



Annual Notice of Changes for 2022

You are currently enrolled as a member of CDPHP Choice (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- 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 personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare website](http://www.medicare.gov/plan-compare).

- Review the list in the back of your Medicare & You handbook.
- Look in Section 2 to learn more about your choices.

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, 2021, you will be enrolled in CDPHP Choice (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don’t join another plan by **December 7, 2021**, you will be enrolled in CDPHP Choice (HMO).
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Member Services number at (518) 641-3950 or 1-888-248-6522 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. seven days a week. From April 1 to September 30, our hours are 8 a.m. – 8 p.m. Monday – Friday. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day.
- Member Services has free language-interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- This information is available in different formats, including large print. Please call Member Services if you need plan information in another format.
- **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 CDPHP Choice (HMO)

- CDPHP Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Capital District Physicians’ Health Plan, Inc. When it says “plan” or “our plan,” it means CDPHP Choice (HMO).



Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522 (TTY: 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-248-6522 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-248-6522 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-248-6522 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-248-6522 (TTY: 711)

טפֿור. לאצפא ופ יירפ סעסיוורעס פֿליה דארפֿש גייא ראפ ואהראפ וענעז, שידיא טדער ריא ביוא: סאזקרעמפיוא 1-888-248-6522 (TTY: 711).

लक्ष्य करुनः यदि आपनि बांग्ला, कथा बलते पारैन, तहले निःखरचाय भाषा सहायता परिषेबा उपलब्ध आछे। फोन करुन १-८८८-२४८-६५२२ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-888-248-6522 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for CDPHP Choice (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at <https://www.cdphp.com>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (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>	\$39.90	\$39.90
<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 1.2 for details.)</p>	\$5,000	\$5,000
<p>Doctor office visits</p>	<p>You pay a \$0 copayment per Enhanced Primary Care Physician visit.</p> <p>\$0 copayment per Primary Care Physician visit.</p> <p>\$30 specialist copayment per visit.</p>	<p>You pay a \$0 copayment per Enhanced Primary Care Physician visit.</p> <p>\$0 copayment per Primary Care Physician visit.</p> <p>\$30 specialist copayment 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>	\$260 per day for days 1 through 6, \$0 per day after day 6.	\$260 per day for days 1 through 6, \$0 per day after day 6.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$39.90	\$39.90

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2021 (this year)	2022 (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 plan premium toward your maximum out-of-pocket amount.	\$5,000	\$5,000 Once you have paid \$5,000 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.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at <https://www.cdphp.com/medicare/doctors>. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2022 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. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Chronic Condition Management Meal Program Benefit	Not covered.	This 6-week program provides eligible members 3 meals per day for no cost-share. Eligibility for the program include, but are not limited to, specific chronic conditions and engagement with care management.
Dental Reimbursement	We cover up to two oral exams, two cleanings, and two sets of dental X-rays annually.	You are reimbursed up to \$750 for diagnostic, preventive and restorative dental services per year. Teeth whitening not covered.
Eyewear	You have a \$125 allowance for eyewear annually.	You have a \$200 allowance for eyewear annually.
In-Home Support Services	Not covered.	No cost-share for 30 hours per year of assistance with Instrumental Activities of Daily Living (IADLs) from a CDPHP-approved provider. Members can either be supported in-home and/or virtually.
Medicare Part B Insulin	You pay a 20% coinsurance for Medicare Part B insulin.	You pay a \$35 copayment for Medicare Part B insulin.
Skin Cancer Screenings	You pay a \$30 copayment for skin cancer screenings.	You pay a \$0 copayment for skin cancer screenings.
Virtual Cardiac Rehabilitation services	Not Covered.	Members will now have access to a virtual cardiac rehabilitation program for no cost-share from a CDPHP-approved partner.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CDPHP Choice (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 CDPHP Choice (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Capital District Physicians' Health Plan, Inc. offers other Medicare health plans and 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 CDPHP Choice (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CDPHP Choice (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 this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 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, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, 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, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 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 New York state, the SHIP is called Health Insurance Information Counseling & Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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:

Albany County: Department for Aging, 162 Washington Ave., Albany, NY 12210, (518) 447-7198

Broome County: Broome County Office Building, 60 Hawley St., 4th Floor, P.O. Box 1766, Binghamton, NY 13902-1766, (607) 778-2411

Chenango County: County Office Building, 5 Court St., Norwich, NY 13815-1794, (607) 337-1770

Clinton County: 135 Margaret St., Suite 105, Plattsburgh, NY 12901, (518) 565-4620

Columbia County: Office for the Aging, 325 Columbia St., Hudson, NY 12534, (518) 828-4258

Delaware County: Office for the Aging, 97 Main St., Suite 2, Delhi, NY 13753, (607) 832-5755

Essex County: Office for the Aging PO Box 217, 132 Water Street Elizabethtown, New York 12932-0217 (518) 873-3695

Franklin County: 355 W. Main St., Ste 447, Malone, NY 12953, (518) 481-1526

Fulton County: Office for Aging, 19 N. William St., Johnstown, NY 12095-2534, (518) 736-5650

Greene County: Department for the Aging, 411 Main St., Catskill, NY 12414, (518) 719-3555

Hamilton County: Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347

Herkimer County: Office for the Aging, 109 Mary St., Suite 1101, Herkimer, NY 13350-2924, (315) 867-1121

Jefferson County: Office for the Aging 175 Arsenal St #2nd, Watertown, NY 13601 (315) 785-3191

Lewis County: P.O. Box 193, 5274 Outer Stowe St., Lowville, NY 13367 (315) 376-5313

Madison County: Office for the Aging, 138 Dominick Bruno Blvd., Canastota, NY 13032, (315) 697-5700

Montgomery County: Office for the Aging, 135 Guy Park Ave., Amsterdam, NY 12010, (518) 843-2300 Ext. 229

Oneida County: Office for Aging and Continuing Care, 120 Airline Street – Suite 201., Oriskany, NY 13424, (315) 798-5456

Otsego County: Meadows Office Complex, Suite 5, 140 County Highway 33W, Cooperstown, NY 13326, (607) 547-4232

Rensselaer County: Unified Family Services, Department for the Aging, 1600 Seventh Ave., 4th floor, Troy, NY 12180-3798, (518) 270-2730

Saratoga County: Office for the Aging, 152 W. High St., Ballston Spa, NY 12021-3528, (518) 884-4100

Schenectady County: Department of Senior and Long Term Care Services, Schaffer Heights, 107 Nott Terrace, Suite 202, Schenectady, NY 12308, (518) 382-8481

Schoharie County: Office for the Aging, 113 Park Place, Suite 3, Schoharie, NY 12157, (518) 295-2001

St. Lawrence County: Office for the Aging Human Service Center 80 State Highway 310 Suite 7, Canton, NY 13617 (315) 386-4730

Tioga County: Tioga Opportunities, Inc. – Aging Services, 9 Sheldon Guile Blvd., Owego, NY 13827, (607) 687-4120

Warren County: Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347

Washington County: Washington County CARES, Office for Aging and Disability Resources, 383 Broadway, Fort Edward, NY 12828, (518) 746-2420

You can learn more about HIICAP by visiting their website (<https://www.aging.ny.gov>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York state 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 (the name and phone numbers for this organization are in Section 4 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance New York State AIDS Drug Assistance Program (ADAP, (518) 459-1641 or 1-800-542-2437 (in state only)). Note: To be eligible for the ADAP operating in your State,

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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number (518) 459-1641 or 1-800-542-2437

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (518) 459-1641 or 1-800-542-2437.

SECTION 6 Questions?

Section 6.1 – Getting Help from CDPHP Choice (HMO)

Questions? We're here to help. Please call Member Services at (518) 641-3950 or 1-888-248-6522. (TTY only, call 711). From October 1 to March 31, we are available for phone calls 8 a.m. – 8 p.m. seven days a week. From April 1 to September 30, our hours are Monday – Friday, 8 a.m. – 8 p.m. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day. Member Services has free language-interpreter services available for non-English speakers. Calls to these numbers are free.

Read your 2022 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 2022. For details, look in the 2022 *Evidence of Coverage* for CDPHP Choice (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 <https://www.cdphp.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 <https://www.cdphp.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

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

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.