CCA Medicare Preferred (PPO) offered by Commonwealth Care Alliance Massachusetts, LLC

Annual Notice of Changes for 2023

You are currently enrolled as a member of CCA Medicare Preferred. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the **Evidence of Coverage,** which is located on our website at www.ccama.org. You may also call Member Services to ask us to mail you an **Evidence of Coverage.**

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (healthcare provider, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care provider, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your **Medicare & You 2023** handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in CCA Medicare Preferred.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with CCA Medicare Preferred.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Este documento está disponible de forma gratuita en español.
- Please contact our Member Services number at 866-610-2273 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CCA Medicare Preferred

- CCA Medicare Preferred (PPO) is a health plan with a Medicare contract. Enrollment depends on contract renewal.
- When this document says "we," "us," or "our," it means Commonwealth Care Alliance Massachusetts, LLC. When it says "plan" or "our plan," it means CCA Medicare Preferred.
- In the Commonwealth of Massachusetts, Commonwealth Care Alliance Massachusetts, LLC does business as Commonwealth Care Alliance Massachusetts (CCA).

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OMB Approval 0938-1051 (Expires: February 29, 2024)

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CCA Medicare Preferred in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From network providers: $6,500 From network and out-of-network providers combined: $10,000	From network providers: $6,500 From network and out-of-network providers combined: $10,000
Doctor office visits	Primary care visits: • In-network: $0 per visit • Out-of-network: $20 per visit Specialist visits: • In-network: $45 per visit • Out-of-network: $65 per visit	Primary care visits: • In-network: $0 per visit • Out-of-network: $0 per visit Specialist visits: • In-network: $40 per visit • Out-of-network: $65 per visit
Inpatient hospital stays	In-network: • $370 per day (days 1-5) • $0 per day (days 6-90) Out-of-network: 40% of visit	In-network: • $370 per day (days 1-5) • $0 per day (days 6-90) Out-of-network: 30% of visit

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage See Section 1.5 for details.	Deductible: • Tier 1 and 2: $0 • Tiers 3-5: $195 Copay and/or coinsurance during the Initial Coverage Stage: • Drug Tier 1:$0 • Drug Tier 2: $5 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 29% • Insulin copay: $35	Deductible: $0 Copay and/or coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $0 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: 29% • Insulin copay: $35

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be **more** if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,500	$6,500 Once you have paid $6,500 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount There are no changes to your maximum out-of-pocket amounts for 2023. Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$10,000	$10,000 Once you have paid $10,000 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

An updated **Provider and Pharmacy Directory** is located on our website at www.ccama.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

	2022 (this year)	2023 (next year)
Ambulance	Ground ambulance services: $295 See Evidence of Coverage for full details.	Ground ambulance services: $300 See Evidence of Coverage for full details.
Dental Services	You have an annual maximum for preventive and comprehensive services of $1,000 per year. After the annual maximum is exhausted, any remaining charges are your responsibility. See Evidence of Coverage for full details.	You have an annual maximum for preventive and comprehensive services of $2,300 per year. After the annual maximum is exhausted, any remaining charges are your responsibility. Implant Services: • Implants are covered for maximum of 2 implants per arch per year, for a total of 4 implants per year. See Evidence of Coverage for full details.

Diabetes Supplies	Our plan contracts with Abbott Diabetes Care, a preferred vendor, to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Lite® meters, FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips.	Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips, OneTouch Ultra2® Glucose System, OneTouch Ultra Mini® Meter, OneTouch Verio Flex® Meter, OneTouch Verio IQ® Meter, OneTouch Ultra® Test Strips and OneTouch Verio® Test Strips. Some restrictions may apply. You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy. You can also call LifeScan at 1-800-227-8862 or visit www.lifescan.com. Or call Abbott Diabetes Care at 1-800-522-5226 or visit www.AbbottDiabetesCare.com.

	2022 (this year)	2023 (next year)
Emergency Care	Worldwide coverage for emergency department services $90 copay See Evidence of Coverage for full details.	Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan. $90 copay There is a $100,000 limit for emergency or urgently needed services provider outside the United States. See Evidence of Coverage for full details.
Fitness Benefit	**Wellness Allowance** The plan reimburses you up to $250 each calendar year toward your cost of fitness and wellness related items. See Evidence of Coverage for full details.	**Silver & Fit Fitness** Silver & Fit includes a fitness membership with access to a fitness center of your choosing, Fit at Home programming for at-home fitness, home fitness kits and more. To find Silver & Fit fitness locations and online classes, visit https://www.silverandfit.com/. You can also call 1-877-427-4788 (TTY 711). See Evidence of Coverage for full details.

	2022 (this year)	2023 (next year)
Healthy Savings Card to purchase certain Medicare-approved over-the-counter OTC items	You will receive a card with an allowance of $50 that is applied at the beginning of each calendar quarter (every three months) to purchase Medicare-approved items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others, without a prescription. See Evidence of Coverage for full details.	You receive a Healthy Savings card with an allowance of $165 each calendar quarter (every three months) to purchase Medicare-approved OTC items such as hand sanitizer, masks, first aid supplies, dental care, cold symptom supplies, and others at in-network retailers. See Evidence of Coverage for full details.
Hearing Aids	We cover the following through NationsHearing: • Hearing aids: The plan covers two (2) hearing aids every two years. You are responsible for paying a copay amount based on the level of hearing aids you choose. See Evidence of Coverage for full detail.	We cover the following through NationsHearing: • Hearing aids: The plan covers two (2) hearing aids every year. You are responsible for paying a copay amount based on the level of hearing aids you choose. See Evidence of Coverage for full detail.

	2022 (this year)	2023 (next year)
Help With Chronic Conditions[1]	Not Covered	Members with chronic condition(s) that meet certain criteria may be eligible for supplemental benefits for the chronically ill. The plan provides an allowance of $50 per year to members with a chronic illness for the purchase of sneakers at shoe stores with the Healthy Savings card. See Evidence of Coverage for full details.
Outpatient Behavioral Health	Individual sessions: $15 copay in-network Group sessions: $10-copay in-network See Evidence of Coverage for full details.	Individual and group sessions: $0 copay in-network See Evidence of Coverage for full details.

	2022 (this year)	2023 (next year)
Outpatient Rehabilitation Services	Covered services include: physical therapy, occupational therapy, and speech language therapy. $40 copay per visit in-network See Evidence of Coverage for full details.	Covered services include: physical therapy, occupational therapy, and speech language therapy. $0 copay per in-home visit $30 per visit at an in-network provider office or facility See Evidence of Coverage for full details.
Physician/Practitioner Services, including doctor's office visits	Specialist services: $45 in-network Occupational therapy, physical therapy, and speech-language pathology services: $40 Telehealth (virtual care) visits and services: $0-$45 copay in-network based on the provider type or service See Evidence of Coverage for full details.	Specialist services: $40 in-network Occupational therapy, physical therapy, and speech-language pathology services: $0-30 Telehealth (virtual care) visits and services: $0-$40 copay in-network based on the provider type or service Telehealth coverage includes Teladoc. See Evidence of Coverage for full details.
Podiatry Services	$45 per visit in-network See Evidence of Coverage for full details.	$40 per visit in-network See Evidence of Coverage for full details.

	2022 (this year)	2023 (next year)
Urgently needed services	Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan. See Evidence of Coverage for full details.	Our plan also covers urgently needed care and emergency services, including emergency transportation, outside the United States and its territories. This is a supplemental benefit covered under our plan. There is a $100,000 limit for emergency or urgently needed services provider outside the United States. See Evidence of Coverage for full details.

[1] Some extra benefits are special supplemental benefits, which not all members will qualify for. Contact the plan for more information.

Section 1.5 – Changes to Part D Prescription 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. **You can get the complete Drug List** by calling Member Services or visiting our website (www.ccama.org).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or

withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your healthcare providers to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs may not apply to you.

There are four "drug payment stages."

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Tiers 1 and 2: $0 Tiers 3-5: $195 During this stage, you pay $0 cost sharing for drugs on Tier 1, $5.00 (one-month supply) for drugs on Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 Preferred Generic:** You pay $0.00 **Tier 2 Generic:** You pay $5.00 **Tier 3 Preferred Brand:** You pay $47.00 **Tier 4 Non-Preferred Brand:** You pay $100.00 **Tier 5 Specialty:** You pay 29% of the total cost. _______________	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 Preferred Generic:** You pay $0.00 **Tier 2 Generic:** You pay $0.00 **Tier 3 Preferred Brand:** You pay $47.00 **Tier 4 Non-Preferred Brand:** You pay $100.00 **Tier 5 Specialty:** You pay 29% of the total cost. _______________

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 5, Section 2 of your **Evidence of 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.	Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Important Message About What You Pay for Vaccines
Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin
You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program.

Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help
Please contact our Member Services at 866-610-2273 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week, from October 1 to

March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CCA Medicare Preferred

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CCA Medicare Preferred plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2023, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – **OR**– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2023** handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Commonwealth Care Alliance Massachusetts offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CCA Medicare Preferred.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from CCA Medicare Preferred.

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – **OR** – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called the SHINE (**S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone) Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you

with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-AGE-INFO (1-800-243-4636). You can learn more about SHINE by visiting their website (www.shinema.org).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AccessHealth MA program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 617.502.1700.

SECTION 6 Questions?

Section 6.1 – Getting Help from CCA Medicare Preferred

Questions? We're here to help. Please call Member Services at 866-610-2273 for additional information. (TTY users should call 711.) We are available for phone calls 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) Calls to this number is free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the **2023 Evidence of Coverage** for CCA Medicare Preferred. The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the **Evidence of Coverage** is located on our website at www.ccama.org. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

Visit our Website

You can also visit our website at www.ccama.org. As a reminder, our website has the most up-to-date information about our provider network (**Provider and Pharmacy Directory**) and our list of covered drugs (**Formulary/Drug List**).

Section 6.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the **Medicare & You 2023** handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.