

2026 Annual Notice of Change

MEMORIAL[®]
HERMANN
Health Plan
Medicare Advantage Plans

Memorial Hermann Advantage (HMO) offered by Memorial Hermann Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Memorial Hermann Advantage 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 Memorial Hermann Advantage HMO.
- To change to a **different plan**, visit <https://healthplan.memorialhermann.org/medicare/> 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*. You can also review the *Evidence of Coverage* posted on our website (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>) to see if other benefit or cost changes affect you.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at (855) 645-8448 (TTY users call 711) for more information. Hours of operation are 8 a.m. to 8 p.m., 7 days a week from October 1 - March 31, excluding major holidays, and 8 a.m. to 8 p.m., Monday - Friday from April 1 - September 30, excluding major holidays. This call is free.
- We must provide information in a way that works for you (in languages other than English, in large print, etc.).

About Memorial Hermann Advantage HMO

- Memorial Hermann Advantage HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Memorial Hermann Health Plan, Inc. When it says “plan” or “our plan,” it means Memorial Hermann Advantage HMO.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Memorial Hermann Advantage HMO.** Starting January 1, 2026, you'll get your medical and drug coverage through Memorial Hermann Advantage 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.	\$0.00	\$0.00
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.)	\$2,950.00	\$3,400.00
Primary care office visits	\$0.00 copay per visit	\$0.00 copay per visit
Specialist office visits	\$15.00 copay per visit	\$25.00 copay 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.	\$350.00 copay for each Medicare-covered inpatient hospital admission	\$400.00 copay for each Medicare-covered inpatient hospital admission
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$0.00	\$200.00 except for covered insulin products and most adult Part D vaccines

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: (Preferred Generic) <i>Standard cost sharing:</i> \$0.00 copay</p> <p>Drug Tier 2: (Generic) <i>Standard cost sharing:</i> \$4.00 copay</p> <p>Drug Tier 3: (Preferred Brand) <i>Standard cost sharing:</i> 25% coinsurance You pay \$35.00 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: (Non-Preferred) <i>Standard cost sharing:</i> 45% coinsurance You pay \$35.00 per month supply of each covered insulin product on this tier.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: (Preferred Generic) <i>Standard cost sharing:</i> \$0.00 copay</p> <p>Drug Tier 2: (Generic) <i>Standard cost sharing:</i> \$5.00 copay</p> <p>Drug Tier 3: (Preferred Brand) <i>Standard cost sharing:</i> 23% coinsurance You pay \$35.00 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: (Non-Preferred) <i>Standard cost sharing:</i> 44% coinsurance You pay \$35.00 per month supply of each covered insulin product on this tier.</p>

	2025 (this year)	2026 (next year)
	<p>Drug Tier 5: (Specialty)</p> <p>33% coinsurance</p>	<p>Drug Tier 5: (Specialty)</p> <p>30% coinsurance</p>
	<p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<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)
<p>Monthly plan premium</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0.00	\$0.00

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 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 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. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$2,950.00	\$3,400.00 Once you've paid \$3,400 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* <https://mhapex.healthtrioconnect.com/public-app/consumer/provdir/search.page?> 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 <https://healthplan.memorialhermann.org/medicare/>.
- Call Customer Service at (855) 645-8448 (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 Customer Service at (855) 645-8448 (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* (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>).

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* <https://healthplan.memorialhermann.org/medicare-advantage/pharmacybenefits/pharmacy-directory> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at <https://healthplan.memorialhermann.org/medicare/>.
- Call Customer Service at (888) 227-7940 (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 Customer Service at (888) 227-7940 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Out-of-Pocket Maximum (In-Network)	\$2,950.00	\$3,400.00
Specialist	\$15.00 copay	\$25.00 copay
Inpatient Hospital Services	\$350.00 copay	\$400.00 copay
Intensive Outpatient Program	\$25.00 copay	\$50.00 copay
Emergency Services	\$140.00 copay	\$150.00 copay

	2025 (this year)	2026 (next year)
Urgent Care Services	\$20.00 copay	\$30.00 copay
Worldwide Emergency Services	\$125.00 copay	\$150.00 copay
Worldwide Urgent Care Services	\$25.00 copay	\$30.00 copay
Psychiatric Services – Individual and Group	\$15.00 copay	\$25.00 copay
Physical Therapy and Speech-Language Pathology Services	\$20.00 copay	\$25.00 copay
Occupational Therapy Services	\$20.00 copay	\$25.00 copay
Podiatry Services	\$15.00 copay	\$25.00 copay
Telehealth Services		
Specialist	\$15.00 copay	\$25.00 copay
Psychiatrist	\$15.00 copay	\$25.00 copay
Urgent Care	\$20.00 copay	\$30.00 copay
Opioid Treatment	\$20.00 copay	\$25.00 copay
Outpatient Diagnostic and Therapeutic Radiological Services - Ultrasound	\$150.00 copay	\$0.00 copay

	2025 (this year)	2026 (next year)
Diabetic Test Strips	One Touch (LifeScan) and Ascencia (Contour)	Roche (Accu-Chek) and Ascencia (Contour)
Nicotine Replacement Therapy (NRT)	NRT was <u>not</u> covered under the Part C OTC benefit	NRT <u>is</u> covered under the OTC benefit
Fitness Benefit	Member may select two fitness kits	Member may select one fitness kit
Dental Services Calendar Year Maximum	\$3,000.00	\$2,500.00
Comprehensive Dental Services	Endodontics: \$364.00 maximum copay	Endodontics: \$364.10 maximum copay
Vision Benefit: Eyewear	\$1,000.00 combined calendar year maximum shared between vision and hearing benefits	\$500.00 calendar year maximum for vision benefits
Hearing Benefit: Prescription Hearing Aids	\$1,000.00 combined calendar year maximum shared between vision and hearing benefits	\$500.00 calendar year maximum for hearing benefits
Food and Produce	\$60.00 every three months	\$80.00 every three months

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. **You can get the complete Drug List** by calling Customer Service at (888) 227-7940 (TTY users call 711) or visiting our website at <https://healthplan.memorialhermann.org/medicare-advantage/pharmacy-benefits/formulary-information-drug-list>.

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* (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>) 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 (888) 227-7940 (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, 2025, call Customer Service at (855) 645-8448 (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 \$2,100.00.

- **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	<p>\$0.00</p> <p>Because we have no deductible, this payment stage doesn't apply to you.</p>	<p>\$200.00</p> <p>During this stage, you pay \$0.00 cost sharing for drugs on Tier 1, \$5.00 cost sharing for drugs on Tier 2 and the full cost of drugs on Tiers 3, 4 and 5 where coinsurance applies until you've reached the yearly deductible.</p>

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 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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage* (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>).

Once you've paid \$2,100.00 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: We changed the tier for some of the drugs on our Drug list. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0.00 of the total cost Your cost for a one-month mail-order prescription is \$0.00.	\$0.00 of the total cost Your cost for a one-month mail-order prescription is \$0.00.
Tier 2 - Generic:	\$4.00 of the total cost Your cost for a one-month mail-order prescription is \$4.00.	\$5.00 of the total cost Your cost for a one-month mail-order prescription is \$5.00.
Tier 3 - Preferred Brand:	25% coinsurance You pay no more than \$35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 25%.	23% coinsurance You pay no more than \$35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 23%.

	2025 (this year)	2026 (next year)
Tier 4 - Non-Preferred:	45% coinsurance You pay no more than \$35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 45%.	44% coinsurance You pay no more than \$35.00 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 44%.
Tier 5 - Specialty:	33% coinsurance	30% coinsurance

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* (<https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>).

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Healthy Rewards (Earn up to \$180.00 annually after completion of identified wellness activities)	Gift cards are mailed to member after completing identified wellness activities.	Reward dollars are added to Flex Card/Mastercard after completing identified wellness activities.
Part D Customer Service Contact Phone Number	(855) 645-8448	(888) 277-7940
Part B – Step Therapy for Home Infusion Drugs	Step therapy was <u>not</u> offered.	Step therapy is offered.

	2025 (this year)	2026 (next year)
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.	<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 (888) 277-7940 (TTY users call 711) or visit www.Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in Memorial Hermann Advantage 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 Memorial Hermann Advantage 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 Memorial Hermann Advantage HMO.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Memorial Hermann Advantage HMO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at (855) 645-8448 (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).

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.

- Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas Kidney Healthcare Program (KHC) and Texas HIV State Pharmacy Assistance Program (SPAP) 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 Texas HIV Medication Program (THMP). 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 THMP at (800) 255-1090. 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 (888) 227-7940 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Memorial Hermann Advantage HMO

- **Call Customer Service at (855) 645-8448. (TTY users call 711.)**

We're available for phone calls between October 1 and March 31 from 8 a.m. to 8 p.m., 7 days a week, excluding major holidays. Hours of operation between April 1 and September 30 are 8 a.m. to 8 p.m., Monday - Friday, excluding major holidays. 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 Memorial Hermann Advantage 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. A copy of the *Evidence of Coverage* is located on our website at <https://healthplan.memorialhermann.org/medicare-advantage/resource-center/plan-documents-materials>. You may also call Customer Service at (855) 645-8448 (TTY users call 711) to ask us to mail you an *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit <https://healthplan.memorialhermann.org/medicare/>.**

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 Texas, the SHIP is called Health Information Counseling and Advocacy Program (HICAP).

Call Health Information Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Information Counseling and Advocacy Program (HICAP) at (800) 252-9240. Learn more about Health Information Counseling and Advocacy Program (HICAP) by visiting <https://www.hhs.texas.gov/services/health/medicare>.

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.

healthplan.memorialhermann.org/medicare

855.645.8448 (TTY 711)

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Medicare Advantage Plans

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