 711.)

  We're available for phone calls from 8 a.m. to 8 p.m. Mountain time, Monday through Friday, with weekend hours October 1 through March 31. 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 WyoBlue Advantage Essential PPO. 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 **WyoBlueAdvantage.com/member-resources** or call Customer Service at 1-844-682-9966 (TTY users call 711) to ask us to mail you a copy.

- **Visit WyoBlueAdvantage.com/member-resources**

  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 Wyoming, the SHIP is called Wyoming State Health Insurance Information Program (WSHIIP).

Call Wyoming State Health Insurance Information Program (WSHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Wyoming State Health Insurance Information Program (WSHIIP)at 1-800-856-4398. Learn more about Wyoming State Health Insurance Information Program (WSHIIP) by visiting **wyomingseniors.com**.

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.