Wellcare Value Script (PDP) *offered by* WELLCARE PRESCRIPTION INSURANCE, INC.

Annual Notice of Change for 2027

You're enrolled as a member of Wellcare Value Script (PDP).

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 Wellcare Value Script (PDP).
- To change to a **different plan**, visit 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 go.wellcare.com/PDP or call Member Services at 1-888-550-5252 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-888-550-5252 (TTY users call 711) for more information. Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. This call is free.
- We can send materials to you in a language other than English (in addition to the language(s) listed above) or in an alternate format (such as braille, audio, or large print). Please call Member Services if you need plan information in another format.

About Wellcare Value Script (PDP)

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- When this material says "we," "us," or "our," it means WELLCARE PRESCRIPTION INSURANCE, INC. When it says "plan" or "our plan," it means Wellcare Value Script (PDP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Wellcare Value Script (PDP)**. Starting January 1, 2027, you'll get your drug coverage through Wellcare Value Script (PDP). 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 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$0	**$5.30**
Part D drug coverage (Go to Section 1.4 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $615 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: Standard cost sharing: $15 copay for a one-month (30-day) supply. Preferred cost sharing: $0 copay for a one-month (30-day) supply. Drug Tier 2: Standard cost sharing: $20 copay for a one-month (30-day) supply. Preferred cost sharing:	**Part D drug coverage deductible** **$700 except for covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **Standard cost sharing: $20 copay for a one-month (30-day) supply.** **Preferred cost sharing: $0 copay for a one-month (30-day) supply.** **Drug Tier 2:** **Standard cost sharing:**

	2026 (this year)	2027 (next year)
	$3 copay for a one-month (30-day) supply. Drug Tier 3: Standard cost sharing: 25% of the total cost for a one-month (30-day) supply. You pay no more than $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply. You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: Standard cost sharing: 50% of the total cost for a one-month (30-day) supply. You pay no more than $35 per month supply of each covered insulin product on this tier. Preferred cost sharing: 40% of the total cost for a one-month (30-day) supply.	**25% of the total cost for a one-month (30-day) supply.** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 3:** **Standard cost sharing: 45% of the total cost for a one-month (30-day) supply.** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Preferred cost sharing: 45% of the total cost for a one-month (30-day) supply.**

	2026 (this year)	2027 (next year)
	You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: Standard cost sharing: 25% of the total cost for a one-month (30-day) supply. Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply. Drug Tier 6: Standard cost sharing: $11 copay for a one-month (30-day) supply. Preferred cost sharing: $11 copay for a one-month (30-day) supply.	**You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4:** **Standard cost sharing: 15% of the total cost for a one-month (30-day) supply.** **Preferred cost sharing: 15% of the total cost for a one-month (30-day) supply.** **Drug Tier 5:** **Standard cost sharing: 25% of the total cost for a one-month (30-day) supply.** **Preferred cost sharing: 25% of the total cost for a one-month (30-day) supply.** **Drug Tier 6:** **Standard cost sharing: $11 copay for a one-month (30-day) supply.** **Preferred cost sharing:**

	2026 (this year)	2027 (next year)
		$11 copay for a one-month (30-day) supply.
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0	**$5.30**

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.
- Extra Help - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* go.wellcare.com/2027providerdirectories to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at go.wellcare.com/2027providerdirectories.

- Call Member Services at 1-888-550-5252 (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 Member Services at 1-888-550-5252 (TTY users call 711) for help.

Section 1.3 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.

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 7 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 1-888-550-5252 (TTY users call 711) for more information.

Section 1.4 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 1-888-550-5252 (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***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2 (Preferred Brand), Tier 3 (Non-Preferred Drug), Tier 4 (Injectable Drugs), and Tier 5 (Specialty Tier) drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***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 generally 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	$615 During this stage, you pay $15 *standard cost sharing* or $0 *preferred cost sharing* for drugs on Tier 1: Preferred Generic and $20 *standard cost sharing* or $3 *preferred cost sharing* for drugs on Tier 2: Generic and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier, and Tier 6: Select Care Drugs until you've reached the yearly deductible.	**$700** **During this stage, you pay $20 *standard cost sharing* or $0 *preferred cost sharing* for drugs on Tier 1: Generic and $11 *cost sharing* for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Preferred Brand, Tier 3: Non-Preferred Drug, Tier 4: Injectable Drugs, and Tier 5: Specialty Tier until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 2 (Preferred Brand), your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred 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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 4 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)**
2026: Drug Tier 1 - Preferred Generic: **2027: Drug Tier 1 - Generic:**	*Standard cost sharing:* You pay a $15 copay A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay a $0 copay A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:*** **You pay a $20 copay** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:*** **You pay a $0 copay** **A one-month (30-day) mail-order prescription is not covered.**

	2026 (this year)	2027 (next year)
2026: Drug Tier 2 - Generic: **2027: Drug Tier 2 - Preferred Brand:**	*Standard cost sharing:* You pay a $20 copay Insulin products are not covered on this tier. A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay a $3 copay Insulin products are not covered on this tier. A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:* You pay 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:* You pay 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.**

	2026 (this year)	2027 (next year)
2026: Drug Tier 3 - Preferred Brand: **2027: Drug Tier 3 - Non-Preferred Drug:**	*Standard cost sharing:* You pay 25% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay 25% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:* You pay 45% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:* You pay 45% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **A one-month (30-day) mail-order prescription is not covered.**

	2026 (this year)	2027 (next year)
2026: Drug Tier 4 - Non-Preferred Drug: **2027: Drug Tier 4 - Injectable Drugs:**	*Standard cost sharing:* You pay 50% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay 40% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:* You pay 15% of the total cost** **Insulin products are not covered on this tier.** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:* You pay 15% of the total cost** **Insulin products are not covered on this tier.** **A one-month (30-day) mail-order prescription is not covered.**
Drug Tier 5 - Specialty Tier:	*Standard cost sharing:* You pay 25% of the total cost A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay 25% of the total cost A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:* You pay 25% of the total cost** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:* You pay 25% of the total cost** **A one-month (30-day) mail-order prescription is not covered.**

	2026 (this year)	2027 (next year)
Drug Tier 6 - Select Care Drugs:	*Standard cost sharing:* You pay a $11 copay A one-month (30-day) mail-order prescription is not covered. *Preferred cost sharing:* You pay a $11 copay A one-month (30-day) mail-order prescription is not covered.	***Standard cost sharing:*** **You pay a $11 copay** **A one-month (30-day) mail-order prescription is not covered.** ***Preferred cost sharing:*** **You pay a $11 copay** **A one-month (30-day) mail-order prescription is not covered.**

SECTION 2 Administrative Changes

The information in the Administrative Changes grid below reflects year-over-year changes to your plan that do not directly impact benefits or cost-shares.

	2026 (this year)	2027 (next year)
Drug List (Formulary)	The medications covered by your plan can be found in the Drug List (Formulary).	**Your list of covered drugs can change each year including tier placement. Please refer to your Drug List (Formulary) to verify coverage. For the most up-to-date Drug List, visit go.wellcare.com/druglist-2**

SECTION 3 How to Change Plans

To stay in Wellcare Value Script (PDP), 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 Wellcare Value Script (PDP).

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Wellcare Value Script (PDP). 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.
    - You'll automatically be disenrolled from Wellcare Value Script (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), that plan doesn't include prescription drug coverage.
    - If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Wellcare Value Script (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Wellcare Value Script (PDP). If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from Wellcare Value Script (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Wellcare Value Script (PDP).
- **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 at go.wellcare.com/PDP. Call Member Services at 1-888-550-5252 (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 Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 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 may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **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 AIDS Drug Assistance Program (ADAP). 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 AIDS Drug Assistance Program (ADAP), at 1-844-381-2327 (TTY 711) from 8:00 a.m. - 5:00 p.m. local time, Monday - Friday. 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 1-833-750-9969 (TTY users call 1-800-716-3231) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Wellcare Value Script (PDP)

- **Call Member Services at 1-888-550-5252. (TTY users call 711.)**

  We're available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. 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, look in the 2027 *Evidence of Coverage* for Wellcare Value Script (PDP). 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 go.wellcare.com/PDP or call Member Services at 1-888-550-5252 (TTY users call 711) to ask us to mail you a copy.

- **Visit** go.wellcare.com/PDP

  Our website has the most up-to-date information about our pharmacy network (*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 Florida Serving Health Insurance Needs of Elders (SHINE).

Call Florida 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 Florida Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. Learn more about Florida 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.

- **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 prescription drug 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.