2024

Annual Notice of Change

American Health Advantage of Louisiana (HMO I-SNP)

January 1, 2024 – December 31, 2024

Toll-free: 1-866-266-6010 (TTY/TDD users call 1-833-312-0046)
Hours: October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week;
April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday
LA.AmHealthPlans.com

MedicareRx
Prescription Drug Coverage

AMERICAN HEALTH ADVANTAGE OF LOUISIANA

American Health Advantage of Louisiana (HMO I-SNP) offered by Dignity Care Corporation

Annual Notice of Changes for 2024

You are currently enrolled as a member of Dignity Health Plan. 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 LA.AmHealthPlans.com. 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
   - Think about how much you will spend on premiums, deductibles, and cost sharing

   □ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

   □ Check to see if your primary care doctors, 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 2024* 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, 2023, you will stay in American Health Advantage of Louisiana.
   - To change to a **different plan**, 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 1-866-266-6010 for additional information. (TTY users should call 1-833-312-0046.) Hours are October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week; April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday. This 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 American Health Advantage of Louisiana

- American Health Advantage of Louisiana, offered by Dignity Care Corporation, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in American Health Advantage of Louisiana depends on the contract renewal.
- When this document says "we," "us," or "our," it means Dignity Care Corporation. When it says "plan" or "our plan," it means American Health Advantage of Louisiana.

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Annual Notice of Changes for 2024

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for American Health Advantage of Louisiana in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$38.00	$46.20
Deductible	$226	$180 except for insulin furnished through an item of durable medical equipment.
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 2.2 for details.)	$8,300	$8,850
Doctor office visits	**Primary care visits:** • You pay 20% of the costs for Medicare-covered visits. **Specialist visits:** • You pay 20% of the cost for visits performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • You pay 20% of the cost for visits performed in any other setting.	**Primary care visits:** • You pay nothing for Medicare-covered visits. **Specialist visits:** • You pay nothing for visits performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • You pay 20% of the cost for visits performed in any other setting.

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	For each Medicare covered stay: • Deductible for each benefit period: $1,600 • Days 1-60: $0 • Days 61-90: $400 per day • Reserve days 91 & beyond: $800 per day	For each Medicare covered stay: • Deductible for each benefit period: $1,632 • Days 1-60: $0 • Days 61-90: $408 per day • Reserve days 91 & beyond: $816 per day
Part D prescription drug coverage (See Section 2.5 for details.)	**Initial Coverage Stage:** • 25% of total costs of drugs **Catastrophic Coverage:** • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	**Initial Coverage Stage:** • 25% of the total costs of drugs **Catastrophic Coverage:** • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from Dignity Health Plan to American Health Advantage of Louisiana.

You will receive a new ID card by mail. Member materials will reflect this new name change.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$38.00	$46.20

- 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 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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$8,300	$8,850 Once you have paid $8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at LA.AmHealthPlans.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a *directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider 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 2024 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 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	2023 (this year)	2024 (next year)
Skilled Nursing Facility (SNF)	• You pay nothing for the first 20 days of each benefit period. • You pay $200 per day for days 21-100. • You pay 100%of the costs for each day after day 100.	Services performed in member's residence setting: • You pay nothing. Services performed outside member's residence setting: • You pay nothing for the first 100 days of each benefit period. • You pay 100% of the costs for each day after day 100.

Cost	2023 (this year)	2024 (next year)
Physician/Practitioner services, including doctor's office visits, mental health speciality and psychiatric services	**Primary care visits:** • You pay 20% of the costs for Medicare-covered visits. **Specialist visits:** • You pay 20% of the costs for visits performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • You pay 20% of the costs for Medicare-covered visits performed in any other setting. **Telehealth Services:** • You pay 20% of the costs for Medicare-covered visits. **Qualifying Telehealth Covered services:** • Skilled Nusing Facility • Primary Care Physician Services • Specialist Services • Individual Sessions for Mental Health Services • Other Health Care Professionals • Individual and Group Sessions for Psychiatric Services • Hearing Exams	**Primary care visits:** • You pay nothing for Medicare-covered visits. **Specialist visits:** • You pay nothing for Medicare-covered visits performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • You pay 20% of the costs for Medicare-covered visits performed in any other setting. **Telehealth Services:** • You pay nothing for Medicare-covered visits. **Qualifying Telehealth Covered services:** • Primary Care Physician Services • Specialist Services • Individual and Group Sessions for Mental Health Services • Individual and Group Sessions for Psychiatric Services

Cost	2023 (this year)	2024 (next year)
Foot Care (Podiatry) *Supplemental Benefit:* Routine foot care (non-Medicare covered)	You pay: • 20% of the costs for Medicare-covered visits • 100% of the costs for routine foot care (non-Medicare covered) services.	You pay: • nothing for Medicare-covered visits performed in a Skilled Nursing Nursing (SNF) or Long Term Care setting. • 20% of the costs for Medicare-covered visits performed in any other setting. • nothing for up to **12** routine foot care (non-Medicare covered) services per year.
Ambulance Services	You pay 20% of the costs for Medicare-covered services.	You pay 20% of the costs for Medicare-covered services. *Prior Authorization Required for Non-emergency ambulance services with exception of trips to the hospital from member's residence and from the hospital to the member's residence.*
Kidney Disease Education Services	You pay 20% of the costs for Medicare-covered services.	You pay nothing for Medicare-covered services.
Other Medicare-covered Preventative • Medicare-covered Glaucoma Screening • Medicare-covered Diabetes Self-management training • Medicare-covered Barium Enemas • Medicare-covered Digital Rectal exams • Medicare-covered ELG following Welcome visit	You pay 20% of the costs for Medicare-covered services.	You pay nothing for Medicare-covered services.

Cost	2023 (this year)	2024 (next year)
Urgently needed services	You pay 20% of the costs for Medicare-covered services (up to $60 per visit). Cost share waived if admitted to hospital within 3 days.	You pay 20% of the costs for Medicare-covered services (up to $55 per visit). Cost share waived if admitted to hospital within 1 day.
Physicial Therapy Services (PT)	You pay: • 20% of the costs for Medicare-covered Physicial Therapy (PT) services. *Prior authorization required*	You pay: • nothing for Medicare-covered Physical Therapy (PT) services performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • 20% of the costs for Medicare-covered PT services in any other outpatient setting. *Prior Authorization required when services are not performed at a Skilled Nursing Facility (SNF) or Long Term Care (LTC) residence.*
Occupational Therapy Services (OT), Speech Therapy Services (ST)	You pay: • 20%of the costs for Medicare-covered Occupational Therapy (OT) and Speech Language Therapy (ST) services performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. *Prior authorization required*	You pay: • nothing for Medicare-covered Occupational Therapy (OT) and Speech Language Therapy (ST) services performed in a Skilled Nursing Facility (SNF) or Long Term Care setting. • 20% of the costs for Medicare-covered OT/ST services in any other outpatient setting. *Prior Authorization required when services are not performed at a Skilled Nursing Facility (SNF) or Long Term Care (LTC) residence.*

Cost	2023 (this year)	2024 (next year)
Diagnostic Services/Labs/ Imaging	You pay 20% of the costs for Medicare-covered lab services.	You pay nothing for Medicare-covered lab services. *Prior Authorizaiton Required for Genetic Testing* *Prior Authorization Required for High tech radiological services only: MRI, MRA, PET, CTA, CT Scans, and SPECT*
Medicare Part B Drugs	You pay: • 20% of the costs for Medicare Part B Drugs. *Prior Authorization required with billed charges in excess of $500.*	• You pay: ○ nothing for Medicare Part B Drugs purchased in a retail pharmacy. ○ You pay 20% of the costs for Medicare Part B Drugs purchased in any other setting. *Prior Authorization required with billed charges in excess of $250.*
Durable Medical Equipment/Supplies • Diabetic Supplies and Diabetic Shoes • Other covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers.	You pay 20% of the costs for Diabetic Supplies and Diabetic shoes. You pay 20% of the costs for Durable Medical Equipment and Supplies *Prior Authorization required with billed charges in excess of $500.*	You pay nothing for Diabetic Supplies and Diabetic shoes. You pay 20% of the costs for all other Durable Medical Equipment and Supplies *Prior Authorization required with billed charges in excess of $250.*
Dialysis Treatments	You pay 20% of the costs *Prior Authorization required*	You pay 20% of the costs *No Prior Authorization required*

Cost	2023 (this year)	2024 (next year)
Supplemental Benefit: **Over-the-Counter (OTC) items**	You pay nothing. You receive **$155 per calendar quarter** for catalog specific OTC items to be ordered online, phone or mail.	Not covered.
Supplemental benefit: **In-Home Support Services:** You must have a referral for In-Home Support Services **Covered services include:** A qualified employee of contracted facility or contracted agency to assist with medical appointments outside of the nursing home/member's residence or supervised visits during behavioral, wandering or acute medical episodes within the Nursing Home/member's residence.	Not covered.	You pay nothing for covered in-home support services. Covers up to 67 hours per calendar year.
Services Not Applicable To Plan Deductible List of services for which requirements have changed year over year.	• Emergency Care • Urgently Needed Care • Preventive Services	• Primary Care Visits • Diagnostic Lab Services • Home Health Agency Care • Diabetic Supplies and Diabetic Shoes • other Medicare-covered services with $0 copay

Section 2.5 Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

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, 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 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.

Changes to Prescription Drug Costs

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	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $505.	The deductible is $545.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the 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: You pay 25% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost.

Stage	2023 (this year)	2024 (next year)
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs , look in Chapter 6, Section 5 of your *Evidence of Coverage*. Most adult Part D vaccines are covered at no cost to you.	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $5,030, 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 specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

We have made a change to our administrative requirements.

Description	2023 (this year)	2024 (next year)
Loss of Eligibilty	If you lose your Special Needs Plan eligibility in our plan but can reasonably be expected to regain eligibility within **six** months, then you are still eligible for membership in our plan this is referenced in the Evidence of Coverage, Chapter 4, Section 2.1 and tells you about coverage and cost sharing during a period of deemed continued eligibility.	If you lose your Special Needs Plan eligibility in our plan but can reasonably be expected to regain eligibility within **one** month, then you are still eligible for membership in our plan this is referenced in the Evidence of Coverage, Chapter 4, Section 2.1 and tells you about coverage and cost sharing during a period of deemed continued eligibility.
Plan Website	dignityhealth.org	LA.AmHealthPlans.com

SECTION 4 Deciding Which Plan to Choose

Section 4.1 If you want to stay in American Health Advantage of Louisiana

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 American Health Advantage of Louisiana.

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 plans for 2024 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 2.1 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from American Health Advantage of Louisiana.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from American Health Advantage of Louisiana.
- 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 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, 2024.

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, 2024, 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, 2024.

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 a government program with trained counselors in every state. In Lousiana, the SHIP is called Senior Health Insurance Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Program (SHIIP) 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 Senior Health Insurance Program (SHIIP) at 1-800-259-5300. You can learn more about Senior Health Insurance Program (SHIIP) by visiting their website (www.ldi.la.gov/consumers/senior-health-shiip).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"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. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).

- **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 Louisiana ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Louisiana ADAP Program at 1-504-568-7474.

SECTION 8 Questions?

Section 8.1 Getting Help from American Health Advantage of Louisiana

Questions? We're here to help. Please call Member Services at 1-866-266-6010. (TTY only, call 1-833-312-0046). We are available for phone calls October 1st through March 31st 8:00 A.M. to 8:00 P.M., seven days a week; April 1st through September 30th 8:00 A.M. to 8:00 P.M., Monday through Friday. Calls to these numbers are free.

Read your *2024 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 2024. For details, look in the *2024 Evidence of Coverage* for American Health Advantage of Louisiana. 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 LA.AmHealthPlans.com. 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 LA.AmHealthPlans.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 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

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