

Senior Care Plus Patriot (HMO) Plan offered by Senior Care Plus

Annual Notice of Changes for 2021

You are currently enrolled as a member of the Value Basic (HMO) Plan. 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 2 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 2.3 for information about our *Provider and Pharmacy 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.
 - Review the list in the back of your Medicare & You handbook.

- Look in Section 4.2 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, 2020**, you will be enrolled in Senior Care Plus Patriot (HMO) Plan.
 - 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, 2020**
- If you **don't join another plan by December 7, 2020**, you will be enrolled in Senior Care Plus Patriot (HMO) Plan.
 - If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish
- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-775-7003 (TTY users should call the State Relay Service at 711).
- Please contact Customer Service at 775-982-3112 or toll-free at 888-775-7003 for additional information. (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Customer Service also has free language interpreter services available for non-English speakers.
- Esta información está disponible gratuitamente en español.
- Atención: Si usted habla español, los servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-888-775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Por favor contáctese con nuestro servicio al cliente al 775-982-3112 o llame gratuitamente al 888-775-7003 para obtener información adicional. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711). (No estamos abiertos los 7 días de la semana durante todo el año). El horario es de 8:00 a.m. A 8:00 p.m., Los 7 días de la semana (excepto Acción de Gracias y Navidad) desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes (excepto festivos) desde el 1 de abril hasta el 30 de septiembre.
- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.

- This information is available in different formats, including Spanish and other languages, as well as large print and braille. Please call Customer Service at the number listed above if you need plan information in another format or language
- **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 Senior Care Plus Patriot (HMO) Plan

- Senior Care Plus is a HMO plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal
- When this booklet says “we,” “us,” or “our,” it means Senior Care Plus. When it says “plan” or “our plan,” it means Senior Care Plus Patriot (HMO) Plan.

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Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Senior Care Plus Patriot (HMO) Plan 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 www.SeniorCarePlus.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Rebate	\$20	\$50
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.)	\$3,400 per year	\$3,400 per year
Doctor office visits	Primary care visits: \$20 copayment per visit to PCPs for Medicare-covered services. Specialist Visits: \$50 copayment for each specialist visit for Medicare-covered services.	Primary care visits: \$0 copayment per visit to a preferred PCPs Medicare covered services. \$10 copayment per visit to PCPs for Medicare-covered services. \$10 copayment per visit to Convenient Care Facilities. Specialist Visits: \$40 copayment for each specialist visit for Medicare-covered services.

Cost	2020 (this year)	2021 (next year)
<p>Inpatient hospital stays 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> <p>Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities.</p> <p>Please refer to the online Provider Directory at www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility: \$300 per day (1-6 days)</p> <p>Non-Preferred Facility: \$440 per day (1-5 days)</p>	<p>Preferred Facility: \$275 per day (1-6 days)</p> <p>Non-Preferred Facility: \$440 per day (1-5 days)</p>

Cost	2020 (this year)	2021 (next year)
<p>Outpatient Services Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities. Please refer to the online Provider Directory at www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility: You pay a \$300 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>	<p>Preferred Facility: You pay a \$275 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>

**Annual Notice of Changes for 2021
Table of Contents**

Summary of Important Costs for 2021 1

SECTION 1 We Are Changing the Plan’s Name 5

SECTION 2 Changes to Benefits and Costs for Next Year 5

Section 2.1 – Changes to the Monthly Premium 5

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 6

Section 2.3 – Changes to the Provider Network 7

Section 2.4 – Changes to Benefits and Costs for Medical Services 8

SECTION 3 Deciding Which Plan to Choose..... 13

Section 3.1 If you want to stay in Senior Care Plus Patriot (HMO) Plan..... 13

Section 3.2 – If you want to change plans 14

SECTION 4 Deadline for Changing Plans..... 14

SECTION 5 Programs That Offer Free Counseling about Medicare 15

SECTION 6 Programs That Help Pay for Prescription Drugs 15

SECTION 7 Questions?..... 16

Section 7.1 – Getting Help from Senior Care Plus Patriot (HMO) Plan 16

Section 7.2 – Getting Help from Medicare 17

SECTION 1 We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from the Value Basic (HMO) Plan to Senior Care Plus Patriot (HMO) Plan.

You will receive a new ID card in the mail in late December with the new name of your plan on it. Please use this new card to obtain all of your services with Senior Care Plus and our benefit providers. The name of your plan was changed to simplify the documents. You will see the new name of your plan on all of your plan documents.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	No change for 2021

Section 2.2 – 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	2020 (this year)	2021 (next year)
<p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p>	<p>\$3,400 per year</p>	<p>No change for 2021 Once you have paid \$3,400 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>

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.SeniorCarePlus.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2021 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 2.4 – 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 *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p>Acupuncture for chronic low back pain</p> <p>Covered services include:</p> <p>Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:</p> <p>For the purpose of this benefit, chronic low back pain is defined as:</p> <ul style="list-style-type: none"> • Lasting 12 weeks or longer; • nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); • not associated with surgery; and • not associated with pregnancy. <p>An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.</p> <p>Treatment must be discontinued if the patient is not improving or is regressing.</p> <p><i>Maximum of 20 visits per plan year</i></p>	<p>This benefit was not covered in 2020</p>	<p>\$30 copayment per visit</p>

Cost	2020 (this year)	2021 (next year)
<p>Ambulatory Service Center Services</p> <p>Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities.</p> <p>Please refer to the online Provider Directory at www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility: You pay a \$300 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>	<p>Preferred Facility: You pay a \$275 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>
<p>Cardiac Rehabilitation Services</p>	<p>\$15 copay</p>	<p>Cardiac Rehabilitation: \$15 copay</p> <p>Intensive Cardiac Rehabilitation: \$10 copay</p>

Cost	2020 (this year)	2021 (next year)
<p>Dental services</p> <p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover:</p> <ul style="list-style-type: none"> • Preventive dental services including 2 exams, 2 cleanings, and 1 set of bitewing x-rays per year. • Services by a dentist or oral surgeon are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor. <p>Diagnostic and Preventive Services are not subject to a calendar year deductible. For additional information, please see the end of this section.</p> <p>Delta Dental administers dental benefits on behalf of Senior Care Plus.</p> <p><i>Refer to exclusions section and the end of Section 3 for more information on Preventive Dental.</i></p>	<p>This benefit was not covered in 2020.</p>	<p>There is no copayment for diagnostic and preventive dental services (maximum of 2 visits per year).</p> <p>\$50 copayment for each visit for Medicare-covered dental services.</p>

Cost	2020 (this year)	2021 (next year)
<p>Fitness Benefit Senior Care Plus offers a gym membership at select gym facilities in our service area for active members enrolled in the Senior Care Plus Patriot (HMO) Plan. Please visit www.SeniorCarePlus.com for information on signing up for this benefit or contact Customer Service at 775-982-3112. Participating facilities may change throughout the plan year.</p>	<p>This benefit was not covered in 2020.</p>	<p>There is no coinsurance, copayment, or deductible for members eligible for the fitness benefit.</p>
<p>Inpatient Acute Hospital Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities. Please refer to the online Provider Directory at www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112. Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility: You pay a \$300 copay days 1-6 Non-Preferred Facility: You pay a \$440 copay days 1-5</p>	<p>Preferred Facility: You pay a \$275 copay days 1-6 Non-Preferred Facility: You pay a \$440 copay days 1-5</p>

Cost	2020 (this year)	2021 (next year)
<p>Outpatient Diagnostic Tests and X-rays</p>	<p>You pay a \$70 copay for each Medicare covered X-ray visit.</p> <p>You pay a \$105 copay for each Medicare-covered CT scan visit.</p> <p>You pay a \$140 copay for each Medicare-covered MRI, PET Scan, and Nuclear Medicine visit.</p>	<p>You pay a \$60 copay for each Medicare covered X-ray visit.</p> <p>You pay a \$95 copay for each Medicare-covered CT scan visit.</p> <p>You pay a \$130 copay for each Medicare-covered MRI, PET Scan, and Nuclear Medicine visit.</p>
<p>Outpatient Services</p> <p>Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities.</p> <p>Please refer to the online Provider Directory at www.SeniorCarePlus.com for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility: You pay a \$300 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>	<p>Preferred Facility: You pay a \$275 copay per visit</p> <p>Non-Preferred Facility: You pay a \$440 copay per visit</p>

Cost	2020 (this year)	2021 (next year)
<p>Over the counter (OTC) drugs Items as a supplement benefit under Part C.</p> <p>Over-the-counter drugs, medications and other substances, which do not require a prescription, even if ordered by a physician, are included.</p> <p>Service specific Maximum Plan benefit coverage amount.</p> <p>Covers all of the OTC list which is found in chapter 4 of the Medicare Managed care Manual.</p>	This benefit was not covered in 2020.	Max plan benefit coverage amount \$25 per quarter
<p>Opioid Treatment Program Services</p>	You pay a \$50 copay	You pay a \$50 copay
<p>Teladoc Virtual Visit Services</p> <p>Teladoc is Senior Care Plus preferred Virtual Visit vendor. To access the platform, please navigate to the following website to register your account, https://member.teladoc.com/signin. You may also call Customer Service or Teladoc directly, 1-800-835-2362, for more information on how to use these services. No prior authorization required for Teladoc.</p>	You pay a \$0 copay when using Senior Care Plus preferred vendor, Teladoc	You pay a \$0 copay when using Senior Care Plus preferred vendor, Teladoc

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in Senior Care Plus Patriot (HMO) Plan

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 Patriot Plan (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 for 2021 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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

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, Senior Care Plus 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 Senior Care Plus Patriot (HMO) Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Care Plus Patriot (HMO) Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 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 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, 2021.

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, 2021, 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, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

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 Nevada, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

Nevada SHIP 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. Nevada SHIP 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 Nevada SHIP at 877-385-2345 or 800-307-4444. You can learn more about Nevada SHIP by visiting their website: (http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

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. 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.** Nevada has a program called Nevada Senior Rx and Nevada Disability Rx 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 5 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 through the State of Nevada Department of Health and Human Services Ryan White HIV/AIDS Part B (RWPB) Program. 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

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Access to Healthcare Network (AHN) at 1-775-284-8989 or toll-free at 1-877-385-2345.

SECTION 7 Questions?

Section 7.1 – Getting Help from Senior Care Plus Patriot (HMO) Plan

Questions? We’re here to help. Please call Customer Service at 775-982-3112 or toll-free at 888-775-7003. (TTY only, call the State Relay Service at 711). We are available for phone calls Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). We will be closed on all Federal holidays.

Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for Senior Care Plus Patriot (HMO) Plan. 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.SeniorCarePlus.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.SeniorCarePlus.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

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

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 2021

You can read *Medicare & You 2021* 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.