

Annual Notice of Change 2027

Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)



Download the **UnitedHealthcare app**



mypeopleshealthplan.com



Toll-free **1-877-369-1907**, TTY **711**
7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept

PEOPLES HEALTH

A UnitedHealthcare Company

Feel confident and prepared for next year

Your health and well-being are at the heart of everything we do. We're here to help you get the care you need. Our goal is to keep your coverage affordable and make your Medicare experience easier. Some plan details may change each year, but our commitment to you stays the same.

Medicare industry changes may affect some plan benefits

Each year, Medicare plans may change because of industry regulations and federal funding. We know it's important to understand what's changing in 2027. This can help you make the best choices for your health and budget.

What's changing for your plan in 2027

This Annual Notice of Change explains your 2027 plan updates. It includes any changes to your costs, benefits and coverage. Reviewing it now can help you decide if this Peoples Health plan still fits your needs.

Here are some plan changes. Your plan may have more. Please review **Section 1** for full details.



Your Medicare Part B rebate amount is \$200. This is the amount your plan gives back each month to help lower your monthly Part B premium.



Your plan includes a \$450 vision allowance. You can use it to buy a pair of eyeglasses (lenses and frames) or contacts.

New for 2027: 2 cards for extra protection and reliability

In 2027, you'll get 2 easy-to-use cards:

- Your member ID card – Use this at the doctor's office
- Your UnitedHealthcare UCard® – Use this for plan benefits like OTC credits

Having separate cards help protect your personal health information. It also makes your benefits easier to use. Your cards will come in separate mailings. Please watch for both.

Review **Section 2** to learn more about how each card works.

How to prepare for next year

- ✓ Remember to take advantage of your current plan benefits before the end of this year.
- ✓ Review your 2027 Annual Notice of Change.
- ✓ Visit the **Prepare for Next Year** page on your member site or UnitedHealthcare® app. You can see how you've used your plan this year and what to expect before the Annual Enrollment Period.
- ✓ Watch for more information from us about your benefits and coverage for next year.

Your enrollment will renew automatically

If this plan still meets your needs, you don't need to do anything. Your enrollment will renew automatically. You'll continue to have access to the Peoples Health plan coverage, benefits and support you rely on today.

If this plan no longer feels right for you, contact us after October 1. We'll be happy to help you explore other options that may better meet your health care needs and budget.

Thank you for trusting us with your Medicare experience

If you have questions, call Customer Service at the toll-free number on your member ID card. You can also contact your local licensed sales agent, if you have one.

We appreciate your membership and look forward to helping you get 2027 off to a great start.

Scan the QR code or visit **uhc.care/next-year** to access your **Prepare for Next Year** page and to learn more about Medicare industry changes and plan experience updates.

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More information will be available online after October 15, 2026

This Annual Notice of Change (ANOC) provides important highlights about changes to your plan for next year, but it may not include all the updates.

To see the complete and most up-to-date details for your plan, review 2027 plan materials at mypeopleshealthplan.com after October 15, 2026.



Provider Directory

Confirm that your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.



Evidence of Coverage (EOC)

Review your 2027 EOC for details about plan costs and benefits. The EOC is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. It also has information about the quality program, how medical coverage decisions are made and your rights and responsibilities as a member.

We know some members prefer having paper copies of their plan materials. Call or chat with our Customer Service if you'd like printed 2027 plan materials. We're happy to send them to you at no cost.

You can also visit mypeopleshealthplan.com to sign up for paperless delivery.

Your enrollment will continue automatically

If this is still the right plan for you, you don't need to take any action to stay enrolled in the plan for next year. Your enrollment will continue automatically.

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You're enrolled as a member of Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).

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 Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare & You 2027 handbook.
- You don't need to take any action to stay enrolled in this plan for next year - your enrollment will continue automatically.
- **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 mypeopleshealthplan.com or call Customer Service at 1-877-369-1907 (TTY users call 711) to get a copy by mail.**

More Resources

- UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- UnitedHealthcare provides free services to help you communicate with us such as materials in other languages, braille, large print and audio. You can also ask for an interpreter. Call us toll-free at 1-877-369-1907, TTY 711, 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept.
- UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunice con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. También puede pedir un intérprete. Llámenos al número gratuito 1-877-369-1907, TTY 711, 7 a.m. a 10 p.m. hora del centro, los 7 días de la semana, de octubre a marzo, de lunes a viernes, de abril a septiembre.

About Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this material says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).** Starting January 1, 2027, you'll get your medical coverage through Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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Summary of important costs for 2027

	2026 (this year)	2027 (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 amounts This is the most you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$6,700	From network providers: \$6,700
Primary care office visits	You pay a \$0 copayment per visit.	You pay a \$0 copayment per visit.
Specialist office visits	You pay a \$55 copayment per visit.	You pay a \$40 copayment 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.	You pay a \$350 copayment each day for days 1 to 8. \$0 copayment for additional Medicare covered days.	You pay a \$350 copayment each day for days 1 to 8. \$0 copayment for additional Medicare covered days.

Questions? Get answers on the UnitedHealthcare app or Chat with us at mypeopleshealthplan.com. You can also call Customer Service at **1-877-369-1907**, TTY **711**, 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept

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	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B. If your Part B premium is lower than the reduction amount, you won't get the difference as a cash payment. The reduction only applies to what you owe for Part B.	Up to \$175 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	Up to \$200 Reductions will be applied to your Social Security check or your Medicare Part B premium bill.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. 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) from network providers count toward your in-network maximum out-of-pocket amount.	\$6,700 Once you've paid \$6,700 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$6,700 Once you've paid \$6,700 out-of-pocket for covered Part A and Part B services from network providers, you'll pay nothing for your covered Part A and Part B services from network providers 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 (mypeopleshealthplan.com) 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 mypeopleshealthplan.com.
- Call Customer Service at 1-877-369-1907 (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 1-877-369-1907 (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 Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	You pay a \$0 copayment for services provided by a primary care physician. You pay a \$55 copayment for services provided by a specialist. Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.	You pay a \$0 copayment for services provided by a primary care physician. You pay a \$40 copayment for services provided by a specialist. Generally, Medicare-covered acupuncture services are not covered when provided by an acupuncturist or chiropractor. See Chapter 4 of the Evidence of Coverage for details.
Emergency care – worldwide	Covered	Emergency care, including emergency ambulance services, outside of the United States and its territories is not covered by Original Medicare or the Plan.

	2026 (this year)	2027 (next year)
		If you are travelling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Fitness program	You have access to a fitness program for body and mind to help you stay active, focused and connected either at a gym or from home. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers.	You have access to a fitness program to help you stay active at a gym. You pay a \$0 copayment. There are no fees for standard membership services when you use network providers. Digital fitness, memory fitness and mail-order kits are no longer covered. View your Evidence of Coverage for more information.
Hearing services Hearing aids	You pay a \$199 - \$829 copayment for each OTC hearing aid. You pay a \$199 - \$1,249 copayment for each prescription hearing aid. You can purchase up to 2 hearing aids every year. Home-delivered hearing aids are available nationwide through network providers (select products only). You must use network providers to access this benefit.	You receive a \$1,000 allowance for up to 2 prescription hearing aids every year. You pay a \$0 copayment. You must use network providers to access this benefit. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered.

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - X-rays	You pay a \$30 copayment.	You pay a \$10 copayment.
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a \$50 copayment.	You pay a \$25 copayment.
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - radiological diagnostic service, not including X-rays	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$260 copayment otherwise.	You pay a \$0 copayment for each diagnostic mammogram. You pay a \$95 copayment otherwise.
Outpatient rehabilitation services - occupational therapy	You pay a \$50 copayment.	You pay a \$40 copayment.
Outpatient rehabilitation services - physical therapy and speech therapy	You pay a \$55 copayment.	You pay a \$40 copayment.
OTC and home and bath safety devices credit	\$100 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. You pay a \$0 copayment. Your credit amount expires at the end of each quarter.	\$255 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. You pay a \$0 copayment. Your credit amount expires at the end of each quarter. You can use your current UCard through Dec.31, 2026.

	2026 (this year)	2027 (next year)
		We'll mail you a new UCard before the new plan year begins. View your Evidence of Coverage for more information.
Passport	Covered.	The following are changes in service area for the 2027 UnitedHealth Passport® benefit: Removal of Counties: Alabama: Tuscaloosa Arkansas: Craighead Colorado: Clear Creek, Eagle, Gilpin, Grand, Lake, Larimer, Logan, Morgan, Phillips, Summit, Washington, Weld, Yuma Idaho: Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Caribou, Cassia, Elmore, Franklin, Idaho, Jerome, Latah, Lemhi, Lewis, Minidoka, Nez Perce, Teton, Valley Illinois: Randolph Indiana: Adams, Cass, Decatur, Franklin, Harrison, Jackson, Jefferson, La Porte, Lagrange, Lawrence, Miami, Monroe, Newton, Putnam, Ripley, Rush, Shelby, Starke, Steuben, Sullivan, Union, Vigo, Wabash, Wayne

	2026 (this year)	2027 (next year)
		Kansas: Cloud Kentucky: Calloway, Hardin Minnesota: Benton, Cass, Cook, Hubbard, Kittson, Koochiching, Lake, Lake of the Woods, Marshall, Morrison, Roseau, Traverse Mississippi: Lafayette, Oktibbeha Montana: Big Horn, Flathead, Glacier, Golden Valley, McCone, Ravalli, Teton, Yellowstone New York: Nassau North Dakota: Benson, Grand Forks, Mercer, Morton, Mountrail, Oliver, Ramsey, Richland Oklahoma: Alfalfa, Beaver, Bryan, Caddo, Cimarron, Creek, Dewey, Ellis, Grant, Harmon, Harper, Jackson, Johnston, Lincoln, Love, Major, Marshall, McCurtain, Noble, Nowata, Pontotoc, Roger Mills, Texas, Woods, Woodward Oregon: Jackson, Josephine Wisconsin: Barron, Burnett, Chippewa, Crawford, Dodge, Door, Dunn, Eau Claire, Green Lake, Iron, Jackson,

	2026 (this year)	2027 (next year)
		Kenosha, La Crosse, Langlade, Pierce, Polk, Taylor, Trempealeau, Waushara Wyoming: Laramie Addition of Counties: Illinois: Champaign Michigan: Cheboygan, Jackson Mississippi: Adams New Mexico: Chaves, Eddy, Lea, McKinley
Physician/practitioner services, including doctor's office visits - specialists	You pay a \$55 copayment.	You pay a \$40 copayment.
Podiatry services (Medicare-covered)	You pay a \$45 copayment.	You pay a \$40 copayment.
Pulmonary rehabilitation	You pay a \$15 copayment.	You pay a \$0 copayment.
Referral	Some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose will impact which specialists and hospitals you'll be able to see.	Physical therapy, speech therapy, and occupational therapy no longer require referrals. Only visits to specialists will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose can impact which specialists and hospitals you'll be able to see. For more information, view Chapter 3 Section

	2026 (this year)	2027 (next year)
	Review your Evidence of Coverage for more details.	2.2 of the Evidence of Coverage.
Skilled nursing facility (SNF) care	You pay a \$0 copayment each day for days 1 to 20. You pay a \$218 copayment each day for days 21 to 100.	You pay a \$0 copayment each day for days 1 to 20. You pay a \$221 copayment each day for days 21 to 100.
Supervised exercise therapy (SET)	You pay a \$15 copayment.	You pay a \$0 copayment.
Urgently needed services – worldwide	Covered	Urgently Needed Services outside of the United States and its territories are not covered by Original Medicare or the Plan. If you are traveling outside of the United States, you may wish to consider purchasing a separate Travel Medical Insurance policy.
Vision care Additional routine eyewear	You pay a \$0 copayment for standard lenses or a copayment ranging from \$40 to \$153 for other covered lenses and receive up to \$250 toward your purchase of frames or contact lenses every 2 years. Limited to 1 pair of lenses and frames or contact lenses every 2 years.	Receive a total credit of \$450 toward your purchase of 1 pair of frames/lenses or contact lenses every 2 years. Limited to 1 pair of frames/lenses or contact lenses every 2 years. You pay a \$0 copayment. Home-delivered eyewear is available nationwide through network

	2026 (this year)	2027 (next year)
	Home-delivered eyewear is available nationwide through network providers (select products only). You are responsible for all costs for eyewear not purchased from a UHC Vision network provider.	providers (select products only). You are responsible for all costs for eyewear not purchased from a UHC Vision network provider.

Section 2 Administrative Changes

	2026 (this year)	2027 (next year)
Prior Authorization - Comprehensive Dental Services	Your provider may need to request prior authorization.	Your provider no longer needs to request prior authorization.
Prior Authorization - Meal benefit following a covered inpatient hospital stay	Prior authorization is required in addition to verification of a qualifying stay.	Prior authorization is no longer required. The plan will continue to confirm eligible stays before we send your order.
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits on eligible items.	You'll get 2 cards in separate mailings - a member ID card and a UCard. Use your new member ID card when visiting a provider. Use your UCard as payment in-store or online to spend your OTC credits on eligible items. UCards expire after 3 years, which means you won't get a new UCard

	2026 (this year)	2027 (next year)
		every year. You can destroy your current card Jan. 1, 2027. To check your balance, find participating stores and eligible items, visit the UCard Hub on the UnitedHealthcare app or your member site.

Section 3 How to Change Plans

To stay in our plan, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).

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 Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS). 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 separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll or visit our website to disenroll online (mypeopleshealthplan.com). Call Customer Service at 1-877-369-1907 (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.
- **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. As a reminder, UnitedHealthcare Insurance Company or one of its affiliates offers other Medicare health plans AND/OR Medicare drug 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 can 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 can 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 call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Louisiana has a program called Louisiana Department of Health 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 ADAP in your state. 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 ADAP in your state. You can find your state's ADAP contact information in Chapter 2 of the **Evidence of Coverage**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Section 5 Questions?

Get Help from Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS)

- **Call Customer Service at 1-877-369-1907. (TTY users call 711).**

We're available for phone calls 7 a.m.-10 p.m. CT, 7 Days Oct-Mar, M-F Apr-Sept. 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 Peoples Health Medicare Advantage Patriot No Rx LA (HMO-POS). The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services. Get the **Evidence of Coverage** on our website at mypeopleshealthplan.com or call Customer Service at 1-877-369-1907 (TTY users call 711) to ask us to mail you a copy.

- **Visit mypeopleshealthplan.com**

Our website has the most up-to-date information about our provider network (Provider Directory). The Provider Directory will be available after **October 15, 2026**.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Louisiana, the SHIP is called Louisiana Senior Health Insurance Information Program (SHIIP).

Call Louisiana Senior Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Louisiana Senior Health Insurance Information Program (SHIIP) at 1-800-259-5300.

Get Help from Medicare

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

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

- **Chat live with Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](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**

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 (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية وتنسيقات أخرى، مثل الطباعة بأحرف كبيرة، اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন।

請注意: 如果您說中文 (Chinese)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر پہ زبان فارسی (Farsi) صحبت می کنید، خدماتی را می توانید که کمک می کند و ارتباطات رایگان و سایر فرمت های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارتو تماس بگیرید.

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), ou èn sèvis lang gratis ak komunikasyon nan lòt fòm la disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ATENÇÃO: se você fala **português (Portuguese)**, de acordo com a sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, puede obtener servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

BAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, dapat makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر ظلمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹولڈ فری ممبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện tra cứu miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**.

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