

Renown Preferred Plan by Senior Care Plus (HMO) offered by Senior Care Plus

Annual Notice of Change for 2026

You're enrolled as a member of *Renown Preferred Plan by Senior Care Plus*.

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 *Renown Preferred Plan by Senior Care Plus*.
- 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.seniorcareplus.com or call Customer Service at 1-888-775-7003 (TTY users call 711) to get a copy by mail.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2026**. This will end your enrollment with *Renown Preferred Plan by Senior Care Plus*.

More Resources

- This material is available for free in Spanish.
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 888-775-7003 (TTY users call the State Relay Service at 711).
- Call Customer Service at 775-982-3112 or toll-free at 888-775-7003 (TTY users call the State Relay Service at 711) for more information. Hours are 7:00 a.m. to 8:00 p.m., Monday-Friday and 8:00 a.m. to 8:00 p.m. Saturday and Sunday (except Thanksgiving and Christmas) from October 1 through March 31, and 7:00 a.m. to 8:00 p.m. Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- Customer Service also has free language interpreter services available for non-English speakers.
- Esta información está disponible gratuitamente en español.

- Atención: Si usted habla español, los servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 888-775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Para más información, llame a Atención al Cliente al 775-982-3112 o al número gratuito 888-775-7003. (Los usuarios de TTY deben llamar al Servicio Estatal de Retransmisión al 711). El horario es de 7:00 a. m. a 8:00 p. m. de lunes a viernes y de 8:00 a. m. a 8:00 p. m. los sábados y domingos (excepto el Día de Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de 7:00 a. m. a 8:00 p. m. de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre. Esta llamada es gratuita
- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.
- This information is available in different formats, including Spanish and other languages, as well as large print and braille. Please call Customer Service at the number listed above if you need plan information in another format or language.

About Renown Preferred Plan by Senior Care Plus

- Renown Preferred Plan by Senior Care Plus is an HMO plan with a Medicare contract. Enrollment in Renown Preferred Plan by Senior Care Plus depends on contract renewal.
- El Renown Preferred Plan by Senior Care Plus es un plan HMO con contrato con Medicare. La inscripción al Plan Renown Preferred Plan by Senior Care Plus depende de la renovación del contrato.
- When this material says “we,” “us,” or “our,” it means Senior Care Plus. When it says “plan” or “our plan,” it means Renown Preferred Plan by Senior Care Plus.
- Cuando este material menciona “nosotros”, “nos” o “nuestro”, se refiere a Senior Care Plus. Cuando menciona “plan” o “nuestro plan”, se refiere a Renown Preferred Plan by Senior Care Plus.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Renown Preferred Plan by Senior Care Plus (HMO).** Starting January 1, 2026, you’ll get your medical and drug coverage through *Renown Preferred Plan by Senior Care Plus (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 Part A and Part B services. (Go to Section 1.2 for details.)	\$2,700	\$2,700
Primary care office visits	\$0 Copay per visit to a preferred PCPs Medicare covered services. \$0 Copay per visit to all non-preferred PCPs for Medicare covered services. \$0 Copay per visit to Convenient Care Facilities.	\$0 Copay per visit to a preferred PCPs Medicare covered services. \$0 Copay per visit to all non-preferred PCPs for Medicare covered services. \$0 Copay per visit to Convenient Care Facilities.
Specialist office visits	\$25 Copay for each specialist per visit for Medicare covered services	\$25 Copay for each specialist per visit for Medicare covered services

	2025 (this year)	2026 (next year)
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. Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities. Please refer to the online Provider Directory at https://www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112. Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.	Preferred Facility: \$250 Copay (1-4 days) Non-Preferred Facility: \$440 Copay (1-5 days)	Preferred Facility: \$220 Copay (1-4 days) Non-Preferred Facility: \$440 Copay (1-5 days)
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage (30-day supply):	Copayment/Coinsurance during the Initial Coverage Stage (30-day supply):

	2025 (this year)	2026 (next year)
	Drug Tier 1: Preferred Generic: \$5 per prescription Drug Tier 2: \$12. Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 50% Drug Tier 5: 33% Drug Tier 6: \$0 Catastrophic Coverage Stage: During this payment stage, the plan pays most of the cost for your covered drugs For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.).	Drug Tier 1: Preferred Generic: \$5 per prescription. Drug Tier 2: Generic: \$12 per prescription. Drug Tier 3: Preferred Brand: \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 50% coinsurance per prescription Drug Tier 5: Specialty: 33% per prescription. Drug Tier 6: \$0 per prescription. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

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
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$0	\$0

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.	\$2,700	\$2,700 Once you've paid \$2,700 out of pocket for covered Part A and Part B

	2025 (this year)	2026 (next year)
		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* www.seniorcareplus.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 www.seniorcareplus.com
- Call Customer Service at 1-888-775-7003 (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 1-888-775-7003 (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 of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.seniorcareplus.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.seniorcareplus.com
- Call Customer Service at 1-888-775-7003 (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 1-888-775-7003 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Enhanced Disease Management	You pay nothing for this benefit.	This service is not covered.
Inpatient Acute Lifetime Reserve Days	Preferred Facility \$250 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility \$220 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.
Inpatient Acute Medicare-covered stay	Preferred Facility \$250 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility \$220 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.
Inpatient Psychiatric Lifetime Reserve Days	Preferred Facility \$250 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility \$220 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.
Inpatient Psychiatric Medicare-covered	Preferred Facility \$250 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.	Preferred Facility \$220 Copay per day for days 1-4. \$0 Copay per day for days 5-90. There is no out-of-pocket limit. There is no deductible.

	2025 (this year)	2026 (next year)
Intensive Outpatient Program Services	This service is not covered.	You pay \$75 Copay for Intensive Outpatient Program Services.
Medicare-covered Eye Exams	You pay \$35 Copay for this Medicare-covered Eye Exams.	You pay \$25 Copay for this Medicare-covered Eye Exams.
Post discharge In-home Medication Reconciliation	You pay nothing for this benefit.	This service is not covered.

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. The Drug List includes many—but not all—of the drugs that we’ll cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Service at 1-888-775-7003 (TTY users call 711) or visiting our website at www.seniorcareplus.com.

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 1-888-775-7003 (TTY users call 711) for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Customer Service at 1-888-775-7003 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist 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 does 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 1-888-775-7003 (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**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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 total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

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

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

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

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

	2025 (this year)	2026 (next year)
Tier 1 – Preferred Generic Drugs:	\$5 per prescription.	\$5 per prescription.

	2025 (this year)	2026 (next year)
Tier 2 – Generic Drugs:	\$12 per prescription	\$12 per prescription.
Tier 3 – Preferred Brand Drugs:	\$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.	\$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.
Tier 4 – Non-Preferred Drug Drugs:	50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.
Tier 5 – Specialty Tier Drugs:	33% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.	33% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.
Tier 6 – Select Care Drugs:	\$0 per prescription	\$0 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)
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 775-982-3112 or 888-775-7003 (TTY users call 711) or visit www.Medicare.gov

SECTION 3 How to Change Plans

To stay in Renown Preferred Plan by Senior Care Plus, 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 *Renown Preferred Plan by Senior Care Plus*.

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 Renown Preferred Plan by Senior Care Plus.

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Renown Preferred Plan by Senior Care Plus.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll www.seniorcareplus.com. Call Customer Service at 1-888-775-7003 (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). *Senior Care Plus* 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 separate Medicare drug coverage) or switch to Original Medicare (with or without 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 separate Medicare drug coverage) or switch to Original Medicare (with or without 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).** Nevada has a program called Nevada Senior Rx and Nevada Disability Rx 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 State of Nevada Department of Health and Human Services Ryan White HIV/AIDS Part B (RWPB) Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Access to Healthcare Network (AHN) at 1-775-284-8989 or toll free at 1-877-385-2345. 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 1-888-775-7003 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from *Renown Preferred Plan by Senior Care Plus*

- **Call Customer Service at 775-982-3112 or toll-free at 888-775-7003. (TTY users call the State Relay Service at 711.)**

We're available for phone calls 7:00 a.m. to 8:00 p.m., Monday-Friday and 8:00 a.m. to 8:00 p.m. Saturday and Sunday (except Thanksgiving and Christmas) from October 1 through March 31, and 7:00 a.m. to 8:00 p.m. Monday to Friday (except holidays) from April 1 through September 30. This call is 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 Renown Preferred Plan by Senior Care Plus*. 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.seniorcareplus.com or call Customer Services at 775-982-3112 or toll-free at 888-775-7003 (TTY users call the State Relay Service at 711) to ask us to mail you a copy. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit www.seniorcareplus.com**

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 *Nevada*, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

Call Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Nevada SHIP at 877-385-2345 or 800-307-4444. Learn more about Nevada SHIP by visiting [\(adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/\)](https://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

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.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English – ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-775-7003 (TTY: 711) or speak to your provider.

Spanish / Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-775-7003 (TTY: 711) o hable con su proveedor.

Traditional Chinese / 台語 – 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-775-7003 (TTY: 711) 或與您的提供者討論。

Simplified Chinese / 中文 – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-775-7003 (TTY: 711) 或咨询您的服务提供商。

Tagalog / Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-775-7003 o makipag-usap sa iyong provider.

French / Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-775-7003 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese / Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-775-7003 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German / Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-775-7003 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean / 한국어 – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-775-7003 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian / РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-775-7003 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic / العربية – تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-775-7003 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Hindi / हिंदी – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-775-7003 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian / Italiano – ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-775-7003 (TTY: 711) o parla con il tuo fornitore.

Brazilian Portuguese / Português do Brasil – ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-775-7003 (TTY: 711) ou fale com seu provedor.

Polish / POLSKI – UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-775-7003 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese / 日本語 – 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-775-7003 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。