Annual Notice of Change 2027

AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO)



Download the **UnitedHealthcare app**

myAARPMedicare.com

Toll-free **1-844-867-3487,** TTY **711**
7 a.m.-10 p.m. CT, 7 days Oct-Mar, M-F Apr-Sept

AARP® | Medicare Advantage from UnitedHealthcare®

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Feel confident and prepared for next year

UnitedHealthcare has been America's most chosen Medicare Advantage brand for 18 years in a row. 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 UnitedHealthcare 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 $170. This is the amount your plan gives back each month to help lower your monthly Part B premium.



Your plan includes a $250 vision allowance. You can use it to buy a pair of eyeglasses (lenses and frames) or contacts.



Your plan's maximum out-of-pocket amount will change next year to balance predictable costs and access to the most used services. This is the most you'll pay for Medicare-covered medical services in a year. This can affect how you budget for health care.

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 and earned rewards

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 UnitedHealthcare 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 **myAARPMedicare.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 myAARPMedicare.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.

AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO) offered by UnitedHealthcare

Annual Notice of Change for 2027

You're enrolled as a member of AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).

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 AARP Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- 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 myAARPMedicare.com or call Customer Service at 1-844-867-3487 (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 1-844-867-3487, 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 comunique con nosotros. Por ejemplo, materiales en otros idiomas, braille, en letra grande o en audio. También puede pedir un intérprete. Llámenos al número gratuito 1-844-867-3487, TTY 711, de 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.

OMB Approval 0938-1051 (Expires: July 31, 2029)

About AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO)

- 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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals.
- 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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO)**. Starting January 1, 2027, you'll get your medical coverage through AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO). 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: $4,900 From in-network and out-of-network providers combined: $10,100	From network providers: $5,900 From in-network and out-of-network providers combined: $10,750
Primary care office visits	You pay a $0 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).	You pay a $0 copayment per visit (in-network). You pay a $15 copayment per visit (out-of-network).
Specialist office visits	You pay a $55 copayment per visit (in-network). You pay a $70 copayment per visit (out-of-network).	You pay a $55 copayment per visit (in-network). You pay a $70 copayment per visit (out-of-network).
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 $435 copayment each day for days 1 to 7 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $535 copayment each day for days 1 to 7 (out-of-network).	You pay a $435 copayment each day for days 1 to 7 (in-network). $0 copayment for additional Medicare covered days (in-network). You pay a $535 copayment each day for days 1 to 7 (out-of-network).

	2026 (this year)	2027 (next year)
	$0 copayment for additional Medicare covered days (out-of-network).	$0 copayment for additional Medicare covered days (out-of-network).

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 $115** Reductions will be applied to your Social Security check or your Medicare Part B premium bill.	**Up to $170** 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)
In-network 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.	$4,900 Once you've paid $4,900 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.	$5,900 Once you've paid $5,900 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.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.	$10,100 Once you've paid $10,100 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$10,750 Once you've paid $10,750 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-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 (myAARPMedicare.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 myAARPMedicare.com.
- Call Customer Service at 1-844-867-3487 (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 1-844-867-3487 (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 2.2 of your Evidence of Coverage.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulance services	You pay a $290 copayment for each one-way Medicare-covered ground trip. You pay a $290 copayment for each one-way Medicare-covered air trip.	You pay a $350 copayment for each one-way Medicare-covered ground trip. You pay a $350 copayment for each one-way Medicare-covered air trip.

	2026 (this year)	2027 (next year)
Dental services Comprehensive and preventive dental	You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You are covered for up to $2,500 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.	You pay a $0 copayment for covered preventive and diagnostic services. You pay 50% coinsurance for covered comprehensive dental services. You are covered for up to $5,000 per year. Benefit is combined in and out-of-network. You may receive dental services from an out-of-network dentist. If an out-of-network dentist charges more than your plan pays, you may be billed for the difference, even for services listed as $0 copayment.
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. 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	You have access to a fitness program to help you stay active at a gym. In-network

	2026 (this year)	2027 (next year)
	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 pay a $0 copayment. There are no fees for standard membership services when you use network providers. Out-of-network You pay 90% of the total cost if you use an out-of-network fitness provider. 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 $700 allowance for up to 2 prescription hearing aids every year. In-network You pay a $0 copayment. Out-of-network You are responsible for 90% of the allowance amount if you purchase hearing aids from an out-of-network provider. Over-the-counter (OTC) hearing aids and home-delivered hearing aids are no longer covered. Benefit is combined in and out-of-network.
Meal benefit	Covered	Not covered

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - other diagnostic tests - non-radiological diagnostic services	You pay a $45 copayment (in-network).	You pay a $50 copayment (in-network).
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 (in-network).	You pay a $0 copayment for each diagnostic mammogram. You pay a $320 copayment otherwise (in-network).
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 $360 copayment otherwise (out-of-network).	You pay a $0 copayment for each diagnostic mammogram. You pay a $420 copayment otherwise (out-of-network).
OTC and home and bath safety devices credit	$50 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.	$100 credit a quarter loaded to your UnitedHealthcare UCard® for covered OTC products and home and bath safety devices. In-network You pay a $0 copayment. Out-of-network You pay 90% of the total cost if you use an out-of-network store. The credit applies to remaining balance, up to the quarterly limit.

	2026 (this year)	2027 (next year)
		Benefit is combined in and out-of-network. Your credit amount expires at the end of each quarter. You can use your current UCard through Dec.31, 2026. We'll mail you a new UCard before the new plan year begins. View your Evidence of Coverage for more information.
Pulmonary rehabilitation	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
Skilled nursing facility (SNF) care	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $218 copayment each day for days 21 to 100 (in-network).	You pay a $0 copayment each day for days 1 to 20 (in-network). You pay a $221 copayment each day for days 21 to 100 (in-network).
Supervised exercise therapy (SET)	You pay a $15 copayment (in-network).	You pay a $0 copayment (in-network).
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

	2026 (this year)	2027 (next year)
		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 $200 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. 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.	Receive a total credit of $250 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. In-network You pay a $0 copayment. Home-delivered eyewear is available nationwide through network providers (select products only). Out-of-network You are responsible for 90% of the allowance amount if you purchase frames/lenses or contact lenses from an out-of-network provider. Benefit is combined in and out-of-network.

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.
UnitedHealthcare UCard and member ID card	The UCard serves as your member ID card and more – use it to spend your OTC credits and earned rewards 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 and earned rewards on eligible items. UCards expire after 3 years, which means you won't get a new UCard 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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).

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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO). 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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO).
- **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 (myAARPMedicare.com). Call Customer Service at 1-844-867-3487 (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, 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.
- **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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO)

- **Call Customer Service at 1-844-867-3487. (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 AARP® Medicare Advantage Patriot No Rx FG-MA01 (PPO). 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 myAARPMedicare.com or call Customer Service at 1-844-867-3487 (TTY users call 711) to ask us to mail you a copy.

- **Visit myAARPMedicare.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.

Call State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage.**

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.

- **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 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.

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

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 به زبان **فارسی** (Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان 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.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

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.

लक्ष द्या: जर तुम्ही **मराठी** (Marathi) बोलत असल्यास, तर मोफत भाषा सहाय्य सेवा आणि इतर फॉरमॅटमध्ये मोफत संप्रेषणे, जसे की मोठ्या प्रिंट, तुमच्यासाठी उपलब्ध आहेत. तुमच्या सदस्य ओळखपत्रावरील टोल फ्री क्रमांकावर कॉल करा.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली** (Nepali) बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

ATENÇÃO: se você fala **português (Portuguese)**, tem à 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.

PAŽNJA: Ako govorite **srpski (Serbian)**, besplatne usluge jezičke asistencije i besplatni načini komunikacije u drugim formatima, kao što je veliki format štampe, su vam dostupni. Pozovite besplatni broj koji se nalazi na vašoj članskoj identifikacionoj kartici.

ATENCIÓN: Si habla **español (Spanish)**, hay 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.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may 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.

توجہ دیں: اگر آپ **اردو** (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر 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 trao đổi thông tin 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.

ÀKÍYÈSÍ: Tí o bá sọ̀rọ̀ **Yorùbá** (Yoruba), àwọn iṣẹ́ àtìlẹ́yìn èdè ọ̀fẹ́ àti àwọn ìbánisọ̀rọ̀ nínú àwọn ìgúnrégé, bí àwọn àtẹ̀jáde ńlá, wà fún ọ. Pe nọ́mbà tí kò nílò owó lórí káàdì ìdánimọ̀ ọmọ ẹgbẹ́ rẹ.

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Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at:**https://www.uhc.com/nondiscrimination-med**
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