



***Advantage Care by Ultimate (HMO C-SNP)
offered by Ultimate Health Plans***

Annual Notice of Change for 2027

You're enrolled as a member of Advantage Care by Ultimate (HMO C-SNP).

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 Advantage Care by Ultimate (HMO C-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.ChooseUltimate.com/Member/DocumentsandForms or call Member Services at 888-657-4170 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 888-657-4170 (TTY users call 711) for more information. Hours are 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. This call is free.
- This information is available in braille, large print, or audio.

About Advantage Care by Ultimate (HMO C-SNP)

- Ultimate Health Plans is an HMO with a Medicare contract and is contracted with the Florida State Medicaid program for Dual Special Needs Plans. Enrollment in Ultimate Health Plans depends on contract renewal.
- When this material says "we," "us," or "our," it means Ultimate Health Plans. When it says "plan" or "our plan," it means Advantage Care by Ultimate (HMO C-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Advantage Care by Ultimate (HMO C-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Advantage Care by Ultimate (HMO C-SNP). Go to Section 2 for more information about how to change plans and deadlines for making a change.

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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 amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$3,400	\$3,400
Primary care office visits	\$0 copay per visit	\$0 copay per visit
Specialist office visits	\$3 copay per visit	\$5 copay per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	\$165 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90	\$170 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage:	Part D drug coverage deductible \$0 Copayment/Coinsurance during the Initial Coverage Stage:
	• Drug Tier 1: \$0 copay	• Drug Tier 1: \$0 copay
	• Drug Tier 2: \$0 copay	• Drug Tier 2: \$0 copay

	2026 (this year)	2027 (next year)
	Drug Tier 3: \$25 copay You pay no more than the lesser of 25% coinsurance or \$25 copay per month supply of each covered insulin product on this tier.	Drug Tier 3: \$25 copay You pay no more than the lesser of 25% coinsurance or \$25 copay per month supply of each covered insulin product on this tier.
	Drug Tier 4: 35% of the total cost	Drug Tier 4: 35% of the total cost
	Drug Tier 5: 33% of the total cost You pay no more than the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.	Drug Tier 5: 33% of the total cost You pay no more than the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.
	Drug Tier 6: \$10 copay You pay no more than the lesser of 25% coinsurance or \$10 copay per month supply of each covered insulin product on this tier.	Drug Tier 6: \$10 copay You pay no more than the lesser of 25% coinsurance or \$10 copay per month supply of each covered insulin product on this tier.
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$185.00	\$202.90

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 There is no change for the upcoming benefit year. Once you've paid \$3,400 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.ChooseUltimate.com/Home/FindDoctor 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.ChooseUltimate.com/Home/FindDoctor.
- Call Member Services at 888-657-4170 (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 Member Services at 888-657-4170 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

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

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 888-657-4170 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture	<u>In-Network</u> \$3 copay for each Medicare-covered visit.	<u>In-Network</u> \$5 copay for each Medicare-covered visit.
Chiropractic Services	<u>In-Network</u> \$3 copay for each Medicare-covered chiropractic services visit.	<u>In-Network</u> \$5 copay for each Medicare-covered chiropractic services visit.
Dental Services	<u>In-Network</u> \$0 copay for Medicare covered dental services. \$0 copay for covered preventive dental services under the supplemental dental benefit. \$0 copay for routine and comprehensive dental services covered under our supplemental benefit. \$0 copay for covered comprehensive services, which include: • 3 fillings per year • 1 crown per year • 1 root canal per year • 4 periodontal scaling and root planing procedures (deep cleaning), limited to 1 procedure per quadrant per year	<u>In-Network</u> \$0 copay for Medicare covered dental services. \$0 copay for covered preventive dental services under the supplemental dental benefit. Covered preventive dental services do not count toward your Annual Dental Benefit Maximum. \$0 copay for covered comprehensive dental services under the supplemental dental benefit, up to the \$2,500 Annual Dental Benefit Maximum. Covered comprehensive services up to the \$2,500 Annual Dental Benefit Maximum include:

	2026 (this year)	2027 (next year)
	• 2 periodontal maintenance procedures following active surgery per year • 1 simple extraction per year • 1 surgical extraction per year • Medically necessary non-routine dental services; as covered by Original Medicare • Necessary anesthesia with covered service. • 60 minutes of general anesthesia or IV sedation per date of service Dental services must be received from FCL Dental in-network dental provider.	• Fillings • Crowns • Root canals • Full mouth debridement • Periodontal scaling and root planing procedures (deep cleaning) • Periodontal maintenance • Simple extraction • Surgical extraction • Necessary anesthesia with covered services • 60 minutes of general anesthesia or IV sedation per date of service You will present your Ultimate Benefits Card at the time of your dental service. Covered comprehensive dental services count toward your annual dental benefit maximum. Once the \$2,500 Annual Dental Benefit Maximum has been reached, you are responsible for 100% of the cost of additional comprehensive dental services for the remainder of the benefit year. Dental services must be received from a NationsBenefits in-network dental provider. Please refer to your 2027 Evidence of Coverage (EOC) for the covered

	2026 (this year)	2027 (next year)
		preventive and comprehensive dental services and limitations for your plan.
Diabetic Monitors	<u>In-Network</u> 0% to 20% coinsurance for Medicare-covered diabetic monitors.	<u>In-Network</u> \$0 copay for Medicare-covered diabetic monitors.
Emergency Care	<u>In- and Out-of-Network</u> \$120 copay for each visit for Medicare-covered emergency care services.	<u>In- and Out-of-Network</u> \$150 copay for each visit for Medicare-covered emergency care services.
FLEX Allowance – Dental, Vision, & Hearing	You will receive a \$670 yearly allowance loaded to your Ultimate Benefit Card to cover costs for hearing, dental, and vision services that exceed the plan-allowed benefits.	You will receive \$500 each year on your Ultimate Benefit Card to help cover out-of-pocket hearing, dental, and vision expenses at eligible provider offices that accept Mastercard®.
Healthy Foods and Utilities These benefits are part of a special supplemental program for the chronically ill. Not all members qualify.	This plan offers a combined monthly spending allowance of \$100 loaded to your Ultimate Benefits Card.	You will receive a \$125 monthly allowance towards healthy foods and utilities that can be used at in-network retailers and utility providers.

	2026 (this year)	2027 (next year)
Inpatient Hospital Care	<u>In-Network</u> For Medicare-covered inpatient hospital stays, \$165 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90.	<u>In-Network</u> For Medicare-covered inpatient hospital stays, \$170 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90.
Inpatient Services in a Psychiatric Hospital	<u>In-Network</u> For Medicare-covered inpatient mental health stays, \$165 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90.	<u>In-Network</u> For Medicare-covered inpatient mental health stays, \$170 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90.
Medicare Part B Prescription Drugs	<u>In-Network</u> Plan does not use step therapy for Medicare Part B drugs.	<u>In-Network</u> Plan uses step therapy for Medicare Part B drugs.
Outpatient Mental Health Care	<u>In-Network</u> \$3 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).	<u>In-Network</u> \$5 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).

	2026 (this year)	2027 (next year)
Outpatient Mental Health Care (continued)	\$3 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist). \$3 copay for each Medicare-covered individual therapy visit with a psychiatrist. \$3 copay for each Medicare-covered group therapy visit with a psychiatrist.	\$5 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist). \$5 copay for each Medicare-covered individual therapy visit with a psychiatrist. \$5 copay for each Medicare-covered group therapy visit with a psychiatrist.
Outpatient Rehabilitation Services	<u>In-Network</u> \$3 copay for each Medicare-covered occupational therapy visit. \$3 copay for each Medicare-covered physical therapy or speech therapy visit.	<u>In-Network</u> \$5 copay for each Medicare-covered occupational therapy visit. \$5 copay for each Medicare-covered physical therapy or speech therapy visit.
Over-the-Counter Items (OTC)	\$105 maximum plan coverage amount every month for OTC items.	You will receive a monthly allowance of \$65 for eligible OTC items, which can be used at in-network retailers.
Partial Hospitalization and Intensive Outpatient Program Services	<u>In-Network</u> \$0 copay for Medicare-covered partial hospitalization services. \$0 copay for Medicare-covered intensive outpatient program services.	<u>In-Network</u> \$55 copay for Medicare-covered partial hospitalization services. \$55 copay for Medicare-covered intensive outpatient program services.

	2026 (this year)	2027 (next year)
Physician/Practitioner Services, Including Doctor's Office Visits	<u>In-Network</u> \$3 copay for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$3 copay.	<u>In-Network</u> \$5 copay for each Medicare-covered specialist visit. For each Medicare-covered visit with other health care professionals (such as nurse practitioners and physician assistants), \$5 copay.
Podiatry Services	<u>In-Network</u> \$3 copay for each Medicare-covered podiatry services visit.	<u>In-Network</u> \$5 copay for each Medicare-covered podiatry services visit.
Skilled Nursing Facility (SNF) Care	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copay per day for days 1 through 20 \$150 copay per day for days 21 through 38 \$0 copay per day for days 39 through 100.	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copay per day for days 1 through 20 \$221 copay per day for days 21 through 100.
Vision Care	<u>In-Network</u> \$400 yearly eyewear allowance \$50 copay for standard progressive lenses OR	<u>In-Network</u> You will receive a \$300 annual eyewear allowance for prescription eyewear including contact lenses

	2026 (this year)	2027 (next year)
	\$40 copay for a pair of prescription sunglasses OR \$30 copay for photochromic lenses Vision care services must be received from a Premier Eye Care in-network provider.	or eyeglasses (including lenses and frames). Any remaining annual eyewear allowance may be used towards eyewear upgrades. You are responsible for any costs that exceed the yearly allowance. OR • Eyeglasses: Up to (2) two pairs every year from iCare the covered-in full eyewear selection (standard frame and lenses) at no cost including Polycarbonate with UV protection and scratch coating upgrades. Vision care services must be received from an iCare Health Solutions in-network provider.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at www.ChooseUltimate.com/Home/PrescriptionDrugs.

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 Member Services at 888-657-4170 (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 30th, call Member Services at 888-657-4170 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

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 reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	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

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 supply, or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Preferred Generic:	\$0 copay	\$0 copay
Generic:	\$0 copay	\$0 copay
Preferred Brand:	\$25 copay	\$25 copay
Non-Preferred Drug:	35% of the total cost	35% of the total cost
Specialty Tier:	33% of the total cost	33% of the total cost
Select Care Drugs:	\$10 copay	\$10 copay

SECTION 2 How to Change Plans

To stay in Advantage Care by Ultimate (HMO C-SNP), 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 Advantage Care by Ultimate (HMO C-SNP).

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 Advantage Care by Ultimate (HMO C-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Advantage Care by Ultimate (HMO C-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 888-657-4170 (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 3).

- **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 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Ultimate Health Plans offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 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 2.2 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 3 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.
- **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 Florida AIDS Drug Assistance 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 Florida AIDS Drug Assistance Program at 850-245-4422. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
 - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027; you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 844-368-8729 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 4 Questions?

Get Help from Advantage Care by Ultimate (HMO C-SNP)

- **Call Member Services at 888-657-4170. (TTY users call 711.)**

We're available for phone calls 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. 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 Advantage Care by Ultimate (HMO C-SNP). 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.ChooseUltimate.com/Member/DocumentsandForms or call Member Services at 888-657-4170 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.ChooseUltimate.com/Member/DocumentsandForms**

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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

Call Serving Health Insurance Needs of Elders (SHINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Serving Health Insurance Needs of Elders (SHINE) at 800-963-5337. Learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting <https://www.floridashine.org/>.

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.