



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Medicare BlueSalute (PPO) offered by Excellus BlueCross BlueShield

Annual Notice of Changes for 2023

You are currently enrolled as a member of Medicare BlueBasic (PPO). 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 www.ExcellusMedicare.com. You may also call Customer Care 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 Medicare care costs (doctor, hospital)
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check to see if your primary care doctors, specialists, hospitals and other providers 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.

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- 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, 2023, you will stay in Medicare BlueSalute (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start January 1, 2023. This will end your enrollment with Medicare BlueSalute (PPO).
- 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 Customer Care number at 1-877-883-9577 for additional information. (TTY users should call 1-800-662-1220.) Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31.
- This information may be available in a different format, including large print, audio, and braille.
- 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Medicare BlueSalute (PPO)

- Excellus BlueCross BlueShield is an PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.
- When this document says "we", "us", or "our", it means Excellus BlueCross BlueShield. When it says "plan" or "our plan," it means Medicare BlueSalute (PPO).

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Summary of Important Costs for 2023

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

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p> | \$0 | \$0 |
| <p>Dental Optional Supplemental Benefit monthly plan premium</p> | <p style="text-align: center;">\$29</p> <p>This premium is paid in addition to your monthly premium in our plan and your Medicare Part B premium.</p> | <p style="text-align: center;">\$0</p> <p>There is no additional monthly premium for dental coverage. Dental coverage is included with your plan. Please see Chapter 4 of the Evidence of Coverage for details.</p> |
| <p>Part B Premium Reduction</p> | Not available | <p>We will reduce the Part B premium that you pay to the Social Security Administration by \$35.</p> |
| <p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p> | <p>From network providers: \$4,500</p> <p>From network and out-of-network providers combined: \$7,800</p> | <p>From network providers: \$4,500</p> <p>From network and out-of-network providers combined: \$7,800</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|--|
| <p>Doctor office visits</p> | <p>Primary care visits: You pay a \$5 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit. Specialist visits: You pay a \$40 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.</p> | <p>Primary care visits: You pay a \$5 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit. Specialist visits: You pay a \$35 copayment in-network per visit. You pay a 30% coinsurance out-of-network per visit.</p> |
| <p>Inpatient hospital stays</p> <p>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.</p> | <p>In-network: You pay a \$325 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance</p> | <p>In-network: You pay a \$325 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance</p> |
| <p>Inpatient mental health and chemical dependency admission</p> | <p>In-network: You pay a \$324 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance</p> | <p>In-network: You pay a \$324 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance</p> |

SECTION 1 We are Changing the Plan’s Name

On January 1, 2023, our plan name will change from Medicare BlueBasic (PPO) to Medicare BlueSalute (PPO). You will receive a new member card in December. Please use this new member card beginning January 1, 2023 for your Health Plan services. This card replaces your 2022 Medicare BlueBasic member card. Beneficiary materials including member newsletters and publications such as your Evidence of Coverage, Drug Formulary, Provider Directories and all other Health Plan materials will contain the new plan name Medicare BlueSalute (PPO) as appropriate.

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) |
|--|---|--|
| Part B Premium Reduction | Not available. | We will reduce the Part B premium that you pay to the Social Security Administration by \$35. |
| Monthly premium (You must continue to pay your Medicare Part B premium.) | \$0 | \$0 |
| Dental Optional Supplemental Benefit monthly plan premium | \$29 This premium is paid in addition to your monthly premium in our plan as well as your Medicare Part B premium. | \$0 There is no additional monthly premium for dental coverage. Dental coverage is included with your plan. Please see Chapter 4 of the Evidence of Coverage for details. |

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” for 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.

| Cost | 2022 (this year) | 2023 (next year) |
|--|------------------|---|
| <p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> | <p>\$4,500</p> | <p style="text-align: center;">\$4,500</p> <p>Once you have paid \$4,500 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services for the rest of the calendar year.</p> |
| <p>Combined maximum out-of-pocket amount 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.</p> | <p>\$7,800</p> | <p style="text-align: center;">\$7,800</p> <p>Once you have paid \$7,800 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services from network or out-of-network providers for the rest of the calendar year.</p> |

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. **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) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Care so we may assist.

Section 2.4 – 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.

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------------------------|---------------------------------------|---------------------------------------|
| Allergy Testing and Treatment | \$5 PCP - \$40 Specialist, in network | \$5 PCP - \$35 Specialist, in network |
| Cardiac Rehabilitation | \$40 copayment, in network | \$0 copayment, in network |
| Covered Therapy | \$40 copayment, in network | \$35 copayment, in network |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|--|
| <p>Dental Services - Preventive and Comprehensive Dental</p> | <p>Preventive dental services (i.e., cleanings, routine dental exams, and dental x-rays):</p> <ul style="list-style-type: none"> - Covered twice per calendar year at a \$0 copayment for each service done during your visit. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> - Available for an extra monthly premium. - There is a \$100 yearly deductible. - You pay 20% of the total cost for fillings and amalgam/composite restorations, in-network. - You pay 50% of the total cost for fillings and amalgam/composite restorations, out-of-network. - You pay 50% of the total cost for root canals, extractions, crowns, dentures and denture repairs, in-network. - You pay 55% of the total cost for root canals, extractions, crowns, dentures and denture repairs, out-of-network. - Benefit is limited to a \$1,000 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility). - Limited to specific dental codes (exclusions apply) and limitations may apply on the number of covered services within a service category. - Benefit does not apply to the maximum out-of-pocket. | <p>Preventive dental services (i.e., cleanings, routine dental exams, and dental x-rays):</p> <ul style="list-style-type: none"> - Covered twice per calendar year at a \$0 copayment for each service done during your visit. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> - No additional monthly premium. - There is no yearly deductible. - There is no additional coinsurance. - Benefit is limited to a \$1,000 annual allowance per calendar year for in and out-of-network benefits (services above the limit are your responsibility). - Limited to specific dental codes (exclusions apply) and limitations may apply on the number of covered services within a service category. - Benefit does not apply to the maximum out-of-pocket. - If you are currently enrolled in the Dental Optional Supplemental Benefit you do not need to do anything. The Dental OSB will be termed as of 12/31/2022 and you will no longer be charged for the additional monthly premium. You will automatically receive preventive and comprehensive dental coverage with your Plan. |
| <p>Emergency Room (worldwide)</p> | <p>\$90 copayment</p> | <p>\$95 copayment</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|--|
| Eyewear | Post Cataract Surgery: \$40 copayment, in network Routine: Not covered | Post Cataract Surgery: \$35 copayment, in network Routine: \$250 allowance every calendar year |
| Hearing Exam, Diagnostic | \$40 copayment, in network | \$35 copayment, in network |
| Meal Benefit Post Discharge | Not Covered | Your post discharge meal benefit provides access to two meals per day for 7-days following an Inpatient Hospital stay, Observation Stay in a Hospital, or Skilled Nursing Facility stay. \$0 copay for coordinated meal requests. Please see Evidence of Coverage (EOC) for more details. |
| Mental Health | 20% coinsurance, in network | \$0 copayment, in network |
| Office Surgery | \$15 PCP - \$40 Specialist, in network | \$5 PCP - \$35 Specialist, in network |
| Office Visit - Specialist | \$40 copayment, in network | \$35 copayment, in network |
| Oral Surgery - Medicare Covered | \$40 copayment, in network | \$35 copayment, in network |
| Over-the-counter (OTC) Items (Supplemental) | Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have \$30 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail. | Non-prescription OTC health related items like vitamins, pain relievers, cough and cold medicines, and first aid supplies are covered. You have \$50 every quarter to spend on plan-approved OTC items. OTC items are purchased through a catalog and are not available through retail stores. More information will be sent to you in the mail. |
| Podiatry Services | \$40 copayment, in network | \$35 copayment, in network |
| Pulmonary Rehabilitation | \$30 copayment, in network | \$20 copayment, in network |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|--|
| Remote Access Technology | Not a covered medical benefit | Your medical benefits include access to a nurse over-the-phone anytime – 24 hours a day, seven days a week at 1-800-348-9786 (TTY 1-800-662-1220). Our specially trained registered nurses can provide support and education for members with chronic or complex health conditions or answers to more general health questions. This is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. |
| Second Surgical Opinion | \$5 PCP - \$40 Specialist, in network | \$5 PCP - \$35 Specialist, in network |
| Skilled Nursing Facility Days 21-100 | \$188 copayment per day, in network | \$196 copayment per day, in network |
| Substance Abuse | 20% coinsurance, in network | \$0 copayment, in network |
| Supervised Exercise Therapy (SET) | \$30 copayment, in network | \$20 copayment, in network |
| Telehealth | \$5 copayment for MDLive visit in network. No coverage for Behavioral Health in network. For all mental health telehealth visits, you are required to have an in-person visit with the provider, or a provider in the group, furnishing the mental health telehealth services within six months prior to the initial telehealth visit, and at least once every six months thereafter. | \$5 copayment for MDLive visit in network. \$35 copayment for MDLive Behavioral Health visit in network. No requirement for an in-person visit with a provider, or a provider in the group, furnishing the mental health telehealth service. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>The Silver&Fit® Program</p> | <p>The Silver&Fit program provides you with access to a fitness membership at a participating fitness center. There is a \$25 non-refundable annual member fee. You can also choose one home fitness kit per year for a \$10 non-refundable annual member fee. Home fitness kits include options such as a Fitbit or Garmin wearable device, Yoga kit, Strength kit, and more. You also have access to digital fitness options including on-demand workout videos. If you sign up at a non-participating fitness center you will be eligible for a reimbursement of up to \$150 annually. The Silver&Fit program aims to help you make better health choices, exercise safely, and improve your overall health.</p> | <p>The Silver&Fit program provides you with access to a fitness membership at a participating fitness center. There is a \$0 annual member fee. You can also choose one home fitness kit per year for a \$0 annual member fee. Home fitness kits include options such as a Fitbit or Garmin wearable device, Yoga kit, Strength kit, and more. You also have access to digital fitness options, including on-demand workout videos, the Well-Being Club, and Healthy Aging Coaching with a trained health coach. If you sign up at a non-participating fitness center you will be eligible for a reimbursement of up to \$150 annually. The Silver&Fit program aims to help you make better health choices, exercise safely, and improve your overall health.</p> |
| <p>Transportation to a health related location</p> | <p>Not Covered</p> | <p>12 one-way trips to health related location through SafeRide. Various modes of transportation are available based on your needs. There will be a limit of 50 miles per one-way ride. Please see Evidence of Coverage (EOC) for more details.</p> |
| <p>TruHearing Providers: Routine Hearing Exam & Hearing Aids</p> | <p>\$45 copayment TruHearing Providers Only \$699 Copay Advanced Aid \$999 Copay Premium Aid</p> | <p>\$0 copayment TruHearing Providers Only \$499 Copay Advanced Aid \$799 Copay Premium Aid</p> |

SECTION 3 Administrative Changes

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------|------------------|--|
| Member Card | Not applicable. | New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2022, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2023. |

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Medicare BlueSalute (PPO)

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 Medicare BlueSalute (PPO) 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,
- 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 6), or call Medicare (see Section 8.2).

As a reminder, Excellus BlueCross BlueShield 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 Medicare BlueSalute (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Medicare BlueSalute (PPO).

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this.
 - – *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. 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 6 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 New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal Government to give **free** local health insurance counseling to people with Medicare. HIICAP 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 HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website (aging.ny.gov/programs/medicare-and-health-insurance).

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. 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 a.m. and 7 p.m., 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.** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) 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 HIV Uninsured Care Programs, Empire Station, P.O. Box 2052, Albany, NY 12220-0052. You can learn more about the ADAP in New York State by visiting their website (www.health.ny.gov/diseases/aids/general/resources/adap/). For information on eligibility criteria, covered drugs, or how to enroll in the program:
 - call 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TDD) Monday through Friday, 8:00 am - 5:00 pm. or
 - email adap@health.ny.gov

SECTION 8 Questions?

Section 8.1 – Getting Help from Medicare BlueSalute (PPO)

Questions? We’re here to help. Please call Customer Care at 1-877-883-9577. (TTY only, call 1-800-662-1220.) We are available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. Calls to these numbers are 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 Medicare BlueSalute (PPO). 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.ExcellusMedicare.com. You may also call Customer Care to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.ExcellusMedicare.com. 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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and 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-andyou.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.