



2026 Annual Notice of Changes

H5580 - 004

mercycareaz.org



Toll-free **877-436-5288**, TTY **711**



M-F, 8:00 a.m. – 8:00 p.m., 7 days a week

Mercy Care Advantage (HMO SNP) offered by Mercy Care

Annual Notice of Change for 2026

You're enrolled as a member of Mercy Care Advantage.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Mercy Care Advantage (HMO SNP).
- To change to a **different plan**, visit **www.Medicare.gov** or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the Evidence of Coverage. Get a copy at **mercycareaz.org** or call Member Services at **602-586-1730** or **1-877-436-5288** for more information (TTY users should call **711**) to get a copy by mail.

More Resources

- This material is available for free in document is available for free in Arabic, Spanish and Vietnamese.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Please see the Notice of Availability at the end of this document.
- Please call our Member Services number at **602-586-1730** or **1-877-436-5288** for more information (TTY users should call **711**). Hours are 8:00 a.m. – 8:00 p.m., 7 days a week. This call is free.
- This document may be available in other formats such as large print or other alternate formats. For additional information, call Member Services at the phone number listed above.

About Mercy Care Advantage

- Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. Our plan also has a written agreement with the Arizona Medicaid program to coordinate your AHCCCS (Medicaid) benefits.
- When this document says “we,” “us,” or “our,” it means Mercy Care. When it says “plan” or “our plan,” it means Mercy Care Advantage.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Mercy Care Advantage.** Starting January 1, 2026, you'll get your medical and drug coverage through **Mercy Care Advantage**. Go to Section 3 for more information about how to change plans and deadlines for making a change.

Table of Contents

Summary of Important Costs for 2026	4
SECTION 1 Changes to Benefits & Costs for Next Year.....	7
Section 1.1 Changes to the Monthly Plan Premium.....	7
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 1.3 Changes to the Provider Network	8
Section 1.4 Changes to the Pharmacy Network.....	8
Section 1.5 Changes to Benefits & Costs for Medical Services	9
Section 1.6 Changes to Part D Drug Coverage	11
Section 1.7 Changes to Prescription Drug Benefits & Costs	12
SECTION 2 Administrative Changes	15
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.....	17
SECTION 5 Questions?	18
Get Help from Mercy Care Advantage	18
Get Free Counseling about Medicare	18
Get Help from Medicare	19
Get Help from Medicaid	19

Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for Mercy Care Advantage in several important areas. Please note this is only a summary of costs. If you are eligible for Medicare cost-sharing assistance under Arizona Health Care Cost Containment System (AHCCCS), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Deductible	\$0 There is no Medicare Part B deductible for in network services. There is no per calendar year deductible for inpatient services covered under Medicare Part A.	\$0 There is no Medicare Part B deductible for in network services. There is no per calendar year deductible for inpatient services covered under Medicare Part A.
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$9,350 If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,250 If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

	2025 (this year)	2026 (next year)
Primary care office visits	Primary care visits: 0% or 20% of the cost per visit If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you pay \$0 per visit.	Primary care visits: 0% or 20% of the cost per visit If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you pay \$0 per visit.
Specialist office visits	Specialist visits: 0% or 20% of the cost per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	Specialist visits: 0% or 20% of the cost per visit. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	You pay a \$1676 copayment per Medicare-covered inpatient hospital admission or stay. If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you pay \$0 per visit.	You pay a \$1676 copayment per Medicare-covered inpatient hospital admission or stay. If you are eligible for Medicare cost-sharing help under AHCCCS (Medicaid), you pay \$0 per visit. These are 2025 cost sharing amounts and may change for 2026. Mercy Care Advantage will provide updated rates as soon as they are released.

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1 for details.)	\$0	\$0
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayments during the Initial Coverage Stage: Drug Tier 1: - Generic drugs: \$0, \$1.60, \$4.90 - All other drugs: \$0, \$4.80, \$12.15 Catastrophic Coverage: During this payment stage, the plan pays full cost for your covered Part D drugs. You pay nothing.	Copayments during the Initial Coverage Stage: Drug Tier 1: - Generic drugs: \$0, \$1.60, \$5.10 - All other drugs: \$0, \$4.90, \$12.65 Catastrophic Coverage: During this payment stage, the plan pays full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0

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 (and other health services not covered by Medicare)] for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for AHCCCS (Medicaid) help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and	\$9,350 Once you have paid \$9,350 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	\$9,250 Once you've paid \$9,250 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.

	2025 (this year)	2026 (next year)
deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory at **mercycaresaz.org/find-a-provider** 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 **mercycaresaz.org/find-a-provider**.
- Call Member Services at **602-586-1730** or **1-877-436-5288** (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 **602-586-1730** or **1-877-436-5288** (TTY users call **711**) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your Evidence of Coverage.

Section 1.4 Changes to the Pharmacy Network

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

Our network of pharmacies has changed for next year. Review the 2026 Pharmacy Directory **mercycaresaz.org/find-a-provider** to see which pharmacies are in our network. Here's how to get an updated Pharmacy Directory:

- Visit our website at **mercycaresaz.org/find-a-provider**.
- Call Member Services at **602-586-1730** or **1-877-436-5288** (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 **602-586-1730** or **1-877-436-5288** (TTY users call **711**) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Chiropractic Services	12 Supplemental routine chiropractic visits per year.	Chiropractic Services <u>not</u> covered.
Emergency Care	0% or 20% of the cost (up to \$110) for Medicare-covered emergency room visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.	0% or 20% of the cost (up to \$115) for Medicare-covered emergency room visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.
Hearing Aids	\$1,900 every two (2) years for hearing aids for both ears combined.	\$1,900 every four (4) years for hearing aids for both ears combined.

Over-the-Counter (OTC) plus Healthy Food Benefit-Special Supplemental Benefits for the Chronically Ill (SSBCI)	Not Covered.	\$140 monthly combined allowance. <i>To be eligible for SSBCI benefits, members must have one or more of the following chronic conditions: Diabetes, Dementia, Heart Failure, Vascular Disease, HIV/AIDS, or certain other eligible conditions not listed here. If you qualify for one of the chronic conditions, you must also qualify as a “chronically ill” member as defined by CMS regulations and our Plan’s coverage criteria for SSBCI.</i>
Transportation	42-one-way or 21-round trips, covered every calendar year.	12 one-way trips or 6 round trips, covered every calendar year.
Urgent Care	0% or 20% of the cost (up to \$45) for Medicare-covered emergency room visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.	0% or 20% of the cost (up to \$40) for Medicare-covered emergency room visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.

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.

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 **602-586-1730** or **1-877-436-5288** (TTY users call **711**) for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions

Starting in 2026, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

[https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients)

[biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

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

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells about your drug costs. If you get Extra Help and didn't get this material with this packet, call Member Services at **602-586-1730** or **1-877-436-5288** (TTY users call **711**) and ask for the LIS Rider.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

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

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2100.

- **Stage 3: Catastrophic Coverage**

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

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

The table shows your cost per prescription during this stage.

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

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

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 6 of your Evidence of Coverage.

Once you've paid \$2100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Stage 2: Initial Coverage For information about the costs for a long-term supply; look in Chapter 6, Section 5 of your Evidence of Coverage. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost sharing: Generic drugs (including brand drugs treated as generic): You pay \$0, \$1.60, or \$4.90 per prescription based on your level of “Extra Help.” All other drugs: You pay \$0, \$4.80, or \$12.15 per prescription based on your level of “Extra Help.” Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost sharing: Generic drugs (including brand drugs treated as generic): You pay \$0, \$1.60, or \$5.10 per prescription based on your level of “Extra Help.” All other drugs: You pay \$0, \$4.90, or \$12.65 per prescription based on your level of “Extra Help.” Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-844-843-6264 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Mercy Care Advantage, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Mercy Care Advantage plan.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Mercy Care Advantage.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Mercy Care Advantage.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at **602-586-1730** or **1-877-436-5288** (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 4).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit **www.Medicare.gov**, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 6), 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, 2026, 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, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

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

Because you have AHCCCS (Medicaid), you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

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.
- **Help from your state's pharmaceutical assistance program (SPAP).** Arizona has a program called Arizona Rx Card that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arizona ADAP at Arizona Department of Health Services, 150 N, 18th Ave., Phoenix, AZ 85007. 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 **602-364-3610** or **1-800-334-1540**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All

members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at **1-844-843-6264** (TTY users call **711**) or visit **www.Medicare.gov**.

SECTION 5 Questions?

Get Help from Mercy Care Advantage

- Call Member Services at **602-586-1730** or **1-877-436-5288 (TTY users call 711)**. We're available for phone calls 8:00 a.m. – 8:00 p.m., 7 days a week. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This Annual Notice of Change gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 Evidence of Coverage for Mercy Care Advantage. 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 **mercycazeaz.org** or call Member Services at **602-586-1730** or **1-877-436-5288 (TTY users call 711)** to ask us to mail you a copy.

- Visit **mercycazeaz.org**

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 Arizona, the SHIP is called Department of Economic Security, Division of Aging and Adult Services.

Call the Department of Economic Security, Division of Aging and Adult Services to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Department of Economic Security, Division of Aging and Adult Services at 1-800-432-4040. Learn more about Department of Economic Security, Division of Aging and Adult Services by visiting azship.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 www.Medicare.gov**

You can chat live **at www.Medicare.gov/talk-to-someone**.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **www.Medicare.gov** or by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

Get Help from Medicaid

Call Arizona Health Care Cost Containment System, AHCCCS (Medicaid) at **602-417-4000** or **1-800-654-8713** (outside Maricopa County). TTY users should call **1-800-842-6520**.