SOLIS
HEALTH PLANS

2027
Annual Notice of Change

Solis Wellness Plan (HMO C-SNP)

Solis Wellness Plan (HMO C-SNP) offered by Solis Health Plans, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Solis Wellness Plan (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 Solis Wellness Plan (HMO C-SNP).
- 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 solishealthplans.com or call Member Services at 1-844-447-6547 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish and Creole.
- Call Member Services at 1-844-447-6547 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1 - September 30. This call is free.
- To request a document in an alternative format, such as large print, braille or audio please contact Member Services at 1-844-447-6547.

About Solis Wellness Plan (HMO C-SNP)

- Solis Health Plans, Inc., is an HMO plan with a Medicare contract. Enrollment in Solis Health Plans, Inc., depends on contract renewal.
- When this material says "we," "us," or "our," it means Solis Health Plans, Inc. When it says "plan" or "our plan," it means Solis Wellness Plan (HMO C-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Solis Wellness Plan (HMO C-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Solis Wellness Plan (HMO C-SNP). Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2027 3

SECTION 1 Changes to Benefits & Costs for Next Year 5
Section 1.1 Changes to the Monthly Plan Premium 5
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount 5
Section 1.3 Changes to the Provider Network 6
Section 1.4 Changes to the Pharmacy Network 6
Section 1.5 Changes to Benefits & Costs for Medical Services 7
Section 1.6 Changes to Part D Drug Coverage 11
Section 1.7 Changes to Prescription Drug Benefits & Costs 12

SECTION 2 Administrative Changes 14

SECTION 3 How to Change Plans 15
Section 3.1 Deadlines for Changing Plans 16
Section 3.2 Are There Other Times of the Year to Make a Change? 16

SECTION 4 Get Help Paying for Prescription Drugs 16

SECTION 5 Questions? 18
Get Help from Solis Wellness Plan (HMO C-SNP) 18
Get Free Counseling about Medicare 18
Get Help from Medicare 18

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 most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$2,900	**$2,900**
Primary care office visits	$0 per visit	**$0 per visit**
Specialist office visits	$0 per visit	**$0 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.	$0 per stay You are covered for 93 days each benefit period.	**$0 per stay** **You are covered for 95 days each benefit period.**
Part D drug coverage (Go to Section 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: Drug Tier 1: $0 copayment	**Part D drug coverage deductible:** **$0** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **$0 copayment**

	2026 (this year)	2027 (next year)
	Drug Tier 2: $0 copayment	**Drug Tier 2: $0 copayment**
	Drug Tier 3: $15 copayment	**Drug Tier 3: $15 copayment**
	Drug Tier 4: $75 copayment	**Drug Tier 4: $75 copayment**
	Drug Tier 5: 33% of the total cost	**Drug Tier 5: 33% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 6: $0 copayment	**Drug Tier 6: $0 copayment**
	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**
Part B premium reduction **This amount will be deducted from your Part B premium. This means you'll pay less for Part B.**	$0	**$8.70**

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 Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$2,900	**$2,900** **Once you've paid $2,900 out of pocket for covered Part A and Part B 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 2027 *Provider/Pharmacy Directory* at solishealthplans.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider/Pharmacy Directory*:

- Visit our website at solishealthplans.com
- Call Member Services at 1-844-447-6547 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider/Pharmacy 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 1-844-447-6547 (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 1-844-447-6547 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulance Services Ground	$150 copayment. The copayment is waived if you are admitted to the hospital.	**$50 copayment.** **The copayment is waived if you are admitted to the hospital.**
Diabetic Supplies	$0 copayment. The plan's preferred brands are Trividia (True Metrix®) and Roche (Accu-Chek®) blood glucose meters and test strips, and FreeStyle Libre continuous glucose monitors. Non-preferred brands require authorization from your doctor. Diabetic supplies must be purchased at a network retail pharmacy.	**0% coinsurance for preferred brands.** **20% coinsurance for non-preferred brands.** **The plan's preferred brands are Trividia (True Metrix®) and Roche (Accu-Chek®) blood glucose meters and test strips, and FreeStyle Libre continuous glucose monitors.** **Non-preferred brands require authorization from your doctor.** **Diabetic supplies must be purchased at a network retail pharmacy.**
Emergency Services	$75 copayment. The copayment is waived if you are admitted to the hospital within 24 hours.	**$100 copayment.** **The copayment is waived if you are admitted to the hospital within 24 hours.**

	2026 (this year)	2027 (next year)
Emergency Services - Worldwide Coverage	$75 copayment. The copayment is waived if you are admitted to the hospital within 24 hours.	**$100 copayment.** **The copayment is waived if you are admitted to the hospital within 24 hours.**
Flex Allowance – Dental, Vision, Hearing	The plan offers a $250 quarterly spending allowance for covered routine dental, vision, and/or hearing services at a network provider. Unused amounts roll over to the next quarter but expire at the end of the calendar year.	**The plan offers a $100 quarterly spending allowance for covered routine dental, vision, and/or hearing services at a network provider.** **Unused amounts roll over to the next quarter but expire at the end of the calendar year.**
Inpatient Hospital Care	$0 copayment per stay. You are covered for 93 days each benefit period.	**$0 copayment per stay.** **You are covered for 95 days each benefit period.**
Intensive Outpatient Program Services	$180 copayment per day.	**$55 copayment per day.**
Opioid Treatment Program Services	$40 copayment per visit.	**$30 copayment per visit.**

	2026 (this year)	2027 (next year)
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	$0 copayment for each Medicare-covered diagnostic procedure and test at a non-hospital facility. $50 copayment for each Medicare-covered diagnostic procedure and test at a hospital facility. $0 copayment for each Medicare-covered X-ray service at a non-hospital facility. $50 copayment for each Medicare-covered X-ray service at a hospital facility.	**$0 copayment for each Medicare-covered diagnostic procedure and test at a non-hospital facility.** **$25 copayment for each Medicare-covered diagnostic procedure and test at a hospital facility.** **$0 copayment for each Medicare-covered X-ray service at a non-hospital facility.** **$25 copayment for each Medicare-covered X-ray service at a hospital facility.**
Outpatient Rehabilitation Services	$0 copayment for each Medicare-covered occupational, physical or speech therapy service at a non-hospital facility. $20 copayment for each Medicare-covered occupational, physical or speech therapy service at a hospital facility.	**$0 copayment for each Medicare-covered occupational, physical or speech therapy service at a non-hospital facility.** **$15 copayment for each Medicare-covered occupational, physical or speech therapy service at a hospital facility.**
Outpatient Substance Abuse	$40 copayment for each Medicare-covered individual or group outpatient session.	**$30 copayment for each Medicare-covered individual or group outpatient session.**

	2026 (this year)	2027 (next year)
Over the Counter	This plan covers up to $125 every month for approved OTC items. Unused amounts expire at the end of every month.	**This plan covers up to $112 every month for approved OTC items.** **Unused amounts expire at the end of every month.**
Papa® (In home support/ companionship)	$0 copayment for 24 hours annually (up to 2 hours max per month).	**Papa® (In home support/ companionship) is not covered.**
Special Supplemental Benefits for the Chronically Ill (SSBCI) **Healthy Living Allowance**	The plan offers a $75 monthly allowance on a prepaid card. This allowance can be used to buy approved food and produce or pet services and supplies from participating retail locations. It can also be used to pay for home pest control services and non-medical transportation costs like Uber and Lyft where card payments are accepted. Automobile gas is not covered. Unused amounts expire at the end of each month. To be eligible for this SSBCI benefit you must have a chronic condition such as diabetes, cardiovascular disease,	**The plan offers a $100 monthly allowance on a prepaid card.** **This allowance can be used to buy approved food and produce or pet services and supplies from participating retail locations.** **It can also be used to pay for home pest control services and non-medical transportation costs like Uber and Lyft where card payments are accepted.** **Automobile gas is covered. Gas purchases are limited to in-store transactions only.** **Unused amounts expire at the end of each month.** **To be eligible for this SSBCI benefit you must have a chronic condition**

	2026 (this year)	2027 (next year)
	chronic heart failure, dementia, or chronic hypertension. Your condition must also limit your overall health or function, put you at high risk of hospitalization, and require intensive care coordination. For additional coverage criteria and other eligible conditions, see chapter 4 of the Evidence of Coverage. Not all members will qualify.	**such as diabetes, cardiovascular disease, chronic heart failure, dementia, or chronic hypertension. Your condition must also limit your overall health or function, put you at high risk of hospitalization, and require intensive care coordination.** **For additional coverage criteria and other eligible conditions, see chapter 4 of the Evidence of Coverage.** **Not all members will qualify.**
Transportation Services	Prior authorization is not required.	**Prior authorization is required for one-way trips exceeding 50 miles.**

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 posted online at solishealthplans.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 Member Services at 1-844-447-6547 (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 30, call Member Services at 1-844-447-6547 (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 total drug 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	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

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)
Tier 1 Preferred Generic:	$0 copayment	**$0 copayment**
Tier 2 Generic:	$0 copayment	**$0 copayment**
Tier 3 Preferred Brand:	$15 copayment You no more than $15 per month supply of each covered insulin product on this tier.	**$15 copayment** **You pay no more than $15 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
Tier 4 Non-Preferred Drug:	$75 copayment	**$75 copayment**
Tier 5 Specialty Tier:	33% of the total cost	**33% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 6 Supplemental Drugs:	$0 copayment	**$0 copayment**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Contract, Plan ID and Segment Change	Your contract, plan ID and segment are H0982-018-000.	**Your contract, plan ID and segment are H0982-017-000.**
Part D Drugs Long-Term Supply	You can get up to a 90-day supply of drugs on Tier 1 and Tier 2.	**You can get up to a 100-day supply of drugs on Tier 1 and Tier 2.** **For a list of Part D drugs covered under your plan, please check your plan's Formulary.**

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan Contact Information	1-833-246-7515 Solis Health Plans Attn: MPPP Support Dept. 810 Sharon Drive Westlake, OH 44145 Email: ElectMPPP@RxPayments.com	**1-833-895-0874** **<u>Enrollment:</u>** **Solis Health Plans** **Attn: M3P Elections** **9450 SW Gemini Drive, Suite 87234** **Beaverton, OR 97008-7105** **Email:** **M3P-Election@cap-rx.com** **<u>Payments:</u>** **Capital Rx Inc.** **P.O. Box 24945** **New York, NY 10087-4945**

SECTION 3 How to Change Plans

To stay in Solis Wellness Plan (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 Solis Wellness Plan (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 Solis Wellness Plan (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 Solis Wellness Plan (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 1-844-447-6547 (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 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 HIV/AIDS Hotline at 1-800-352-2437 (English) / 1-800-545-7432 (Spanish) / 1-888-503-7118 (TTY). 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 1-844-447-6547 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Solis Wellness Plan (HMO C-SNP)

- **Call Member Services at 1-844-447-6547. (TTY users call 711.)**

  We're available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week from October 1st – March 31st and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1st – September 30th. 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 Solis Wellness Plan (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 solishealthplans.com or call Member Services at 1-844-447-6547 (TTY users call 711) to ask us to mail you a copy.

- **Visit solishealthplans.com**

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

Call SHINE (Serving Health Insurance Needs of Elders) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE (Serving Health Insurance Needs of Elders) at 1-800-963-5337 (TTY 1-800-955-8770). Learn more about SHINE (Serving Health Insurance Needs of Elders) by visiting 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 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.

SOLIS
HEALTH PLANS

844-447-6547 (TTY: 711)
solishealthplans.com