

Providence Medicare Pine + Rx (HMO) offered by Providence Health Assurance

Annual Notice of Change for 2026

You're enrolled as a member of Providence Medicare Pine + Rx (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 Providence Medicare Pine + Rx (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.ProvidenceHealthAssurance.com/EOC or call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) for more information. From April 1st to September 30th, the hours are Monday through Friday from 8 a.m. to 8 p.m. From October 1st to March 31st, the hours are Sunday through Saturday (7 days a week) from 8 a.m. to 8 p.m. This call is free.
- This information is available in multiple formats, including large print and braille.

About Providence Medicare Pine + Rx (HMO)

- Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Providence Health Assurance. When it says “plan” or “our plan,” it means Providence Medicare Pine + Rx (HMO).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Providence Medicare Pine + Rx (HMO).** Starting January 1, 2026, you'll get your medical and drug coverage through Providence Medicare Pine + Rx (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 than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$6,000	\$6,750
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$45 per visit	\$45 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.	\$395 copayment each day for days 1-4 and there is no coinsurance, copayment, or deductible for day 5 and beyond for Medicare-covered inpatient hospital care.	\$395 copayment each day for days 1-4 and there is no coinsurance, copayment, or deductible for day 5 and beyond for Medicare-covered inpatient hospital care.

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: \$195 except for covered insulin products and most adult Part D vaccines (only applicable to Tiers 3, 4, and 5).	Deductible: \$195 except for covered insulin products and most adult Part D vaccines (only applicable to Tiers 3, 4, and 5).
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 per month supply at a preferred network pharmacy or \$16 per month supply at a network pharmacy. • Drug Tier 2: \$10 per month supply at a preferred network pharmacy or \$20 per month supply at a network pharmacy. • Drug Tier 3: \$40 per month supply at a preferred network pharmacy or \$47 per month supply at a network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 per month supply at a preferred network pharmacy or \$16 per month supply at a network pharmacy. • Drug Tier 2: \$10 per month supply at a preferred network pharmacy or \$20 per month supply at a network pharmacy. • Drug Tier 3: \$47 per month supply at a preferred network pharmacy or \$47 per month supply at a network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	<ul style="list-style-type: none">• Drug Tier 4: \$100 per month supply at a preferred network pharmacy or \$100 per month supply at a network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.• Drug Tier 5: 30% of the total cost at a preferred network pharmacy or 30% of the total cost at a network pharmacy. <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<ul style="list-style-type: none">• Drug Tier 4: \$100 per month supply at a preferred network pharmacy or \$100 per month supply at a network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.• Drug Tier 5: 30% of the total cost at a preferred network pharmacy or 30% of the total cost at a network pharmacy. <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$15	\$24
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.)	Providence Dental Basic \$37.50 Providence Dental Enhanced \$53.50	Providence Dental Basic \$39 Providence Dental Enhanced \$56

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.

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 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. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,000	\$6,750 Once you've paid \$6,750 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

There are no changes to our network of providers for next year.

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 Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) for help. 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.

There are no changes to our network of pharmacies for next year.

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 Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Alternative Care: Routine chiropractic services (non-Medicare), routine acupuncture (non-Medicare), and naturopath	\$20	Not Covered
Emergency care:	\$125	\$130
Hearing aids	\$699 copayment per Advanced hearing aid or \$999 copayment per Premium hearing aid	\$499 copayment per Standard hearing aid, \$699 copayment per Advanced hearing aid, or \$999 copayment per Premium hearing aid
Meal benefit	Covered	Not Covered
Medicare-covered acupuncture	Prior authorization not required	Prior authorization may be required
Medicare-covered chiropractic services	\$20 Prior authorization not required	\$15 Prior authorization may be required

	2025 (this year)	2026 (next year)
Non-Medicare covered dental services	Preventive dental, plus \$400 allowance per calendar year for any dental services of your choosing	Preventive dental, only
Outpatient Rehabilitation Services	Prior authorization is not required for initial rehab services; however, subsequent visits may require authorization	Prior authorization may be required for initial rehab services and subsequent visits.
Over-the-counter (OTC) items	You receive a pre-loaded debit card with an allowance of \$105 every three months, which you may use to purchase approved over-the-counter items.	Not Covered
Routine eyeglasses or contact lenses	Allowance of up to \$250 per calendar year for any combination of routine prescription eyewear	Allowance of up to \$100 per calendar year for any combination of routine prescription eyewear
Skilled nursing facility (SNF)	\$214 per day for days 21-100	\$218 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.

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 Customer Service at 503-574-8000 or 1-800-603-2340 (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 have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your tier 3, 4, and 5 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 Out-of-Pocket costs reach \$2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	The deductible is \$195. During this stage, you pay \$0 per prescription cost sharing for drugs on Tier 1, and \$10 per prescription cost sharing for drugs on Tier 2 from a preferred retail pharmacy; \$16 per prescription cost sharing for drugs on Tier 1, and \$20 per prescription cost sharing for drugs on Tier 2 from a standard retail pharmacy; and the full cost of drugs on Tier 3, 4, and 5 until you've reached the yearly deductible.	The deductible is \$195. During this stage, you pay \$0 per prescription cost sharing for drugs on Tier 1, and \$10 per prescription cost sharing for drugs on Tier 2 from a preferred retail pharmacy; \$16 per prescription cost sharing for drugs on Tier 1, and \$20 per prescription cost sharing for drugs on Tier 2 from a standard retail pharmacy; and the full cost of drugs on Tier 3, 4, and 5 until you've 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.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 (Preferred Generic):	<p>Standard cost sharing: You pay \$16 per prescription.</p> <p>Preferred cost sharing: You pay \$0 per prescription.</p>	<p>Standard cost sharing: You pay \$16 per prescription.</p> <p>Preferred cost sharing: You pay \$0 per prescription.</p>
Tier 2 (Generic):	<p>Standard cost sharing: You pay \$20 per prescription.</p> <p>Preferred cost sharing: You pay \$10 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0</p>	<p>Standard cost sharing: You pay \$20 per prescription.</p> <p>Preferred cost sharing: You pay \$10 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0</p>
Tier 3 (Preferred Brand):	<p>Standard cost sharing: You pay \$47 per prescription.</p> <p>Preferred cost sharing: You pay \$40 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$40.</p>	<p>Standard cost sharing: You pay \$47 per prescription.</p> <p>Preferred cost sharing: You pay \$47 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$40.</p>

	2025 (this year)	2026 (next year)
Tier 4 (Non-Preferred Drugs):	Standard cost sharing: You pay \$100 per prescription. Preferred cost sharing: You pay \$100 per prescription.	Standard cost sharing: You pay \$100 per prescription. Preferred cost sharing: You pay \$100 per prescription.
Tier 5 (Specialty):	Standard cost sharing: You pay 30% per prescription. Preferred cost sharing: You pay 30% per prescription.	Standard cost sharing: You pay 30% per prescription. Preferred cost sharing: You pay 30% per prescription.

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Customer Service hours	Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week.	From April 1st to September 30th, the hours are Monday through Friday from 8 a.m. to 8 p.m. From October 1st to March 31st, the hours are Sunday through Saturday (7 days a week) from 8 a.m. to 8 p.m.
Diabetic Testing Supplies (meters and strips) obtained through the pharmacy	Preferred products are Roche branded products (Accu-Chek) and Lifescan branded products (OneTouch).	Preferred products are Roche branded products (Accu-Chek) and Abbott branded products (Freestyle).
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 855-742-2779 (TTY users call 711) or visit www.Medicare.gov.

	2025 (this year)	2026 (next year)
Optional Supplemental Benefit Enrollment Time Frames	If you are currently a member of Providence Medicare Advantage Plans, you may change or elect your Optional Supplemental Dental Plan during the Annual Enrollment Period (AEP) or within the first 60 days following January 1st.	If you are currently a member of Providence Medicare Advantage Plans, you may change or elect your Optional Supplemental Dental Plan during the Open Enrollment Period (OEP), through the end of December, or within the first 60 days following January 1st. If you had a recent plan change outside of the time frame described above, you will have an additional 60 days from your new effective date of coverage to change or elect your Optional Supplemental Dental Plan.

SECTION 3 How to Change Plans

To stay in Providence Medicare Pine + Rx (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 Providence Medicare Pine + Rx (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 Providence Medicare Pine + Rx (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Providence Medicare Pine + Rx (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Providence Health Assurance 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 – 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 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. -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 California AIDS Drug Assistance Program (ADAP). 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 1-916-449-5900. 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 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 1-855-742-2779 or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Providence Medicare Pine + Rx (HMO)

- **Call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711).**

We're available for phone calls. From April 1st to September 30th, the hours are Monday through Friday from 8 a.m. to 8 p.m. From October 1st to March 31st, the hours are Sunday through Saturday (7 days a week) from 8 a.m. to 8 p.m. 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, look in the 2026 *Evidence of Coverage* for Providence Medicare Pine + Rx (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 www.ProvidenceHealthAssurance.com/EOC or call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.ProvidenceHealthAssurance.com/findaprovider**

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 Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call

SHIBA at 1-800-562-6900 (TTY 360-586-0241). Learn more about SHIBA by visiting www.insurance.wa.gov/shiba.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

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

- **Visit www.Medicare.gov**

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

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.