

SummaCare Medicare Topaz (HMO) offered by SummaCare

Annual Notice of Change for 2027

You're enrolled as a member of SummaCare Medicare Topaz.

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 SummaCare Medicare Topaz.
- 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 summacare.com/eoc or call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to get a copy by mail.

More Resources

- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for more information. From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. This call is free.
- Call SummaCare Medicare Member Services to request this booklet in an alternate format such as large print or another language.

About SummaCare Medicare Topaz

- SummaCare Medicare Topaz is an HMO plan with a Medicare contract. Enrollment in SummaCare Medicare Topaz depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means SummaCare. When it says “plan” or “our plan,” it means SummaCare Medicare Topaz.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in SummaCare Medicare Topaz.** Starting January 1, 2027, you'll get your medical and drug coverage through SummaCare Medicare Topaz. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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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	9
Section 1.7 Changes to Prescription Drug Benefits & Costs	9
SECTION 2 Administrative Changes	12
SECTION 3 How to Change Plans.....	12
Section 3.1 Deadlines for Changing Plans	13
Section 3.2 Are there other times of the year to make a change?	13
SECTION 4 Get Help Paying for Prescription Drugs	14
SECTION 5 Questions?	15
Get Help from SummaCare Medicare Topaz	15
Get Free Counseling about Medicare	15
Get Help from Medicare	15

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 1.1 for details.	\$0	\$17
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. (Go to Section 1.2 for details.)	\$4,300	\$4,650
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$35 copay per visit	\$35 copay 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.	\$375 copay per day for days 1-6 per hospital stay.	\$370 copay per day for days 1-6 per hospital stay.
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial	Part D drug coverage deductible \$300 for drugs in tiers 3-5, except for covered insulin products and	Part D drug coverage deductible \$365 for drugs in tiers 3-5, except for covered insulin products and

	2026 (this year)	2027 (next year)
Coverage, and Catastrophic Coverage Stages.)	most adult Part D vaccines Copayments and coinsurance during the Initial Coverage Stage: Drug Tier 1: Standard cost sharing: \$6 copay. Preferred cost sharing: \$0 copay. Drug Tier 2: Standard cost sharing: \$10 copay. Preferred cost sharing: \$0 copay. Drug Tier 3: Standard cost sharing: 25% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 23% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: Standard cost sharing: 50% of the cost of the drug. You pay no more than \$35 per month supply of each covered	most adult Part D vaccines Copayments and coinsurance during the Initial Coverage Stage: Drug Tier 1: Standard cost sharing: \$6 copay. Preferred cost sharing: \$0 copay. Drug Tier 2: Standard cost sharing: \$10 copay. Preferred cost sharing: \$0 copay. Drug Tier 3: Standard cost sharing: 25% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 23% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: Standard cost sharing: 50% of the cost of the drug. You pay no more than \$35 per month supply of each covered

	2026 (this year)	2027 (next year)
	insulin product on this tier. <i>Preferred cost sharing:</i> 40% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: <i>Standard and Preferred cost sharing:</i> 29% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: Standard cost sharing: \$6 copay. Preferred cost sharing: \$0 copay. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	insulin product on this tier. <i>Preferred cost sharing:</i> 33% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: <i>Standard and Preferred cost sharing:</i> 29% of the cost of the drug. You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: Standard cost sharing: \$6 copay. Preferred cost sharing: \$0 copay. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for 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.)	\$0	\$17
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.)	\$37	\$38

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 1.7 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)
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.	\$4,300	\$4,650 Once you've paid \$4,650 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 2027 *Provider Directory* at summacare.com/providerdirectory 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 summacare.com/providerdirectory.
- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (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 SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs. All in-network pharmacies are preferred with the exception of Walgreens, which is our only standard pharmacy.

Our network of pharmacies has changed for next year. Review the 2027 *Provider Directory* at summacare.com/providerdirectory to see which pharmacies are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at summacare.com/providerdirectory.

- Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider 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 SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulance services	\$350 copay per one-way trip (includes ground and air transport) for each Medicare-covered ambulance service.	\$320 copay per one-way trip (includes ground and air transport) for each Medicare-covered ambulance service.
Inpatient hospital care	\$375 copay per day for days 1-6 per hospital stay.	\$370 copay per day for days 1-6 per hospital stay.
Inpatient services in a psychiatric hospital	\$375 copay per day for days 1-5 per hospital stay.	\$370 copay per day for days 1-5 per hospital stay.
Outpatient mental health care	\$40 copay for Medicare-covered individual and group therapy visits.	\$35 copay for Medicare-covered individual and group therapy visits.
Outpatient rehabilitation services	\$40 copay for each Medicare-covered physical, occupational and speech therapy visit.	\$35 copay for each Medicare-covered physical, occupational and speech therapy visit.
Outpatient substance use disorder services	\$40 copay for each Medicare-covered substance use disorder visit.	\$35 copay for each Medicare-covered substance use disorder visit.
Over-the-Counter (OTC) items (Supplemental)	You have \$80 every quarter (3 months) to spend on plan-approved OTC items.	You have \$40 every quarter (3 months) to spend on plan-approved OTC items.

	2026 (this year)	2027 (next year)
Podiatry services	\$40 copay for each Medicare-covered podiatry visit.	\$35 copay for each Medicare-covered podiatry visit.
Skilled nursing facility (SNF) care	\$0 copay per day for days 1-20. \$218 copay per day for days 21-100.	\$0 copay per day for days 1-20. \$221 copay per day for days 21-100.

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 and posted online at summacare.com/find-your-drug.

You can get the complete Drug List by calling SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) or visiting our website at summacare.com/find-your-drug.

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 SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (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 SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (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 Part D drugs in tiers 3-5 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	\$300 During this stage, in Preferred cost sharing, you pay a \$0 copay for drugs on Tiers 1, 2 and 6, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible. In Standard cost sharing, you pay a \$6 copay for drugs on Tiers 1 and 6, a \$10 copay for drugs on Tier 2 and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.	\$365 During this stage, in Preferred cost sharing, you pay a \$0 copay for drugs on Tiers 1, 2 and 6, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible. In Standard cost sharing, you pay a \$6 copay for drugs on Tiers 1 and 6, a \$10 copay for drugs on Tier 2 and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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; at a network pharmacy that offers preferred cost sharing; 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 Drugs:	<i>Standard cost sharing:</i> You pay \$6 <i>Preferred cost sharing:</i> You pay \$0	<i>Standard cost sharing:</i> You pay \$6 <i>Preferred cost sharing:</i> You pay \$0
(Tier 2) Generic Drugs:	<i>Standard cost sharing:</i> You pay \$10 <i>Preferred cost sharing:</i> You pay \$0	<i>Standard cost sharing:</i> You pay \$10 <i>Preferred cost sharing:</i> You pay \$0
(Tier 3) Preferred Brand Name Drugs	<i>Standard cost sharing:</i> You pay 25% of the total cost <i>Preferred cost sharing:</i> You pay 23% of the total cost	<i>Standard cost sharing:</i> You pay 25% of the total cost <i>Preferred cost sharing:</i> You pay 23% of the total cost
(Tier 4) Non-Preferred Drugs	<i>Standard cost sharing:</i> You pay 50% of the total cost <i>Preferred cost sharing:</i> You pay 40% of the total cost	<i>Standard cost sharing:</i> You pay 50% of the total cost <i>Preferred cost sharing:</i> You pay 33% of the total cost

(Tier 5) Specialty Drugs	<i>Standard cost sharing:</i> You pay 29% of the total cost <i>Preferred cost sharing:</i> You pay 29% of the total cost	<i>Standard cost sharing:</i> You pay 29% of the total cost <i>Preferred cost sharing:</i> You pay 29% of the total cost
(Tier 6) Select Care Drugs	<i>Standard cost sharing:</i> You pay \$6 <i>Preferred cost sharing:</i> You pay \$0	<i>Standard cost sharing:</i> You pay \$6 <i>Preferred cost sharing:</i> You pay \$0

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
The cost shares for additional hearing aid models are being provided	The cost shares for hearing aid models are a \$395 copay per hearing aid for Level 1 hearing aids and a \$695 copay per hearing aid for Level 2 hearing aids.	The cost shares for hearing aid models are a \$395 copay per hearing aid for Level 1 hearing aids, a \$695 copay per hearing aid for Level 2 hearing aids, an \$1,195 copay per hearing aid for Level 3 hearing aids, a \$1,495 copay per hearing aid for Level 4 hearing aids and an \$1,895 copay per hearing aid for Level 5 hearing aids.

SECTION 3 How to Change Plans

To stay in SummaCare Medicare Topaz, 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 SummaCare Medicare Topaz.

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 SummaCare Medicare Topaz. 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 SummaCare Medicare Topaz.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) for more information on how to do this. 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 (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1.800.MEDICARE (800.633.4227). As a reminder, SummaCare 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 (800.633.4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 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 800.325.0778 or
 - Your State Medicaid Office.
- **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 Ohio HIV Drug Assistance Program (OHDAP) at 800.777.4775. 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 the Ohio HIV Drug Assistance Program (OHDAP) at 800.777.4775. 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 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from SummaCare Medicare Topaz

- **Call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250. (TTY users call 711.)**

We're available for phone calls, From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. 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 SummaCare Medicare Topaz. 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 summacare.com/eoc or call SummaCare Medicare Member Services at 330.996.8885 or toll-free 800.996.6250 (TTY users call 711) to ask us to mail you a copy.

- **Visit summacare.com/providerdirectory**

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 Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Call OSHIIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call OSHIIP at 800.686.1578. Learn more about OSHIIP by visiting <https://insurance.ohio.gov/consumers/medicare/01-oshiip>.

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 with [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 PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://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 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 (800.633.4227). TTY users can call 877.486.2048.