

Alterwood Advantage Dual Value (HMO DSNP) offered by Alterwood Advantage, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Alterwood Advantage Dual Value.

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 Alterwood Advantage Dual Value.
- 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 www.AlterwoodAdvantage.com or call Member Services at 1-866-675-3944 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-866-675-3944 (TTY users call 711) for more information. Hours are 8 am to 8 pm local time, seven (7) days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30. This call is free.
- This document may be made available in other alternative formats such as braille or large print.

About Alterwood Advantage Dual Value

- Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Alterwood Advantage, Inc. When it says “plan” or “our plan,” it means Alterwood Advantage Dual Value.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Alterwood Advantage Dual Value.** Starting January 1, 2026, you'll get your medical and drug coverage through Alterwood Advantage Dual Value. 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 2026

	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
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 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 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.
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$20 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0 per visit.	\$20 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	You pay a \$320 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 7 – 90 of a	You pay a \$320 - \$405 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay. Copay is based on

	2025 (this year)	2026 (next year)
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.	Medicare-covered inpatient hospital stay. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	preferred vs non-preferred facilities. You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital stay. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.
Part D drug coverage deductible (Go to Section 1 for details.)	\$0 deductible	\$0 deductible
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: Drug Tier 1: \$0, \$1.60, or \$4.90 for generics; \$0, \$4.80, or \$12.15 for all other drugs. You pay no more than \$12.15 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Copayment during the Initial Coverage Stage: Drug Tier 1: \$0, \$1.60, or \$5.10 for generics; \$0, \$4.90, or \$12.65 for all other drugs. You pay \$12.65 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

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 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 Medicaid help with Part A and Part B copayments, 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) count toward your maximum out-of-pocket amount. Your costs for	\$9,350	\$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)
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 www.AlterwoodAdvantage.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 www.AlterwoodAdvantage.com.
- Call Member Services at 1-866-675-3944 (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 1-866-675-3944 (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* at www.AlterwoodAdvantage.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.AlterwoodAdvantage.com.
- Call Member Services at 1-866-675-3944 (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 1-866-675-3944 (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 benefits and costs.

	2025 (this year)	2026 (next year)
Ambulatory Surgical Center	<p>You pay a \$110 copay for each Medicare-covered Ambulatory Surgical Center service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$50 copay for each Medicare-covered Ambulatory Surgical Center service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
Cardiac Rehabilitation Services	<p>You pay a \$35 copay for each Medicare covered cardiac rehabilitation service.</p> <p>You pay a \$45 copay for each Medicare covered intensive cardiac rehabilitation service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$30 copay for each Medicare covered cardiac rehabilitation service.</p> <p>You pay a \$40 copay for each Medicare covered intensive cardiac rehabilitation service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>

Dental Services	<p>The plan has an annual allowance of \$2,500 for all covered preventive and comprehensive dental services.</p> <p>You pay nothing for covered preventive dental services.</p> <p>You pay nothing for covered comprehensive dental services.</p>	<p>The plan has an annual allowance of \$1,900 for all covered preventive and comprehensive dental services.</p> <p>You pay nothing for covered preventive dental services.</p> <p>You pay nothing for covered comprehensive dental services.</p>
Diagnostic Radiology Services	<p>You pay a \$250 copay for each Medicare covered diagnostic radiology service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$175 - \$435 copay for each Medicare-covered diagnostic radiology service. Copay is based on preferred vs non-preferred facilities.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
Emergency Care	<p>You pay a \$110 copay for each Medicare covered emergency care visit.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$115 copay for each Medicare covered emergency care visit.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>

Home Delivered Meals	You pay nothing for 14 meals after being released from an inpatient hospital or Skilled Nursing Facility stay. Limited to 8 times per year.	You pay nothing for 7 meals after being released from an inpatient hospital or Skilled Nursing Facility stay. Limited to 8 times per year.
Inpatient Hospital Care – Acute Stay	<p>You pay a \$320 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay.</p> <p>You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital stay.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$320 - \$405 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay. Copay is based on preferred vs non-preferred facilities.</p> <p>You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital stay.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
Outpatient Hospital Services	<p>You pay a \$320 copay for each Medicare covered Outpatient Hospital service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$320 - \$800 copay for each Medicare-covered outpatient hospital service. Copay is based on preferred vs non-preferred facilities.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>

Outpatient Hospital Observation	<p>You pay a \$200 copay for each Medicare-covered outpatient hospital observation service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$200 - \$500 copay for each Medicare-covered outpatient hospital observation service. Copay is based on preferred vs non-preferred facilities.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
Outpatient X-Ray Services	<p>You pay a \$15 copay for each Medicare-covered outpatient x-ray service.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$15 - \$40 copay for each Medicare-covered outpatient x-ray service. Copay is based on preferred vs non-preferred facilities.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>

Skilled Nursing Facility	<p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$214 copay each day from days 21 – 100 of a Medicare covered skilled nursing facility stay.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$218 copay each day from days 21 – 100 of a Medicare covered skilled nursing facility stay.</p> <p>If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0 copayment amount.</p>
Transportation	<p>You pay nothing for up to 20 one-way rides to plan approved locations.</p>	<p>You pay nothing for up to 22 one-way rides to plan approved locations.</p>

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 1-866-675-3944 (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 about your drug costs. If you get Extra Help and you don't get this material by September 30, call Member Services at 1-866-675-3944 (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 \$2,100.

- **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 doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month 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 or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 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)
Tier 1: Covered Drugs	<p>For generic drugs (including brand drugs treated as generic): You pay \$0, \$1.60, or \$4.90 per prescription.</p> <p>For all other drugs: You pay \$0, \$4.80, or \$12.15 per prescription.</p> <p>You pay no more than \$12.15 per month supply of each covered insulin product on this tier.</p>	<p>For generic drugs (including brand drugs treated as generic): You pay \$0, \$1.60, or \$5.10 per prescription.</p> <p>For all other drugs: You pay \$0, \$4.90, or \$12.65 per prescription.</p> <p>You pay no more than \$12.65 per month supply of each covered insulin product on this tier.</p>

Changes to the Catastrophic Coverage Stage

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)
Transportation Vendor	Facilitated through Ride RoundTrip.	Facilitated through NationsBenefits.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	<p>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).</p> <p>You may be participating in this payment option.</p>	<p>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.</p> <p>To learn more about this payment option, call us at 1-866-675-3944 (TTY users call 711) or visit www.Medicare.gov.</p>

SECTION 3 How to Change Plans

To stay in Alterwood Advantage Dual Value, 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 Alterwood Advantage Dual Value.

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 Alterwood Advantage Dual Value.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Alterwood Advantage Dual Value.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-866-675-3944 (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).
- **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 5), or call 1-800-MEDICARE (1-800-

633-4227). As a reminder, Alterwood Advantage, Inc. offers other Medicare health plans. These other plans can differ in 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, 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 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).** Maryland has a program called Senior Prescription Drug Assistance Program (SPDAP) 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 Maryland 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 410-767-6535. 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 1-866-675-3944 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Alterwood Advantage Dual Value

- **Call Member Services at 1-866-675-3944. (TTY users call 711.)**

We're available for phone calls from 8 am to 8 pm local time, seven (7) days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30. 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 Alterwood Advantage Dual Value. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.AlterwoodAdvantage.com or call Member Services at 1-866-675-3944 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.AlterwoodAdvantage.com**

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 Maryland, the SHIP is called State Health Insurance Assistance Program (SHIP).

Call State Health Insurance Assistance Program (SHIP) 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 State Health Insurance Assistance Program (SHIP) at 410-767-1100. Learn more about State Health Insurance Assistance Program (SHIP) by visiting <https://aging.maryland.gov/pages/state-health-insurance-program.aspx>.

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 Maryland Medical Assistance (Medicaid) at 410- 767-5800. TTY users should call 711 for help with Medicaid enrollment or benefit questions.