



Medicare

50 Water St., 7th Floor • New York, NY 10004
1.866.986.0356 • TTY: 711 • metroplusmedicare.org

Dear MetroPlusHealth Member,

As president of MetroPlusHealth, I thank you for being part of our family for another year. We are delighted to have you as a member.

Every year we review our Medicare benefits to provide you with the best available coverage and services. Enclosed you will find the 2026 MetroPlus Platinum Plan (HMO) *Annual Notice of Change* (ANOC), a summary of the changes in benefits and coverage in your plan for the coming year.

As a plan member, you are also eligible for our **MetroPlusHealth Member Rewards Program**.

If you have questions or concerns about your coverage, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560.

You can also get more information on our website at metroplusmedicare.org.

Note: If you prefer not to receive sales-related phone calls from MetroPlusHealth, please contact us at help.memberexperience@metroplus.org, or call 866.986.0356 (TTY: 711) to opt out. We are here Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Once you are opted out, you will be opted out indefinitely until you notify us of your intent to opt back in.

Thank you again for being a MetroPlusHealth member!

Sincerely,

A handwritten signature in black ink, appearing to read "Talya S".

Dr. Talya Schwartz
President and CEO
MetroPlusHealth



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There are other documents available to help you understand your coverage, including:

- An *Evidence of Coverage* (EOC) that explains your benefits and how to get medical care and prescription drug coverage.
- *Provider/Pharmacy Directories*, which include all of the primary care physicians, specialists, hospitals, and other providers in our network. You should always check to make sure that a provider is in our network before receiving care.
- The *Formulary*, which includes all of the drugs that our plan covers.

You can easily view and print the most recent versions of these documents on our website at metroplusmedicare.org. These documents will be available on our website by October 15, 2025. To request to have a printed copy mailed to you, please call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560.

MetroPlus Platinum Plan (HMO) offered by MetroPlus Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of MetroPlus Platinum Plan (HMO).

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 MetroPlus Platinum Plan (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://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 metroplusmedicare.org or call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. To get a copy by mail, call our after-hours answering service at 800.442.2560. Calls to these numbers are free.

More Resources

- This document is available for free in Spanish and Chinese.
- Please contact our Member Services number at 866.986.0356 for additional information. (TTY users call 711.) Hours are Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. This call is free.
- ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 800.303.9626 (TTY: 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 800.303.9626 (TTY: 711). 请注意: 您可以免费获得语言协助服务和其他辅助服务。请致电 800.303.9626 (TTY: 711).
- ATENCIÓN: si habla español, cuenta con servicios de asistencia lingüística sin cargo disponibles para usted. Llame al 866.986.0356 (TTY: 711).
- MetroPlusHealth is not affiliated with, endorsed by, or otherwise related to the federal government, CMS, HHS, and/or Medicare. MetroPlusHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- MetroPlusHealth provides free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other

formats). If you need these services, call MetroPlusHealth at 866.986.0356. For TTY/TDD services, call 711.

- We can also give you information in braille, large print, or other alternate formats upon request.

About MetroPlus Platinum Plan (HMO)

- MetroPlus Health Plan, Inc. offers HMO and HMO D-SNP plans with contracts with Medicare and the New York State Medicaid program. Enrollment in MetroPlus Health Plan, Inc. depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means MetroPlus Health Plan, Inc. When it says “plan” or “our plan,” it means MetroPlus Platinum Plan (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in MetroPlus Platinum Plan (HMO).** Starting January 1, 2026, you’ll get your medical and drug coverage through MetroPlus Platinum Plan (HMO). 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 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. (See Section 1 for details.)	\$92	\$58.80
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (See Section 1.2 for details.)	\$9,350	\$9,250
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$40 per visit	\$40 per visit
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.	Per benefit period: • Days 1-8: \$225 copayment per day • Days 9-90: \$0 copayment per day • 60 Lifetime Reserve Days: \$0 copayment per day	Per benefit period: • Days 1-8: \$225 copayment per day • Days 9-90: \$0 copayment per day • 60 Lifetime Reserve Days: \$0 copayment per day
Part D drug coverage deductible (See Section 1 for details.)	\$590 deductible (except for covered insulin products and most adult Part D vaccines)	\$615 deductible (except for covered insulin products and most adult Part D vaccines)

	2025 (this year)	2026 (next year)
Part D drug coverage (See Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none">• Generic drugs (including brand drugs treated as generic): 25% coinsurance• All other drugs: 25% coinsurance <p>You pay no more than \$35 per monthly supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs</p>	<p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none">• Generic drugs (including brand drugs treated as generic): 25% coinsurance• All other drugs: 25% coinsurance <p>You pay no more than \$35 per monthly supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.</p>

SECTION 1 Changes to Benefits and 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.)	\$92	\$58.80

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. See Section 5 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)
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.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B 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 2026 *Provider Directory* metroplusmedicare.org 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 metroplusmedicare.org
- To get current provider information or to ask us to mail you a *Provider Directory*, call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560).

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 for help at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560). For more information on your rights when a network provider leaves our plan, see 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 2026 *Pharmacy Directory* at metroplusmedicare.org to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at metroplusmedicare.org.
- To get current pharmacy information or to ask us to mail you a *Pharmacy Directory*, call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560).

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 for help at 866.986.0356 (TTY: 711) Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560).

Section 1.5 – Changes to Benefits and Costs for Medical Services

The *Annual Notice of Change* tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Vision (Eyewear - Supplemental Benefit)	Not covered	You pay \$0 copayment. Eyewear is covered up to a total of \$500 per year glasses, frames, contact lenses, upgrades.
Ambulatory Surgical Center (ASC) Services	\$50 copay per visit	\$95 copay per visit

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. For more information, call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560).

Section 1.7 – Changes to Prescription Drug Benefits and 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 about your drug costs. If you get Extra Help and you don't get this material by **September 30, 2025**, call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560), and ask for the *LIS Rider*.

Drug Payment Stages

There are three **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 Part D 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 \$2,100.

- ***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	\$590	\$615

Drug Costs in Stage 2: Initial Coverage

See the following table for the changes from 2025 to 2026.

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, see 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	25% of the total cost You pay no more than \$35 per monthly supply of each covered insulin product on this tier.	25% of the total cost You pay no more than \$35 per monthly supply of each covered insulin product on this tier.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, see Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 – Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	<p>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.</p>	<p>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.</p> <p>To learn more about this payment option, call us at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560), or visit Medicare.gov.</p>

SECTION 3 – How to Change Plans

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

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 MetroPlus Platinum Plan (HMO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from MetroPlus Platinum Plan (HMO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. For more information on how to do this, call Member Services at 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560). Or, call Medicare at 1-800-MEDICARE

(800.633.4227) and ask to be disenrolled. TTY users can call 877.486.2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (see Section 5).

- **To learn more about Original Medicare and the different types of Medicare plans, visit [Medicare.gov](https://www.medicare.gov); check the *Medicare & You 2026* handbook; call your State Health Insurance Assistance Program (see Section 5); or call 1-800-MEDICARE (800.633.4227).** As a reminder, MetroPlus Health Plan, Inc. 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, 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 and March 31, 2026.

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 two 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 (800.633.4227). TTY users can call 877.486.2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213, between 8am and 7pm, Monday – Friday, for a representative. Automated messages are available 24 hours a day. TTY users can call 800.325.0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, and 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 HIV Uninsured Care Program. 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 800.542.2437, Monday to Friday, from 8am - 5pm. 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 payment

option. To learn more about this payment option, call us at 866.986.0356 (TTY: 711) Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560), or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 – Questions?

Get Help from MetroPlus Platinum Plan (HMO)

- **Call Member Services at 866.986.0356 (after-hours answering service: 800.442.2560). TTY users call 711.**

We're available for phone calls Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm. 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 MetroPlus Platinum Plan (HMO). 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 metroplusmedicare.org, or call Member Services to ask us to mail you a copy. Call 866.986.0356 (TTY: 711), Monday to Friday, 8am to 8pm, and Saturday, 9am to 5pm (after-hours answering service: 800.442.2560). You can also review the *Evidence of Coverage* to see if other benefits or cost changes affect you.

- **Visit metroplusmedicare.org**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our formulary/Drug List (*List of Covered Drugs*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information, Counseling and Assistance Program (HIICAP).

To get free personalized health insurance counseling, call HIICAP at 800.701.0501. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Learn more about HIICAP by visiting nyconnects.ny.gov.

Get Help from Medicare

- **Call 1-800-MEDICARE (800.633.4227)**

You can call 1-800-MEDICARE (800.633.4227), 24 hours a day, 7 days a week. TTY users can call 877.486.2048.

- **Chat live on [Medicare.gov](https://www.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 P.O. 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 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 [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (800.633.4227). TTY users can call 877.486.2048.



NOTICE OF AVAILABILITY |

LANGUAGE SERVICES AND AUXILIARY AIDS AND SERVICES

ATTENTION: Language assistance services, and auxiliary aids and services, free of charge, are available to you. Call 1.866.986.0356 (TTY: 711).	English
ATENCIÓN: Tiene a su disposición, sin costo alguno, servicios de asistencia lingüística, y ayudas y servicios auxiliares. Llame al 1.866.986.0356 (TTY: 711).	Spanish
注意：您可以獲得免費的語言援助服務以及輔助工具和服務。請致電：1.866.986.0356 (聽力障礙電傳：711)。	Chinese Cantonese
تنبيه: تتوفر خدمات المساعدة اللغوية، والوسائل المساعدة والخدمات الإضافية لك بشكل مجاني. اتصل على الرقم 1.866.986.0356 (الهاتف النصي: 711).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스와 보조 지원 및 서비스를 무료로 이용하실 수 있습니다. 1.866.986.0356 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ! Вы можете воспользоваться бесплатными услугами языковой помощи и вспомогательными устройствами/средствами для восприятия информации. Звоните по тел.: 1(866)986-0356 (телефон: 711).	Russian
ATTENZIONE: sono disponibili gratuitamente per Lei servizi di assistenza linguistica, accanto ad altri ausili e servizi. Telefoni al numero 1.866.986.0356 (Per gli utenti TTY: telefoni al numero 711).	Italian
ATTENTION : Des services d'assistance linguistique ainsi que des aides et services auxiliaires sont mis gratuitement à votre disposition. Appelez le 1.866.986.0356 (TTY: 711).	French
ATANSYON: Sèvis asistans lang yo ak sèvis ak èd konplemantè yo gratis e disponib pou ou. Rele nan 1.866.986.0356 (TTY: 711).	French Creole
אכטונג: לרשוטכם שירותים חינם בשפה, עזרים ושירותים נוספים ללא תשלום. רופט (TTY: 711) 1.866.986.0356.	Yiddish
UWAGA: Mogą Państwo bezpłatnie korzystać z pomocy językowej, pomocy dodatkowych oraz innych usług. Proszę dzwonić pod numer 1-866-986-0356 (TTY: 711).	Polish
PAUNAWA: Ang mga serbisyo ng tulong sa wika, at mga pantulong na tulong at serbisyo, na walang bayad, ay available sa iyo. Tumawag sa 1.866.986.0356 (TTY: 711).	Tagalog

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