

StrideSM Value Rx Plus (HMO) offered by Harvard Pilgrim Health Care of New England, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of StrideSM Value Rx Plus (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.harvardpilgrim.org/stridedocuments. (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 StrideSM Value Rx Plus (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 StrideSM Value Rx Plus (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

- Please contact our Member Services number at 1-888-609-0692 for additional information. (TTY users should call 711.) Hours are October 1 - March 31, from 8 a.m. to 8 p.m., seven days a week, and from April 1 - September 30, 8 a.m. to 8 p.m., Monday through Friday.
- This information is available in different formats, including large print.
- **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 StrideSM Value Rx Plus (HMO)

- Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it says “plan” or “our plan,” it means StrideSM Value Rx Plus (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 StrideSM Value Rx Plus (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 or lower than this amount. See Section 1.1 for details.	\$138	\$146
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 1.2 for details.)	\$5,000	\$5,500
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>You pay \$275 copayment per day for days 1-6, then \$0 copayment per day after day 6 for each Medicare-covered stay.</p>	<p>You pay \$275 copayment per day for days 1-6, then \$0 copayment per day after day 6 for each Medicare-covered stay.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p> <p>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” symbol in the Requirements/Limits column of 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).</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network retail pharmacy.</p>	<p>Deductible: \$270 Tiers 3, 4 and 5</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2: \$10 copayment • Drug Tier 3: \$47 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: 28% of the total cost • Drug Tier 6: Not applicable <p>Select Insulins: \$35 copayment</p>	<p>Deductible: \$270 Tiers 3, 4 and 5</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 - \$5 copayment • Drug Tier 2: \$8 - \$20 copayment • Drug Tier 3: \$47 copayment • Drug Tier 4: \$100 copayment • Drug Tier 5: 28% of the total cost • Drug Tier 6: \$0 copayment <p>Select Insulins: \$35 copayment</p>

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.)	\$138	\$146

- 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 6 regarding “Extra Help” from Medicare.

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 plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,000	\$5,500 Once you have paid \$5,500 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.harvardpilgrim.org/strideproviders. 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 and 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 and 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)
Health and Wellness Programs	<i>Behavioral Health Support</i> The Behavioral Health Access Center is available 24/7 and staffed by licensed care advocates. Call (888) 777-4742 at no cost to you.	<i>Behavioral Health Support</i> Your behavioral health is as important as your physical health. Call Member Services with urgent questions or for help getting started with a behavioral health provider. Their phone number is on the back of your ID Card.
Hearing Aids	Rechargeable option is available for an additional \$50 per hearing aid. Premium models only.	Rechargeable option is available with both Advanced and Premium models for an additional \$50 per hearing aid.

Cost	2022 (this year)	2023 (next year)
Outpatient Surgery	You pay \$225 to \$275 copayment for Medicare-covered surgery services, including diagnostic colonoscopies.	<p>You pay a \$0 copayment for Medicare-covered diagnostic colonoscopies.</p> <p>You pay \$200 to \$275 copayment for all other Medicare-covered outpatient surgery services.</p>
Over-the-Counter (OTC) Items	You have a \$150 yearly allowance to cover Medicare-approved OTC items.	You have a \$100 yearly allowance to cover Medicare-approved OTC items.

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, 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.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tiers 3, 4 and 5 drugs until you have reached the yearly deductible.</p> <p>You pay \$35 copayment for a one-month (30-day) supply of Select Insulins.</p>	<p>The deductible is \$270.</p> <p>During this stage, you pay \$0 copayment for drugs on Tier 1, \$10 copayment for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$270.</p> <p>During this stage, you pay \$0 - \$5 copayment for drugs on Tier 1, \$8 - \$20 copayment for drugs on Tier 2, \$0 copayment for drugs on Tier 6 (Vaccines), and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p>

Important Message About What You Pay for Vaccines

Our plan covers most Part D Vaccines at no cost to you, even if you haven't paid your deductible. 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 (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 1-888-609-0692 for additional information. (TTY users should call 711.) Hours are October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week, and April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>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.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network retail pharmacy.</p> <p>You pay \$35 copayment for a one-month supply (30-day) of Select Insulins.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Standard cost sharing:</i> You pay \$0 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> Not applicable</p> <p>Tier 2: <i>Standard cost sharing:</i> You pay \$10 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> Not applicable</p> <p>Tier 3: <i>Standard cost sharing:</i> You pay \$47 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> Not applicable</p> <p>Tier 4: <i>Standard cost sharing:</i> You pay \$100 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> Not applicable</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Standard cost sharing:</i> You pay \$5 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 copayment per prescription.</p> <p>Tier 2: <i>Standard cost sharing:</i> You pay \$20 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 copayment per prescription.</p> <p>Tier 3: <i>Standard cost sharing:</i> You pay \$47 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$47 copayment per prescription.</p> <p>Tier 4: <i>Standard cost sharing:</i> You pay \$100 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$100 copayment per prescription.</p>

Stage	2022 (this year)	2023 (next year)
	<p>Tier 5: <i>Standard cost sharing:</i> You pay 28% of the total cost per prescription.</p> <p><i>Preferred cost sharing:</i> Not applicable</p> <p>Tier 6: <i>Standard cost sharing:</i> Not applicable</p> <p><i>Preferred cost sharing:</i> Not applicable</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> <p>You pay a \$0 copayment per prescription for Tier 1 drugs during the Coverage Gap. There is no Tier 6 for our list of covered drugs.</p> <p>You pay \$35 copayment for a one-month (30-day) supply of Select Insulins during the Coverage Gap.</p>	<p>Tier 5: <i>Standard cost sharing:</i> You pay 28% of the total cost per prescription.</p> <p><i>Preferred cost sharing:</i> You pay 28% of the total cost per prescription.</p> <p>Tier 6: <i>Standard cost sharing:</i> You pay \$0 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 copayment per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <p>You pay 25% of the total cost per prescription for Tier 1 drugs during the Coverage Gap. You pay a \$0 copayment per prescription for Tier 6 drugs during the Coverage Gap.</p> <p>You pay \$35 copayment for a one-month (30-day) supply of Select Insulins during the Coverage Gap.</p>

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Diabetes Monitoring Supplies	Abbott Freestyle is the preferred brand for home blood sugar monitors, test strips, and therapeutic Continuous Glucose Monitors (CGMs) from network pharmacies. Non-therapeutic (adjunctive) CGMs must be purchased from a network durable medical equipment supplier.	LifeScan OneTouch is the preferred brand for home blood sugar monitors and test strips from network pharmacies. Abbott Freestyle Libre is the preferred brand for therapeutic CGMs from network pharmacies. Non-therapeutic (adjunctive) CGMs must be purchased from a network durable medical equipment supplier.
Formulary or "Drug List"	Our list of covered drugs is divided into five tiers. The cost sharing is different for each tier. Tier 1 drugs have the lowest cost sharing, and Tier 5 drugs have the highest cost sharing. Most vaccines that you can get at a network pharmacy are included in Tier 1.	Our list of covered drugs is divided into six tiers. Vaccines that are part of your prescription drug benefit, like Shingrix, are in Tier 6. Your cost sharing for Tier 6 drugs (vaccines) is \$0.
Retail Pharmacy Network	You have access to standard retail pharmacies that are in the plan's network. There are no preferred retail pharmacies that offer lower-cost sharing in the plan's network.	You have access to both preferred and standard retail pharmacies that are in the plan's network. Your cost sharing for Tiers 1 and 2 drugs is less at preferred retail pharmacies than at standard retail pharmacies. You can find network retail pharmacies near you, and whether they are preferred or

Description	2022 (this year)	2023 (next year)
		standard, in the 2023 <i>Provider and Pharmacy Directory</i> (www.harvardpilgrim.org/strideproviders).
Specialty Pharmacy Network	CVS Specialty	Optum Specialty Pharmacy

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in StrideSM Value Rx Plus (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 StrideSM Value Rx Plus (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, Harvard Pilgrim Health Care of New England, Inc. 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 StrideSM Value Rx Plus (HMO).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from StrideSM Value Rx Plus (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 a government program with trained counselors in every state. In New Hampshire, the SHIP is called New Hampshire ServiceLink Resource Center.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Hampshire ServiceLink Resource Center 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 New Hampshire ServiceLink Resource Center at 1-866-634-9412. You can learn more about New Hampshire ServiceLink Resource Center by visiting their website (www.servicelink.nh.gov/medicare/index.htm).

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).
- **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 NH CARE Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-852-3345, ext. 4502. TDD 1-800-735-2964.

SECTION 7 Questions?

Section 7.1 – Getting Help from StrideSM Value Rx Plus (HMO)

Questions? We’re here to help. Please call Member Services at 1-888-609-0692. (TTY only, call 711.) We are available for phone calls October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week and April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday. 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 StrideSM Value Rx Plus (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.harvardpilgrim.org/stridedocuments. 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.harvardpilgrim.org/medicare. 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 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 (<http://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.