

Nascentia Skilled Nursing Facility (ISNP) offered by Nascentia Health Plus

Annual Notice of Changes for 2024

You are currently enrolled as a member of Nascentia Skilled Nursing Facility. 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.nascentiahealthplus.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.**
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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 Nascentia Skilled Nursing Facility.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Nascentia Skilled Nursing Facility.

Additional Resources

- Please contact our Member Services number at 1-888-477-0090 for additional information. (TTY users should call 711.) Hours are 8:00 am-8:00 pm, 7 days a week, October 1-March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.. This call is free.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services (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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Nascentia Skilled Nursing Facility

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information.
- When this document says "we," "us," or "our", it means Nascentia Health Plus Facility. When it says "plan" or "our plan," it means Nascentia Skilled Nursing Facility.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Nascentia Skilled Nursing Facility in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.</p>	\$38.90	\$48.70
<p>Maximum out-of-pocket amount 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>	\$4,000	\$6,000
<p>Doctor office visits</p>	<p>Primary care visits: 0% to 20% coinsurance per visit</p> <p>Specialist visits: 0% to 20% coinsurance per visit.</p>	<p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit.</p>
<p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B Services.</p>	\$0	\$0

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,600 deductible for each benefit period.</p> <p>\$0 copay days 1-60</p> <p>\$400/day copay for days 61-90</p> <p>\$800/day copay for days 91-150</p> <p>\$0</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,600 deductible for each benefit period.</p> <p>\$0 copay days 1-60</p> <p>\$408/day copay for days 61-90</p> <p>\$816/day copay for days 91-150</p> <p>\$0</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$505</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25% Depending on your level of “Extra “Help” you may be eligible for the subsidized copayments listed below:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%</p> <p>For all other drugs, either \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15%</p>	<p>Deductible: \$545</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25% Depending on your level of “Extra “Help” you may be eligible for the subsidized copayments listed below:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.55 copay; or \$4.50 copay; or 15%</p> <p>For all other drugs, either \$0 copay; or \$4.60 copay; or \$11.20 copay; or 15%</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Nascentia Skilled Nursing Facility in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Nascentia Skilled Nursing Facility. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Nascentia Skilled Nursing Facility. 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.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium	\$38.90	\$48.70
You must also continue to pay your Medicare Part B premium.		

- 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)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) 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.</p>	<p>\$4,000</p> <p>Once you have paid \$4,000 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</p>	<p>\$6,000</p> <p>Once you have paid \$6,000 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</p>
<p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Covered Part A and Part B Services</p>	<p>\$0</p>	<p>\$0</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.nascentiahealthplus.org. 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)
<p>Skilled Nursing Facility</p> <p>Is there an enrollee Coinsurance?</p>	<p>You pay the original Medicare cost sharing amounts \$0 copay for days 1-20 \$200/day for days 21-100 No inpatient hospital stay required prior to admission</p> <p>No</p>	<p>You pay the original Medicare cost sharing amounts \$0 copay for days 1-20 \$204/day for days 21-100 No inpatient hospital stay required prior to admission</p> <p>No</p>
<p>Emergency Services</p>	<p>Maximum Per Visit Amount: \$110</p>	<p>Maximum Per Visit Amount: \$120</p>
<p>Additional Telehealth Services for Part B services</p>	<p>Not Covered</p>	<p>Primary Care Physician Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services.</p>
<p>Medicare Part B Insulin Drugs</p>	<p>No copay</p>	<p>Copay: \$35</p>
<p>Hearing Exam Hearing Aid Coverage</p>	<p>Yes 1 hearing aid every year \$2,500 maximum benefit amount for both ears combined No Coinsurance No Authorization</p>	<p>Yes 1 hearing aid every year \$4,000 maximum benefit amount for both ears combined No Coinsurance No Authorization</p>

<p>OTC Items</p>	<p>\$130/quarter Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill.</p>	<p>\$45/month Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill. Funds to be used in the month, will not carry forward.</p>
<p>Comprehensive & Preventative Dental Maximum Benefit Coverage Amount Coinsurance</p>	<p>Yes \$4,000 Yes 2 Oral Exams, Prophylaxis (cleaning), Dental X-rays yearly</p>	<p>Yes \$4,500 Yes 2 Oral Exams, Prophylaxis (cleaning), Dental X-rays yearly</p>
<p>Vision</p>	<p>Yearly Eye Exam 0% to 20% coinsurance per visit. \$600 Upgrade for frames, lenses or contacts</p>	<p>Yearly Eye Exam 20% coinsurance per visit. \$700 Upgrade for frames, lenses or contacts</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

<p>Changes to Our “Drug List”</p>
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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 (see the back cover) or visiting our website (www.nascentiahealthplus.org).

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.

Starting in 2024, we may immediately remove a brand name drug on our “Drug List” if, at the same time, we replace it with a new generic version on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our “Drug List,” but immediately move it to a different cost-sharing tier or add new restrictions or both.

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

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 you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

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.

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)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your 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.</p>	<p>The deductible is \$505</p> <p>Your deductible amount is either \$0 or \$104, depending on the level of "Extra Help" you receive</p>	<p>The deductible is \$545</p> <p>Your deductible amount is \$0.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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. Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Depending on your level of "Extra Help" you may be eligible for the subsidized copayments listed below:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p style="text-align: center;">\$0 copay; or \$1.45 copay; or \$4.15 copay; or 15%</p> <p>For all other drugs, either \$0 copay; or \$4.30 copay; or</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Depending on your level of "Extra Help" you may be eligible for the subsidized copayments listed below:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p style="text-align: center;">\$0 copay; or \$1.55 copay; or \$4.50 copay; or 15%</p> <p>For all other drugs, either \$0 copay; or \$4.60 copay; or</p>

Stage	2023 (this year)	2024 (next year)
	\$10.35 copay; or 15%	\$11.20 copay; or 15%
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>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, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage)</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage)</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Nascentia Skilled Nursing Facility

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 Nascentia Skilled Nursing Facility.

Section 3.2 – 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 5), or call Medicare (see Section.2). As a reminder, Nascentia Health Plus offers other Medicare health plans AND/OR 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 Nascentia Skilled Nursing Facility.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Nascentia Skilled Nursing Facility.
- **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 4 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 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. the Health Insurance Information Counseling and Assistance Program (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 the Health Insurance Information Counseling and Assistance Program (HIICAP). at 1-800-701-0501. You can learn more about the Health Insurance Information Counseling and Assistance Program (HIICAP) by visiting their website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>).

SECTION 6 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.** New York has a program called Elderly Pharmaceutical Insurance Coverage (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 New York Department of Health’s AIDS Institute. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-541-2137.

SECTION 7 Questions?

Section 7.1 – Getting Help from Nascentia Skilled Nursing Facility

Questions? We’re here to help. Please call Member Services at 1-888-477-0090. (TTY only, call 711). We are available for phone calls 8:00 am-8:00 pm, 7 days a week, October 1-March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.. 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 Nascentia Skilled Nursing Facility. 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.nascentiahealthplus.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.nascentiahealthplus.org. 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 7.2 – 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.