

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

Annual Notice of Change for 2027

You're enrolled as a member of Johns Hopkins Advantage MD (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 Johns Hopkins Advantage MD (PPO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.HopkinsMedicare.com/Members 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

- 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 document is available in alternate formats upon request.

About Johns Hopkins Advantage MD (PPO)

- Johns Hopkins Advantage MD is a PPO plan 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 (PPO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Johns Hopkins Advantage MD (PPO).** Starting January 1, 2027, you'll get your medical and drug coverage through Johns Hopkins Advantage MD (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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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.	\$95	\$95
Maximum out-of-pocket amount This is the most you'll pay out of pocket for Part A and Part B covered services. (Go to Section 1 for details.)	From network providers: \$7,550 From network and out-of-network providers combined: \$11,300	From network providers: \$7,950 From network and out-of-network providers combined: \$11,300
Primary care office visits	In-Network: \$5 per visit Out-of-Network: 40% coinsurance per visit	In-Network: \$0 per visit Out-of-Network: 40% coinsurance per visit
Specialist office visits	In-Network: \$45 per visit Out-of-Network: 40% coinsurance per visit	In-Network: \$45 per visit Out-of-Network: 40% coinsurance 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-Network: Days 1 to 6: \$330 per day Days 7 to 90: \$0 per day \$0 copay for an additional 60 lifetime reserve days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$385 per day Days 7 to 90: \$0 per day \$0 copay for an additional 60 lifetime reserve days Out-of-Network: 30% coinsurance per stay

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Initial Coverage and Catastrophic Coverage Stages.)	Part D drug coverage deductible: \$615 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: <i>Drug Tier 1:</i> \$0 copay <i>Drug Tier 2:</i> \$15 copay <i>Drug Tier 3:</i> 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Drug Tier 4:</i> 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Drug Tier 5:</i> 25% coinsurance You pay no more than \$35 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.	Part D drug coverage deductible: \$615 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: <i>Drug Tier 1:</i> \$0 copay <i>Drug Tier 2:</i> \$15 copay <i>Drug Tier 3:</i> 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Drug Tier 4:</i> 25% coinsurance You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Drug Tier 5:</i> 26% coinsurance You pay no more than \$35 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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium)	\$95	\$95 There is no change for the upcoming benefit year.
Additional premium for optional supplemental benefits 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.)	\$23	\$21

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 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.

	2026 (this year)	2027 (next year)
In-Network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your 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	\$7,950 Once you've paid \$7,950 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	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. There is no change for the upcoming benefit year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *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. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 Pharmacy Directory (www.HopkinsMedicare.com/Members/Find-a-Pharmacy/) 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-Pharmacy/.
- 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

	2026 (this year)	2027 (next year)
Inpatient hospital	In-Network: Days 1 to 6: \$330 copay per day Days 7 to 90: \$0 copay per day \$0 copay for an additional 60 lifetime reserve days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$385 copay per day Days 7 to 90: \$0 copay per day \$0 copay for an additional 60 lifetime reserve days Out-of-Network: 30% coinsurance per stay
Skilled nursing facility (SNF) care	In-Network: Days 1 – 20: \$0 copay for each Medicare-covered day. Days 21 -100: \$218 copay for each Medicare-covered day. Out-of-Network: 50% coinsurance per stay	In-Network: Days 1 – 20: \$0 copay for each Medicare-covered day. Days 21 -100: \$221 copay for each Medicare-covered day. Out-of-Network: 50% coinsurance per stay

	2026 (this year)	2027 (next year)
Physician/Practitioner services, including doctor's office visits	In-Network: \$5 copay per day for each Medicare-covered Primary Care Provider service Out-of-Network: 40% coinsurance for each Medicare-covered Primary Care Provider service	In-Network: \$0 copay per day for each Medicare-covered Primary Care Provider service. Out-of-Network: 40% coinsurance for each Medicare-covered Primary Care Provider service
Outpatient diagnostic tests and therapeutic services and supplies	In-Network: \$250 copay for each outpatient diagnostic mammogram Out-of-Network: 50% coinsurance for each outpatient diagnostic mammogram	In-Network: \$0 copay for each outpatient diagnostic mammogram Out-of-Network: 50% coinsurance for each outpatient diagnostic mammogram
Outpatient hospital services	In-Network: \$320 copay for Medicare-covered outpatient hospital services Out-of-Network: 50% coinsurance for Medicare-covered outpatient hospital services	In-Network: \$375 copay for Medicare-covered outpatient hospital services \$0 copay for Medicare-covered diagnostic colonoscopy Out-of-Network: 50% coinsurance for Medicare-covered outpatient hospital services

	2026 (this year)	2027 (next year)
Outpatient hospital observation	In-Network: \$320 copay for Medicare-covered outpatient hospital services Out-of-Network: 50% coinsurance for Medicare-covered outpatient hospital services	In-Network: \$375 copay for Medicare-covered outpatient hospital services Out-of-Network: 50% coinsurance for Medicare-covered outpatient hospital services
Outpatient hospital services	In-Network: \$320 for Medicare-covered outpatient hospital services \$320 copay for Medicare-covered diagnostic colonoscopy Out-of-Network: 30% coinsurance for Medicare-covered outpatient hospital services	In-Network: \$375 for Medicare-covered outpatient hospital services \$0 copay for Medicare-covered diagnostic colonoscopy Out-of-Network: 30% coinsurance for Medicare-covered outpatient hospital services
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	In-Network: \$250 copay for Medicare-covered diagnostic colonoscopy at an ambulatory surgical center Out-of-Network: 50% coinsurance for Medicare-covered diagnostic colonoscopy at an ambulatory surgical center	In-Network: \$0 copay for Medicare-covered diagnostic colonoscopy at an ambulatory surgical center Out-of-Network: 50% coinsurance for Medicare-covered diagnostic colonoscopy at an ambulatory surgical center

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at www.HopkinsMedicare.com/Members/Whats-Covered/.

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.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and 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.

- **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), and Tier 5 (Specialty) drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. 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	\$615 During this stage, you pay \$0 for Tier 1 (Preferred Generic) and \$15 for Tier 2 (Generic) drugs and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred) and Tier 5 (Specialty) until you've reached the yearly deductible.	\$615 During this stage, you pay \$0 for Tier 1 (Preferred Generic) and \$15 for Tier 2 (Generic) drugs and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred) and Tier 5 (Specialty) until you've 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 \$2,400 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.	\$0 Your cost for a one-month mail-order prescription is \$0. Up to 100-day supply available.	\$0 Your cost for a one-month mail-order prescription is \$0. Up to 100-day supply available.
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.	\$15 Your cost for a one-month mail-order prescription is \$15. Up to 90-day supply available.	\$15 Your cost for a one-month mail-order prescription is \$15. Up to 100-day supply available.
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.	25% of the total cost Your cost for a one-month mail-order prescription is 25% of the	25% of the total cost Your cost for a one-month mail-order prescription is 25% of the

	2026 (this year)	2027 (next year)
	total cost. Up to 90-day supply available.	total cost. Up to 100-day supply available.
Tier 4: Non-Preferred 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.	25% of the total cost Your cost for a one-month mail-order prescription is 25% of the total cost. Up to 90-day supply available.	25% of the total cost Your cost for a one-month mail-order prescription is 25% of the total cost. Up to 100-day supply available.
Tier 5: Specialty 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.	25% of the total cost Your cost for a one-month mail-order prescription is 25% of the total cost. Up to 30-day supply available.	26% of the total cost Your cost for a one-month mail-order prescription is 26% of the total cost. Up to 30-day supply available.

SECTION 2 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our plan.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from our plan. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from our plan.
- **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.
- **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 4), 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 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 coverage from **October 15 – December 7** each year.

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

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

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

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

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

SECTION 3 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called the Senior Prescription Drug Assistance Program (SDPAP) 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 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 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 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. 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 1-877-293-5325 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 Questions?

Get Help from Our Plan

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

We're available for phone calls. Our 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 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 our 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.HopkinsMedicare.com/Members 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/**

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 Maryland State Health Insurance Assistance Program (SHIP).

Call the Maryland SHIP 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 the Maryland SHIP at 410-767-1100. Learn more about the Maryland SHIP by visiting Aging.Maryland.Gov/SHIP.

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](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

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

- **Visit Medicare.gov**

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

- **Read *Medicare & You 2027***

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-293-5325 (TTY: 711) or speak to your provider.

Spanish (Español)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-293-5325 (TTY 711) o hable con su proveedor.

Portuguese (Português do Brasil)

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-293-5325 (TTY 711) ou fale com seu provedor.

German (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-293-5325 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

French (Français)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-293-5325 (TTY : 711) ou parlez à votre fournisseur.

French/Haitian Creole (Kreyòl Ayisyen)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-877-293-5325 (TTY : 711) oswa pale avèk founisè w la.

Farsi

فارسي

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-293-5325 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Simplified Chinese 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-293-5325（文本电话：711）或咨询您的服务提供商。

Traditional Chinese 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-293-5325（TTY：711）或與您的提供者討論。」

Korean 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-293-5325 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-293-5325 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-293-5325 (TTY: 711) o makipag-usap sa iyong provider.

Russian РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-293-5325 (TTY: 711) или обратитесь к своему поставщику услуг.

Gujarati ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-293-5325 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-293-5325 (711) أو تحدث إلى مقدم الخدمة".

Hindi हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-293-5325 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-293-5325（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Urdu

اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ -1-
” (800-293-5325 (TTY: 711 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔“

Thai ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-293-5325 (TTY:711) หรือปรึกษาผู้ให้บริการของคุณ

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance team member is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.