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CAPITAL HEALTH PLAN
ADVANTAGE PLUS (HMO)

2023 Annual Notice of Changes

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Capital Health Plan Advantage Plus (HMO) offered by Capital Health Plan

Annual Notice of Changes for 2023

You are currently enrolled as a member of Capital Health Plan Advantage Plus. Next year, there will be some changes to the plan's costs and benefits. ***Please see page 1 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.capitalhealth.com/medicare. You can also review the attached OR separately mailed Evidence of Coverage to see if other benefits or cost changes affect you. 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 (doctor, hospital)
  - Review the changes to our drug coverage, including authorization requirements and costs

OMB Approval 0938-1051 (Expires: February 20, 2024)

- 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 doctors, specialist, 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 https://www.medicare.gov/plan-compare website or review the list in the back of your Medicare and 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 be enrolled in Capital Health Plan Advantage Plus.
    - 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 Capital Health Plan Advantage Plus.
    - 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

- Please contact our Member Services number at 850-523-7441 or 1-877-247-6512 for additional information. (TTY users should call 850-383-3534 or 1-877-870-8943) Hours are 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31 and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30.
- This document may be available in other formats such as braille and large print. If you need plan information in another format please contact Member Services at the numbers above.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are printed on the back cover of this booklet).
- **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 https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Capital Health Plan Advantage Plus

Capital Health Plan is a Medicare Advantage (HMO) plan with a Medicare contract. Enrollment in Capital Health Plan Advantage Plus (HMO) depends on contract renewal.

- When this booklet says "we," "us," or "our," it means Capital Health Plan. When it says "plan" or "our plan," it means Capital Health Plan Advantage Plus.

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Capital Health Plan Advantage Plus in several important areas. **Please note this is only a summary of cost changes**. A copy of the *Evidence of Coverage* is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Benefit	2022 (this year)	2023 (next year)
Monthly plan premium* See Section 2.1 for details.	$31.00	$29.00
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400	$3,650

Benefit	2022 (this year)	2023 (next year)
Doctor office visits	Primary care visits: $10 per visit Specialist visits: $40 per visit	Primary care visits: $10 per visit Specialist visits: $40 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 are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	You pay $250 per day for days 1 through 5 You pay nothing per day for days 6 and beyond $1,250 out-of-pocket limit every stay.	You pay $250 per day for days 1 through 5 You pay nothing per day for days 6 and beyond $1,250 out-of-pocket limit every stay.

Benefit	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: There is no deductible Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $3 for a one month (30-day) supply • Drug Tier 2: $7 for a one month (30-day) supply • Drug Tier 3: $45 for a one month (30-day) supply • Drug Tier 4: $95 for a one month (30-day) supply • Drug Tier 5: 33% coinsurance for a one-month (30-day) supply • Select Care Drugs $0	Deductible: There is no deductible Copayment/ Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 for a one month (30-day) supply • Drug Tier 2: $7 for a one month (30-day) supply • Drug Tier 3: $45 for a one month (30-day) supply • Drug Tier 4: $95 for a one month (30-day) supply • Drug Tier 5: 33% coinsurance for a one-month (30-day) supply • Select Care Drugs $0

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Advantage Plus in 2023

If you do nothing to change your Medicare coverage by December 7, 2022 we will automatically enroll you in our Capital Health Plan Advantage Plus plan. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Capital Health Plan Advantage Plus plan. If you want to change plans or switch to Original Medicare you must do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Capital Health Plan Advantage Plus and the benefits you will have on January 1, 2023 as a member of Capital Health Plan Advantage Plus.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – 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.)	$31.00	$29.00

- 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.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-	$3,400	$3,650 Once you have paid $3,650 out-of-pocket for covered Part A and Part B services, you will pay nothing for

	2022 (this year)	2023 (next year)
of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) 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. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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 changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2023 Evidence of Coverage.*

Medical Benefit	2022 (this year)	2023 (next year)
Occupational Therapy **Physical Therapy** **Speech Therapy**	$40	$20

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List- 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.

Our list of covered drugs is called a Formulary or "Drug List." You may request a copy of our Drug list or visit our website www.capitalhealth.com/Medicare. **You can get a *complete* Drug List** by calling Member Services (see the back cover).

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 FDS 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 doctor 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.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

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.

Getting Help from Medicare about what you pay for Insulin- 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 beause of changes to the Medicare Part D program Contact Medicare, at 1-800-MEDICARE (1800-633-4227), 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 number at 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00a.m. - 8:00p.m., seven days a week, October 1- March 31; 8:00a.m. - 8:00p.m. Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00a.m. - 7:00p.m.

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.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this insert by September 30, 2022, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of*

Coverage for more information about the stages.)

The information below shows the changes for next year 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. To get more information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*, which is located on our website at www.capitalhealth.com/Medicare. You may also call Member Services to ask us to mail you an Evidence of Coverage.)

Changes to the Deductible Stage

	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	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.

Changes to Your Cost-sharing in the Initial Coverage Stage

For drugs on Tier 1, your cost sharing in the initial coverage stage is changing from $3 to $0. Please see the following chart for changes from 2022 to 2023.

	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:	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:
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 more information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.*	**Tier 1:** You pay $3 per prescription **Tier 2:** You pay $7 per prescription **Tier 3:** You pay $45 per prescription **Tier 4:** You pay $95 per prescription **Tier 5:** You pay 33% of the total cost **Select Care Drugs $0**	**Tier 1:** You pay $0 per prescription **Tier 2:** You pay $7 per prescription **Tier 3:** You pay $45 per prescription **Tier 4:** You pay $95 per prescription **Tier 5:** You pay 33% of the total cost **Select Care Drugs $0**

	2022 (this year)	2023 (next year)
Mail Order- 90 Day supply when you fill your prescriptions using a mail order pharmacy. **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.**	**Tier 1**: You pay $0 **Tier 2**: You pay $17.50 **Tier 3**: You pay $112.50 **Tier 4**: You pay $237.50 **Tier 5**: Not available **Select Care Drugs** **100 Day Supply $0** Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	**Tier 1**: You pay $0 **Tier 2**: You pay $17.50 **Tier 3**: You pay $112.50 **Tier 4**: You pay $237.50 **Tier 5**: Not available **Select Care Drugs** **100 Day Supply $0** Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

Stage 3: Coverage Gap Stage	**2022 (this year)**	**2023 (next year)**
During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.	Tier 1: You pay $3 Tier 2: You pay $7 **Select Care Drugs $0** You pay 25% of the cost of all other generic and brand name drugs Once your total drug costs have reached $7,050, you will move to the next stage (the Catastrophic Stage)	Tier 1: You pay $0 Tier 2: You pay $7 **Select Care Drugs $0** You pay 25% of the cost of all other generic and brand name drugs Once your total drug costs have reached $7,400, you will move to the next stage (the Catastrophic Stage)

SECTION 3 Administrative Changes

Services	2022 (this year)	2023 (next year)
Medicare Premium billing payments	Payments are allowed in person at the CHP Metropolitan Blvd Administrative services location.	Payment for Medicare premiums will not be allowed in person via check or cash. All payments will need to be made by Social Security deduction, automatic draft or through direct billing. *Call member services if you have any questions or visit us at the Metropolitan Blvd location

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Capital Health Plan Advantage Plus

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 stay enrolled as a member of our plan for 2023.

Section 4.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --*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, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare use the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov/plan-compare, read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program or call Medicare.

As a reminder, Capital Health Plan offers other Medicare health 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 Capital Health Plan Advantage Plus.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Capital Health Plan Advantage Plus.
- 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 this (phone numbers are in Section 7.1 of this booklet).
  - – *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 5 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. For example, 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 are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage.*

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. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility of 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 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Serving Health Insurance Needs of Elders).SHINE is independent (not connected with any insurance company or health plan).

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 1-800-963-5337 (TTY 1-800-955-8770). You can learn more about SHINE by visiting their website (www.floridashine.org).

SECTION 7 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. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps 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 local County Health Department. For information on eligibility

criteria, covered drugs, or how to enroll in the program, please call your local County Health Department and speak with an ADAP staff member or call the Florida HIV/AIDS Hotline at 1-800-352-2437 (TTY 1-888-503-7118).

SECTION 8 Questions?

Section 8.1 – Getting Help from Capital Health Plan Advantage Plus

- Questions? We're here to help. Please call Member Services at 850-523-7441 or 1-877-247-6512. (TTY only, call 850-383-3534 or 1-877-870-8943). We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31 and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30.

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 Capital Health Plan Advantage Plus. 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.capitalhealth.com/Medicare. 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.capitalhealth.com/Medicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – 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

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on “Find health & drug plans”).

Read *Medicare & You 2023*

You can read the *Medicare & You 2023* Handbook. Every year in the 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 booklet, you can get it

at the Medicare website (https://www.medicare.gov) 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.