Premier by Ultimate (HMO) offered by Ultimate Health Plans

Annual Notice of Changes for 2023

You are currently enrolled as a member of Premier by Ultimate (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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.ChooseUltimate.com/Member/DocumentsandForms. (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 2023 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 2023* handbook.

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

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

- If you don't join another plan by December 7, 2022, you will stay in Premier by Ultimate (HMO).
- 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 Premier by Ultimate (HMO).
- 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

- This document is available for free in Spanish.
- Please contact our Member Services number at 888-657-4170 for additional information. (TTY users should call 711.) Hours are from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm.
- Please contact Ultimate Health Plans at the number listed above if you need information in an alternative format (e.g., braille, large print, audio) or language other than English.
- **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 Premier by Ultimate (HMO)

- Ultimate Health Plans is an HMO with a Medicare contract and is contracted with the Florida State Medicaid program for Dual Special Needs Plans. Enrollment in Ultimate Health Plans depends on contract renewal.
- When this document says "we," "us," or "our", it means Ultimate Health Plans. When it says "plan" or "our plan," it means Premier by Ultimate (HMO).

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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 Premier by Ultimate (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket 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.)	$2,800	$2,800
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $15 copay per visit
Inpatient hospital stays	$120 copay per day for days 1 through 5 $0 copay per day for days 6 through 90	$90 copay per day for days 1 through 5 $0 copay per day for days 6 through 90
Part D prescription drug coverage (See Section 1.5 for details.)	Copayment/Coinsurance during the Initial Coverage Stage:	Copayment/Coinsurance during the Initial Coverage Stage:

Cost	2022 (this year)	2023 (next year)
To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the "SI" indicator in the Drug List. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).	• Drug Tier 1: $0 copay • Drug Tier 2: $35 copay • Drug Tier 3: $60 copay • Drug Tier 4: 33% coinsurance	• Drug Tier 1: $0 copay • Drug Tier 2: $25 copay • Drug Tier 3: $60 copay • Drug Tier 4: 33% coinsurance

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to $140.00.	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to $164.90.

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

Section 1.2 – Changes to Your Maximum Out-of-Pocket 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)
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.	$2,800	$2,800 Once you have paid $2,800 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 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ChooseUltimate.com/Home/FindDoctor. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a *directory*.

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

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

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
Acupuncture for lower back pain (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered visit.	**In-Network** You pay a $15 copay for each Medicare-covered visit.
Cardiac Rehabilitation Services (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered cardiac rehabilitation services visit. You pay a $20 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.	**In-Network** You pay a $15 copay for each Medicare-covered cardiac rehabilitation services visit. You pay a $15 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.
Chiropractic Services (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered chiropractic visit.	**In-Network** You pay a $15 copay for each Medicare-covered chiropractic visit.

Cost	2022 (this year)	2023 (next year)
Dental Services (Non-Medicare-covered Comprehensive)	**In-Network** You pay a $0 copay for each restorative services visit (1 visit every year).	**In-Network** You pay a $0 copay for each restorative services visit (4 visits every year). • Includes 3 fillings and 1 crown
	You pay a $0 copay for each extraction services visit (1 visit every year).	You pay a $0 copay for each extraction services visit (2 visits every year). • Includes 1 simple and 1 surgical
	You pay a $0 copay for each periodontics services visit (1 visit every year).	You pay a $0 copay for each periodontics services visit (6 visits every year). • Includes 4 periodontal scaling and root planing procedures and 2 periodontal maintenance procedures
	You pay a $0 copay for each prosthodontics and other oral/maxillofacial surgery services visit (1 prosthodontics visit every year).	Prosthodontics and other oral/maxillofacial surgery are not covered.
Dental Services (Preventive)	**In-Network** You pay a $0 copay for X-rays (1 x-ray every year).	**In-Network** You pay a $0 copay for X-rays (2 x-rays every year).

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital Care	**In-Network** You pay a $120 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 You pay a $0 copay per day for days 91 and beyond.	**In-Network** You pay a $90 copay per day for days 1 through 5 $0 copay per day for days 6 through 90 Days 91 and beyond are not covered.
Inpatient Mental Health Care	**In-Network** You pay a $120 copay per day for days 1 through 5 $0 copay per day for days 6 through 90	**In-Network** You pay a $90 copay per day for days 1 through 5 $0 copay per day for days 6 through 90
Occupational Therapy Services	**In-Network** You pay a $20 copay for each Medicare-covered occupational therapy visit.	**In-Network** You pay a $15 copay for each Medicare-covered occupational therapy visit.
Opioid Treatment Program Services	**In-Network** You pay a $20 copay for each Medicare-covered opioid treatment program services visit.	**In-Network** You pay a 20% coinsurance for each Medicare-covered opioid treatment program services visit.
Other Health Care Professionals (e.g., nurse practitioner; physician assistant)	**In-Network** You pay a $20 copay for each Medicare-covered visit.	**In-Network** You pay a $15 copay for each Medicare-covered visit.

Cost	2022 (this year)	2023 (next year)
Outpatient Diagnostic Lab Services	**In-Network** You pay a $0 copay for Medicare-covered outpatient lab services.	**In-Network** You pay a 20% coinsurance for Medicare-covered genetic testing. You pay a $0 copay for all other Medicare-covered outpatient lab services.
Outpatient Mental Health Specialty Services	**In-Network** You pay a $20 copay for each Medicare-covered individual therapy visit.	**In-Network** You pay a $15 copay for each Medicare-covered individual therapy visit.
Outpatient Psychiatrist Services	**In-Network** You pay a $20 copay for each Medicare-covered individual therapy visit with a psychiatrist.	**In-Network** You pay a $15 copay for each Medicare-covered individual therapy visit with a psychiatrist.
Outpatient Substance Abuse Services	**In-Network** You pay a 20% coinsurance for each Medicare-covered individual therapy visit. You pay a 20% coinsurance for each Medicare-covered group therapy visit.	**In-Network** You pay a $15 to $95 copay for each Medicare-covered individual therapy visit. You pay a $15 to $95 copay for each Medicare-covered group therapy visit.
Physical & Speech Therapy Services	**In-Network** You pay a $20 copay for each Medicare-covered physical therapy or speech therapy visit.	**In-Network** You pay a $15 copay for each Medicare-covered physical therapy or speech therapy visit.
Podiatry Services (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered podiatry visit.	**In-Network** You pay a $15 copay for each Medicare-covered podiatry visit.

Cost	2022 (this year)	2023 (next year)
Pulmonary Rehabilitation Services (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered pulmonary rehabilitation services visit.	**In-Network** You pay a $15 copay for each Medicare-covered pulmonary rehabilitation services visit.
Specialist Visits	**In-Network** You pay a $20 copay for each Medicare-covered specialist visit.	**In-Network** You pay a $15 copay for each Medicare-covered specialist visit.
Supervised Exercise Therapy (SET) (Medicare-covered)	**In-Network** You pay a $20 copay for each Medicare-covered SET visit.	**In-Network** You pay a $15 copay for each Medicare-covered SET visit.
Telehealth Services	**In-Network** You pay a $0 to $20 copay for additional Medicare-covered telehealth services.	**In-Network** Additional telehealth services are not covered.
Vision Care (Medicare-covered Eye Exams)	**In-Network** You pay a $0 to $20 copay for each Medicare-covered eye exam.	**In-Network** You pay a $0 copay for each Medicare-covered eye exam.
Vision Care (Non-Medicare-covered Eye Exams)	**In-Network** You pay a $0 to $20 copay for routine eye exams (1 routine vision exam every year).	**In-Network** You pay a $0 copay for routine eye exams (1 routine vision exam every year).
Vision Care (Non-Medicare-covered Eyewear)	**In-Network** $200 maximum for eyewear, which includes both frames and lenses combined every year.	**In-Network** $300 maximum for eyewear, which includes both frames and lenses combined every year.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

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

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your 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

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, 2022, please call Member Services and ask for the "LIS Rider."

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.)

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 $25 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 - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help - Please contact our Member Services number at 888-657-4170 for additional information. (TTY users should call 711.) Hours are from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm

Changes to the Deductible Stage

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

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:
You pay a $25 copay for a one-month supply of Select Insulins. 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.	**Generic:** You pay a $0 copay per prescription. **Preferred Brand:** You pay a $35 copay per prescription.	**Generic:** You pay a $0 copay per prescription. **Preferred Brand:** You pay a $25 copay per prescription.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) For 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*.	**Non-Preferred Drug:** You pay a $60 copay per prescription.	**Non-Preferred Drug:** You pay a $60 copay per prescription.
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.	**Specialty Tier:** You pay a 33% coinsurance per prescription.	**Specialty Tier:** You pay a 33% coinsurance per prescription.
	_____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). Ultimate Health Plans offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a $35 copay for a one-month supply.	_____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). Ultimate Health Plans offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a $25 copay for a one-month supply.

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
If a drug is not covered on our List of Covered Drugs (Formulary) and you would like it to be covered, you can ask us to make an "exception." An exception is a type of coverage decision. If we agree to make an exception and cover a drug, you will need to pay the cost-sharing amount that applies to drugs in the specified **Tier**.	Approved drug exception requests will be processed at a **Tier 1** cost-sharing amount ($0 copay).	Approved drug exception requests will be processed at a **Tier 3** cost-sharing amount ($60 copay).

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Premier by Ultimate (HMO)

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 Premier by Ultimate (HMO).

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 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 5), or call Medicare (see Section 7.2). As a reminder, Ultimate Health Plans 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 Premier by Ultimate (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Premier by Ultimate (HMO).
- 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, 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 5 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving Health Insurance Needs of Elders (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 Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. You can learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting their website (https://www.floridashine.org).

SECTION 6 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. Automated messages are available 24 hours a day. 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 Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida AIDS Drug Assistance Program at 1-850-245-4422.

SECTION 7 Questions?

Section 7.1 – Getting Help from Premier by Ultimate (HMO)

Questions? We're here to help. Please call Member Services at 888-657-4170. (TTY only, call 711.) We are available for phone calls from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. 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 Premier by Ultimate (HMO). 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.ChooseUltimate.com/Member/DocumentsandForms. 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.ChooseUltimate.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy 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 2023*

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