



Medical Associates Freedom Plan (Cost) offered by Medical Associates Health Plan, Inc. (MAHP)

Annual Notice of Change for 2026

You're enrolled as a member of **Medical Associates Freedom Plan**.

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

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other Cost plan coverage better meets your needs, you can switch Cost plans anytime the Cost plan is accepting members. You may also change to Original Medicare. For more information see Section 2.1 of this document.**
- 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.mahealthplans.com, or call Member Services at 1-866-821-1365 (TTY users call 1-800-735-2942) to get a copy by mail.

More Resources

- Call Member Services at 1-866-821-1365 for additional information (TTY users call 1-800-735-2942). Hours are 8:00 am to 8:00 pm CST, 7 days a week. This call is free.
- You have the right to get Medicare information in an accessible format, like large print or audio.

About Medical Associates Freedom Plan

- Medical Associates Freedom Plan is a Cost Plan with a Medicare contract. Enrollment in Medical Associates Freedom Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Medical Associates Health Plan, Inc. (MAHP). When it says “plan” or “our plan,” it means Medical Associates Freedom Plan.
- **If you do not sign up for a different Medicare or Medicare drug plan by December 7, 2025, you’ll automatically be enrolled in Medical Associates Freedom Plan.** Starting January 1, 2026, you’ll get your medical coverage through Medical Associates Freedom Plan. Go to Section 2 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Go to Section 1 for details.</p>	\$203.00	\$220.00
<p>Primary care office visits</p>	<p>\$0 copay per visit with a network provider</p> <p>\$25 copay per visit with an out-of-network provider*</p>	<p>\$0 copay per visit with a network provider</p> <p>\$25 copay per visit with an out-of-network provider*</p>
<p>Specialist office visits</p>	<p>\$0 copay per visit with a network provider</p> <p>\$25 copay per visit with an out-of-network provider*</p>	<p>\$0 copay per visit with a network provider</p> <p>\$25 copay per visit with an out-of-network provider*</p>
<p>Inpatient hospital stays</p> <p>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.</p>	<p>\$0 copay per benefit period with a network hospital/provider</p> <p>\$500 copay per admission per benefit period with an out-of-network hospital/provider*</p>	<p>\$0 copay per benefit period with a network hospital/provider</p> <p>\$500 copay per admission per benefit period with an out-of-network hospital/provider*</p>

* 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.

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.)	\$203.00	\$220.00

Section 1.2 Changes to the Provider Network

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

- Visit our website at www.mahealthplans.com.
- Call Member Services at 1-866-821-1365 (TTY users call 1-800-735-2942) 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 1-866-821-1365 (TTY users call 1-800-735-2942) for help.

Section 1.3 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Routine Podiatry Visits	In Network: You pay \$0 for eligible routine services. 6 visits covered per calendar year	In Network: You pay \$0 for eligible routine services. 4 visits covered per calendar year

	2025 (this year)	2026 (next year)
<p>Routine Podiatry Visits (continued)</p>	<p>Out of Network: Routine foot care is not covered out of network.</p>	<p>Out of Network: Routine foot care is not covered out of network.</p>
<p>Out-of-Network Benefits*</p> <p>*The cost-sharing amounts shown here apply for services provided or ordered by an out-of-network provider. The reduced cost-sharing for out-of-network benefits is contingent on certain restrictions and rules, such as prior authorizations for some services. Please see your <i>Evidence of Coverage</i> for a complete explanation of coverage rules regarding reduced cost-sharing for out-of-network benefits.</p>	<p>You pay the amount listed below, or, if it is less, the Original Medicare cost-sharing amount:</p> <p>\$25 copay per physician office or outpatient visit</p> <p>\$25 copay per rehabilitation visit (Note: includes physical, speech, or occupational therapy performed in an office or outpatient setting.)</p> <p>\$500 copay per outpatient surgery or procedure (same-day surgery) in an ambulatory surgery center or outpatient hospital setting. (Note: Cost sharing applies to facility charges only; it does not apply to physician charges)</p>	<p>You pay the amount listed below, or, if it is less, the Original Medicare cost-sharing amount:</p> <p>\$25 copay per physician office or outpatient visit</p> <p>\$25 copay per rehabilitation visit (Note: includes physical, speech, or occupational therapy performed in an office or outpatient setting.)</p> <p>\$1,000 copay per outpatient surgery or procedure (same-day surgery) in an ambulatory surgery center or outpatient hospital setting. (Note: Cost sharing applies to facility charges only; it does not apply to physician charges)</p>

	2025 (this year)	2026 (next year)
Out-of-Network Benefits (continued)	\$500 copay per inpatient admission per benefit period (hospital/facility charges)	\$500 copay per inpatient admission per benefit period (hospital/facility charges)
	\$100 copay per test/image (for example, CT scan, MRI/MRA, or PET scan) in an office or outpatient setting	\$100 copay per test/image (for example, CT scan, MRI/MRA, or PET scan) in an office or outpatient setting
	\$100 copay per infusion service per day/visit in an office or outpatient setting	\$100 copay per infusion service per day/visit in an office or outpatient setting

SECTION 2 How to Change Plans

To stay in Medical Associates Freedom Plan, you don’t need to do anything. Unless you sign up for a Medicare Advantage or drug plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our Medical Associates Freedom Plan. If you want to change to a different Cost plan, you may do so anytime the Cost plan is accepting members.

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 Medical Associates Freedom Plan.
- **To add a Medicare drug plan or change to a different drug plan,** enroll in the new drug plan. You will continue to receive your medical benefits from Medical Associates Freedom Plan.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan and send us a written request to disenroll from Medical Associates Freedom Plan. Call Member Services at 1-866-821-1365 (TTY users call 1-800-735-2942) 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. Enrolling in the new drug plan will not automatically disenroll you from Medical Associates Freedom Plan.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-866-821-1365 (TTY users call 1-800-735-2942) 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.
- **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 4) or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Medical Associates Health Plans offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

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

If you enrolled in a Medicare Advantage plan for January 1, 2026, and you 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 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their Medicare Advantage or drug 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.
- **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 covered drugs by spreading the costs 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.**

SECTION 4 Questions?

Get Help from Medical Associates Freedom Plan

- **Call Member Services at 1-866-821-1365 (TTY users call 1-800-735-2942).**
We're available for phone calls 8:00 am to 8:00 pm CST, 7 days a week. 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, look in the 2026 *Evidence of Coverage* for Medical Associates Freedom Plan. 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.mahealthplans.com or call Member Services 1-866-821-1365 (TTY users call 1-800-735-2942) to ask us to mail you a copy.

- **Visit www.mahealthplans.com**
Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Iowa, the SHIP is called Senior Health Insurance Information Program (SHIIP).

Call Senior Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIIP at 1-800-351-4664 (TTY users call 1-800-735-2942). Learn more about SHIIP by visiting www.shiip.iowa.gov.

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.