Johns Hopkins Advantage MD Plus (PPO) offered by *Johns Hopkins Advantage MD*

Annual Notice of Change for 2026

You're enrolled as a member of Johns Hopkins Advantage MD Plus (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, 2025, you'll stay in Johns Hopkins Advantage MD Plus (PPO).
- 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.hopkinsmedicare.com or call Member Services at 1-877-293-5325 (TTY users call 711) to get a copy by mail. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that 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 the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-877-293-5325 (TTY users call 711) for more information. Hours are Oct. 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to Sept. 30, 8 a.m. to 8 p.m., Monday through Friday. On weekends and holidays you will need to leave a message. This call is free.
- This information is available in alternate formats (e.g., large print and audio).

About Johns Hopkins Advantage MD Plus (PPO)

- Johns Hopkins Advantage MD is a PPO with a Medicare contract. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.
- When this material says "we," "us," or "our," it means Johns Hopkins Advantage MD. When it says "plan" or "our plan," it means Johns Hopkins Advantage MD Plus (PPO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Johns Hopkins Advantage MD Plus (PPO)**. Starting January 1, 2026, you'll get your medical and

drug coverage through Johns Hopkins Advantage MD Plus (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

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.	$135	**$155**
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: $7,550 From network and out-of-network providers combined: $11,300	**From network providers: $7,550** **From network and out-of-network providers combined: $11,300**
Primary care office visits	In-Network: $0 copay per visit Out-of-Network: 30% coinsurance per visit	**In-Network: $0 copay per visit** **Out-of-Network: 30% coinsurance per visit**
Specialist office visits	In-Network: $40 copay per visit Out-of-Network: 30% coinsurance per visit	**In-Network: $40 copay per visit** **Out-of-Network: 30% coinsurance per visit**

	2025 (this year)	**2026 (next year)**
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.	In-Network: $330 copay per day for days 1 to 6 and $0 copay per day for days 7 to 90 for Medicare-covered inpatient hospital care. $0 copay for an additional 60 lifetime reserve days. Out-of-Network: 30% coinsurance for each Medicare-covered inpatient hospital stay.	**In-Network**: **$330 copay per day for days 1 to 6 and $0 copay per day for days 7 to 90 for Medicare-covered inpatient hospital care. $0 copay for an additional 60 lifetime reserve days.** **Out-of-Network:** **30% coinsurance for each Medicare-covered hospital stay.**
Part D drug coverage deductible (Go to Section 1.6 for details.)	Deductible: $590 for Tier 3, Tier 4, and Tier 5 drugs, except for covered insulin products and most adult Part D vaccines.	**Deductible:$615 for Tier 3, Tier 4, and Tier 5 drugs, except for covered insulin products and most adult Part D vaccines.**
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay • Drug Tier 2: $15 copay • Drug Tier 3: 25% coinsurance You pay $35 copay per month supply of each covered insulin product on this tier. • Drug Tier 4: 25% coinsurance You pay $35 copay per month supply of each	**Copayment/Coinsurance during the Initial Coverage Stage:** • **Drug Tier 1: $0 copay** • **Drug Tier 2: $15 copay** • **Drug Tier 3: 25% coinsurance** **You pay $35 copay per month supply of each covered insulin product on this tier.** • **Drug Tier 4: 25% coinsurance** **You pay $35 copay per month supply of each**

	2025 (this year)	**2026 (next year)**
	covered insulin product on this tier. • Drug Tier 5: 25% coinsurance You pay $35 copay per month supply of each covered insulin product on this tier. 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**.	**covered insulin product on this tier.** • **Drug Tier 5: 25% coinsurance** **You pay $35 copay per month supply of each covered insulin product on this tier.** **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.)	$135	**$155**
Additional premium for optional supplemental benefits **Comprehensive Dental** If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	$25	**$23**

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 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 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	**2026 (next year)**
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) 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.	$7,550	**$7,550** **Once you've paid $7,550 out-of-pocket for covered Part A and Part B services from network providers, 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) 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.	$11,300	**$11,300** **Once you've paid $11,300 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 Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (www.hopkinsmedicare.com/members/find-a-provider/) 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.hopkinsmedicare.com/members/find-a-provider/.
- Call Member Services at 1-877-293-5325 (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 1-877-293-5325 (TTY users call 711) for help.

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 *Pharmacy Directory* (www.hopkinsmedicare.com/members/find-a-provider/) to see which pharmacies are in our network. Here’s how to get an updated *Pharmacy Directory*:

- Visit our website at www.hopkinsmedicare.com/members/find-a-provider/.
- Call Member Services at 1-877-293-5325 (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 1-877-293-5325 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

Cost	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital - Cost-Sharing	**In-Network** You pay a $310 copay per day for days 1 to 6 and $0 copay per day for days 7 to 90 for Medicare-covered inpatient hospital care. $0 copay for an additional 60 lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient mental health care, the cost-sharing described above applies each time you are admitted to the hospital.	**In-Network** You pay a $330 copay per day for days 1 to 6 and $0 copay per day for days 7 to 90 for Medicare-covered inpatient hospital care. $0 copay for an additional 60 lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient mental health care, the cost-sharing described above applies each time you are admitted to the hospital.
Vision care - Additional routine eyewear - Maximum plan amount	Up to a $150 combined credit every year for all additional eyewear.	Up to a $250 combined credit every year for all additional eyewear.

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 1-877-293-5325 (TTY users call 711) for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included 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 didn't get this material with this packet, call Member Services at 1-877-293-5325 (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. 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 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 $2,100.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	**2026 (next year)**
Yearly Deductible	The deductible is $590. During this stage, you pay $0 cost sharing for formulary drugs on Tier 1: Preferred Generic and $15 cost sharing for formulary drugs on Tier 2: Generic and the full cost of formulary drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible.	**The deductible is $615**. **During this stage, you pay $0 cost sharing for formulary drugs on Tier 1: Preferred Generic and $15 cost sharing for formulary drugs on Tier 2: Generic and the full cost of formulary drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier until you have reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

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 $2,100 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)**
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.	You pay $0.	**You pay $0.**
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.	You pay $15.	**You pay $15.**
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.	You pay 25% of the total cost. You pay $35 copay per month supply of each covered insulin product on this tier.	**You pay 25% of the total cost.** **You pay $35 copay 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.	You pay 25% of the total cost. You pay $35 copay per month supply of each covered insulin product on this tier.	**You pay 25% of the total cost.** **You pay $35 copay per month supply of each covered insulin product on this tier.**

	2025 (this year)	**2026 (next year)**
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.	You pay 25% of the total cost. You pay $35 copay per month supply of each covered insulin product on this tier.	**You pay 25% of the total cost.** **You pay $35 copay per month supply of each covered insulin product on this tier.**

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 1-877-293-5325 (TTY users call 711) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in Johns Hopkins Advantage MD Plus (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Johns Hopkins Advantage MD Plus (PPO).

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 Johns Hopkins Advantage MD Plus (PPO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Johns Hopkins Advantage MD Plus (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-877-293-5325 (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 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). As a reminder, Johns Hopkins Advantage MD offers other Medicare health plans. These other plans can have different coverage, monthly 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, 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 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.

- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called Senior Prescription Drug Assistance Program (SPDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit www.shiphelp.org, or call 1-800-MEDICARE.
- **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 The Maryland AIDS Drug Assistance Program (MADAP). 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 1-410-767-6535. 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 in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-877-293-5325 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Johns Hopkins Advantage MD Plus (PPO)

- **Call Member Services at 1-877-293-5325. (TTY users call 711.)**

  We're available for phone calls. Hours are Oct. 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to Sept. 30, 8 a.m. to 8 p.m., Monday through Friday. On weekends and holidays you will need to leave a message. 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 Johns Hopkins Advantage MD Plus (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 www.hopkinsmedicare.com/members/plan-documents/ or call Member Services at 1-877-293-5325 (TTY users call 711) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit** www.hopkinsmedicare.com/members/plan-documents/

  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 Maryland, the SHIP is called the State Health Insurance Program (SHIP).

Call the State Health Insurance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the State Health Insurance Program (SHIP) at 1-800-243-3425. Learn more about the State Health Insurance Program (SHIP) by visiting https://aging.maryland.gov/Pages/state-health-insurance-program.aspx.

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.