Provider Partners Indiana Essential Plan (HMO I-SNP) offered by Provider Partners Health Plans

Annual Notice of Change for 2027

You're enrolled as a member of Provider Partners Indiana Essential Plan.

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

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.
- 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 www.pphealthplan.com or call Member Services at 1-800-405-9681 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-405-9681 (TTY users call 711) for more information. Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M., Monday to Friday from April 1 through September 30. This call is free.
- This material may be available in an alternate format such as braille and large print.

About Provider Partners Indiana Essential Plan

- Provider Partners Indiana Essential Plan is a Health Maintenance Organization (HMO) Special Needs Plan (SNP) with a Medicare contract. Enrollment in Provider Partners Health Plans depends on contract renewal.
- When this material says "we," "us," or "our," it means Provider Partners Health Plans. When it says "plan" or "our plan," it means Provider Partners Indiana Essential Plan.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Provider Partners Indiana Essential Plan.** Starting January 1, 2027, you'll get your medical and drug coverage through Provider Partners Indiana Essential Plan. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

H4444_003_ANOC27_M

OMB Approval 0938-1051 (Expires: July 31, 2029)

Table of Contents

Summary of Important Costs for 2027 3

SECTION 1 Changes to Benefits & Costs for Next Year 6
Section 1.1 Changes to the Monthly Plan Premium 6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 6
Section 1.3 Changes to the Provider Network 7
Section 1.4 Changes to the Pharmacy Network 7
Section 1.5 Changes to Benefits & Costs for Medical Services 8
Section 1.6 Changes to Part D Drug Coverage 12
Section 1.7 Changes to Prescription Drug Benefits & Costs 13

SECTION 2 Administrative Changes 14

SECTION 3 How to Change Plans 15
Section 3.1 Deadlines for Changing Plans 16
Section 3.2 Are there other times of the year to make a change? 16

SECTION 4 Get Help Paying for Prescription Drugs 17

SECTION 5 Questions? 18
Get Help from Provider Partners Indiana Essential Plan 18
Get Free Counseling about Medicare 18
Get Help from Medicare 19

Summary of Important Costs for 2027

These are 2026 cost-sharing amounts and can change for 2027. Provider Partners Indiana Essential Plan will provide updated rates as soon as they're released.

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$38.40	**$17.00**
Deductible	$283 except for insulin furnished through an item of durable medical equipment	**$283 except for insulin furnished through an item of durable medical equipment** **These are 2026 cost-sharing amounts and can change for 2027. Provider Partners Health Plans will provide updated rates at www.pphealthplan.com as soon as they're released.**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$9,250	**$9,850**
Primary care office visits	20% of the total cost per visit	**20% of the total cost per visit**

	2026 (this year)	2027 (next year)
Specialist office visits	20% of the total cost per visit	**20% of the total cost 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.	$1,736 deductible for each inpatient hospital benefit period. Days 1-60: $0 per day after you pay your deductible. Days 61-90: $434 each day. Days 91-150: $868 each day while using your 60 lifetime reserve days. After day 150: You pay all costs. Beyond lifetime reserve days: You pay all costs.	**$1,736 deductible for each inpatient hospital benefit period.** **Days 1-60: $0 per day after you pay your deductible.** **Days 61-90: $434 each day.** **Days 91-150: $868 each day while using your 60 lifetime reserve days.** **After day 150: You pay all costs.** **Beyond lifetime reserve days: You pay all costs.** **These are 2026 cost-sharing amounts and can change for 2027. Provider Partners Health Plans will provide updated rates at www.pphealthplan.com as soon as they're released.**
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 $615 except for covered insulin products and most adult Part D vaccines	**Part D drug coverage deductible** **$700 except for covered insulin products and most adult Part D vaccines**

	2026 (this year)	2027 (next year)
	Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost. 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.	**Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: 25% of the total cost. 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.**

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.)	$38.40	**$17.00**

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

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **count** toward your maximum out-of-pocket amount.	$9,250	**$9,850** **Once you've paid $9,850 out of pocket for covered services, you'll pay nothing for your covered services 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 2027 *Provider Directory* www.pphealthplan.com/directory-search/ 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.pphealthplan.com/directory-search/.
- Call Member Services at 1-800-405-9681 (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 1-800-405-9681 (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.pphealthplan.com/participating-pharmacies/ to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.pphealthplan.com/participating-pharmacies/.

- Call Member Services at 1-800-405-9681 (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 1-800-405-9681 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Comprehensive Dental Services	Adjunctive General Services were not covered under Comprehensive Dental Services.	**Adjunctive General Services are covered under Comprehensive Dental Services.**
Diagnostic and Preventive Dental Services	You pay $0 for 1 Oral Exam, 1 set of X-Rays, 1 Other Diagnostic Dental Services visit, 1 Prophylaxis, 1 Fluoride Treatment, and 1 other Preventive Dental Service visit.	**You pay $0 for 2 Oral Exams, 2 sets of X-Rays, 2 Other Diagnostic Dental Services visits, 2 Prophylaxis, 2 Fluoride Treatments, and 2 other Preventive Dental Service visits.**
Eyewear	You pay $0 for a $150 allowance for eyewear per year. Upgrades are not covered under the Eyewear benefit.	**You pay $0 for a $500 allowance for eyewear per year.** **Upgrades are covered under the Eyewear benefit.**
Medicare Dental Services	Prior Authorization is not required.	**Prior authorization may be required.**

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the Chronically Ill* – Essential Clothing	Essential Clothing was not a covered benefit under the Special Supplemental Benefits for the Chronically Ill.	**You pay $0 for a $110 annual allowance for essential clothing items, such as sweatshirts, sweatpants, undergarments, and socks. Funds are loaded annually onto a restricted spend debit card** for use at participating retail locations. Any unused funds do not roll over to the next period. This can take up to three months.** ***These are special supplemental benefits available only to eligible members. Not all members will qualify. Members diagnosed with certain chronic conditions and who meet additional eligibility requirements may be eligible for these benefits. Eligible conditions may include cardiovascular disorders, chronic heart failure, dementia, diabetes, and chronic and disabling mental health conditions. Other qualifying conditions not listed here may also make you eligible. Please contact the plan for more information about eligibility.**

	2026 (this year)	2027 (next year)
		****The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.**
Special Supplemental Benefits for the Chronically Ill* – Food and Produce and Digital Communication	You pay $0 for a combined $345 quarterly allowance for healthy food, produce, and digital communication. This benefit can be used towards the cost of a wireless service provider bill. Funds are loaded every quarter onto a restricted spend debit card** for use at participating retail locations. Members can purchase healthy foods and prepared meals. Any unused funds do not roll over to the next period.	**Digital Communication is <u>not</u> a covered benefit under the Special Supplemental Benefits for the Chronically Ill.** **You pay $0 for a $350 quarterly allowance for healthy food and produce. Funds are loaded every quarter onto a restricted spend debit card** for use at participating retail locations. Members can purchase healthy foods and prepared meals. Any unused funds do not roll**

	2026 (this year)	2027 (next year)
	*These are special supplemental benefits; not all members will qualify. Members that have been diagnosed with one of the following chronic conditions AND meet certain criteria may be eligible for these benefits: cardiovascular disorders, chronic heart failure, dementia, diabetes and chronic and disabling mental health conditions. Other conditions may also make you eligible for these benefits. **&more Benefits Prepaid Mastercard® is issued by Avidia Bank, pursuant to a license from Mastercard Incorporated. Use of this card is subject to the terms and conditions of the Cardholder Agreement.	**over to the next period. This can take up to three months.** ***These are special supplemental benefits available only to eligible members. Not all members will qualify. Members diagnosed with certain chronic conditions and who meet additional eligibility requirements may be eligible for these benefits. Eligible conditions may include cardiovascular disorders, chronic heart failure, dementia, diabetes, and chronic and disabling mental health conditions. Other qualifying conditions not listed here may also make you eligible. Please contact the plan for more information about eligibility.** ****The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles**

	2026 (this year)	2027 (next year)
		design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

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 1-800-405-9681 (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 you don't get this material by September 30, 2026, call Member Services at 1-800-405-9681 (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 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 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	**$700**

Drug Costs in Stage 2: Initial Coverage

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:	25% of the total cost	**25% of the total cost**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Access to Individualized Care Plan (ICP)	ICPs were available upon request.	**Individualized Care Plans (ICPs) are made available to all members and their representatives via a dedicated link on the Plan website (www.pphealthplan.com), ensuring ongoing access to care planning information.**
Premium Billing Address update	Premiums are mailed to: Provider Partners Health Plans 8820 Columbia 100 Parkway, Suite 430, Columbia, MD 21045	**Premiums are mailed to: Provider Partners Health Plans P.O. Box 642105 Pittsburgh, PA 15264**

	2026 (this year)	2027 (next year)
Service Area	Our service area included the following counties: Allen, Boone, Brown, Cass, Clark, Daviess, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Gibson, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jefferson, Johnson, Kosciusko, LaPorte, Lawrence, Madison, Marion, Marshall, Miami, Monroe, Montgomery, Morgan, Noble, Orange, Pike, Porter, Putnam, Randolph, Scott, Shelby, St. Joseph, Tippecanoe, Vanderburgh, Wabash, Warrick, Washington, Wells, White, and Whitley.	**Our service area has expanded to include the following counties: Bartholomew, Carroll, Crawford, Fulton, Grant, Harrison, Huntington, Knox, Lake, Perry, Posey, Pulaski, Ripley, Spencer, Starke, Switzerland, Tipton, Vermillion, Warren, and Wayne.**

SECTION 3 How to Change Plans

To stay in Provider Partners Indiana Essential Plan, 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 Provider Partners Indiana Essential 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 Provider Partners Indiana Essential 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 Medicare separate drug coverage, you** can enroll in a Part D plan, and you'll automatically be disenrolled from Provider Partners Indiana Essential Plan.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-405-9681 (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 3.1).
- **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, Provider Partners Health Plans 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 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 4 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Indiana has a program called HoosierRx 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 Indiana State Department of Health, HIV/STD Viral Hepatitis Division. 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 1-866-588-4948. 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 1-800-405-9681 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Provider Partners Indiana Essential Plan

- **Call Member Services at 1-800-405-9681 (TTY users call 711).**

  We're available for phone calls from 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M., Monday to Friday from April 1 through September 30. 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 Provider Partners Indiana Essential 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.pphealthplan.com or call Member Services at 1-800-405-9681 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.pphealthplan.com**

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

Call Indiana State Health Insurance Assistance 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 Indiana State Health Insurance Assistance Program (SHIP) at 1-800-452-4800. Learn more about the Indiana State Health Insurance Assistance Program (SHIP) by visiting https://www.in.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.

- **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.