

Renown Preferred Plan by Senior Care Plus (HMO) offered by Senior Care Plus

Annual Notice of Changes for 2024

You are currently enrolled as a member of *Renown Preferred Plan by Senior Care Plus*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.seniorcareplus.com. You may also call Customer Service 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 2024 "Drug List" to make sure the drugs you currently take are still covered.

Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

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

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

- If you don't join another plan by December 7, 2023, you will stay in *Renown Preferred Plan by Senior Care Plus*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with *Renown Preferred Plan by Senior Care Plus*.
- 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.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 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. This call is free.
- 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 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 Renown Preferred Plan by Senior Care Plus

- Senior Care Plus is an HMO plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Senior Care Plus. When it says “plan” or “our plan,” it means Renown Preferred Plan by Senior Care Plus.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for *Renown Preferred Plan by Senior Care Plus* in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (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 <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,225	\$3,125
Doctor office visits	Primary care visits: \$0 Copay per visit to a preferred PCPs Medicare covered services. \$0 Copay per visit to all non-preferred PCPs for Medicare covered services. \$0 Copay per visit to Convenient Care Facilities. Specialist visits: \$45 Copay for each specialist visit for Medicare-covered services	Primary care visits: \$0 Copay per visit to a preferred PCPs Medicare covered services. \$0 Copay per visit to all non-preferred PCPs for Medicare covered services. \$0 Copay per visit to Convenient Care Facilities. Specialist visits: \$35 Copay for each specialist visit for Medicare-covered services
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of	Preferred Facility: \$300 Copay (1-5days)	Preferred Facility: \$300 Copay (1-4days)

Cost	2023 (this year)	2024 (next year)
<p>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. 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 https://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>Non-Preferred Facility: \$440 Copay (1-5days)</p>	<p>Non-Preferred Facility: \$440 Copay (1-5days)</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage (30-day supply):</p> <p>Drug Tier 1: Standard Retail: \$11 per prescription. Preferred Retail: \$5 per prescription.</p> <p>Drug Tier 2: Standard Retail: \$20 per prescription. Preferred Retail: \$12 per prescription.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage (30-day supply):</p> <p>Drug Tier 1: Preferred Generic: \$5 per prescription.</p> <p>Drug Tier 2: Generic: \$12 per prescription.</p> <p>Drug Tier 3: Preferred Brand: \$47 per prescription.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Drug Tier 3: Standard Retail: \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Preferred Retail: \$41 per prescription.</p> <p>Drug Tier 4: Standard Retail: \$100 per prescription. Preferred Retail: \$94 per prescription.</p> <p>Drug Tier 5: You pay 33% for Standard and Preferred Retail prescriptions.</p> <p>Drug Tier 6: Standard \$8.50 per prescription. Preferred \$2.50 per prescription.</p> <p>Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for</p>	<p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: Non-Preferred Brand: \$100 per prescription.</p> <p>Drug Tier 5: Specialty: 33% per prescription.</p> <p>Drug Tier 6: Select Care: \$0 per prescription.</p> <p>Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

Cost	2023 (this year)	2024 (next year)
	a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.).	

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	<i>\$0</i>	<i>No Change for 2024</i>

- 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	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	<i>\$3,225 per year</i>	<i>\$3,125 per year</i> Once you have paid \$3,125 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 also located on our website at www.seniorcareplus.com. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, 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 Customer Service 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	2023 (this year)	2024 (next year)
Emergency Care	Preferred Facility: You pay \$125 copayment for each Medicare-covered emergency room visit.	Preferred Facility: You pay \$135 copayment for each Medicare-covered emergency room visit.
Medicare Covered Comprehensive Dental Services	\$45 copay for each Medicare covered visit.	\$35 copay for each Medicare covered visit.
Outpatient Mental Health Care	\$40 copayment for each Medicare-covered individual/group therapy visit.	\$35 copayment for each Medicare-covered individual/group therapy visit.
Partial Hospitalization	You pay \$75 copay for this benefit.	You pay \$100 copay for this benefit.

Cost	2023 (this year)	2024 (next year)
Podiatry Services	\$45 copay for each Medicare covered visit.	\$35 copay for each Medicare covered visit.
Urgently Needed Services	<p>Preferred Facility: You pay \$35 minimum copay for this benefit.</p> <p>Non-Preferred Facility: You pay \$65 minimum copay for this benefit.</p>	<p>Preferred Facility: You pay \$20 minimum copay for this benefit.</p> <p>Non-Preferred Facility: You pay \$65 minimum copay for this benefit.</p>
Vision Care	<p>\$20 for each Medicare-covered eye exam (diagnosis and treatment for disease and conditions of the eye).</p> <p>\$0 for each yearly routine eye exam.</p>	<p>\$35 for each Medicare-covered eye exam (diagnosis and treatment for disease and conditions of the eye).</p> <p>\$0 for each yearly routine eye exam.</p>

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. Instructions on how to access the formulary included in this mailing.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a

product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

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

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by *September 30, 2023* please call Customer 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 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 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.

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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 pharmacy that provides standard cost sharing.</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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard and preferred cost sharing:</p> <p>Preferred Generic: Standard Retail: \$11 per prescription. Preferred Retail: \$5 per prescription.</p> <p>Non-Preferred Generic: Standard Retail: \$20 per prescription. Preferred Retail: \$12 per prescription.</p> <p>Preferred Brand: Standard Retail: \$47 per prescription. Preferred Retail: \$41 per prescription.</p> <p>Non-Preferred Brand:</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Preferred Generic: \$5 per prescription.</p> <p>Non-Preferred Generic: \$12 per prescription.</p> <p>Preferred Brand: \$47 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Non-Preferred Brand: \$100 per prescription.</p> <p>Specialty: 33% of the total cost</p> <p>Select Care: \$0 per prescription</p>

Stage	2023 (this year)	2024 (next year)
	<p>Standard Retail: \$100 per prescription.</p> <p>Preferred Retail: \$94 per prescription.</p> <p>Specialty:</p> <p>You pay 33% for Standard and Preferred Retail prescriptions.</p> <p>NA:</p> <p>Standard \$8.50 per prescription. Preferred \$2.50 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,460 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in *Renown Preferred Plan by Senior Care Plus*

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 *Renown Preferred Plan by Senior Care Plus*.

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 plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2).

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 *Renown Preferred Plan by Senior Care Plus*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Renown Preferred Plan by Senior Care Plus*.
- 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 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 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, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 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 *Nevada*, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

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 (adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

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. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** 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.
 - **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 State of Nevada Department of Health and Human Services Ryan White HIV/AIDS Part B (RWPB) Program. 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 6 Questions?

Section 6.1 – Getting Help from *Renown Preferred Plan by Senior Care Plus*

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 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.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage for Renown Preferred Plan by Senior Care Plus*. 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 Services 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 Directory*) and our *List of Covered Drugs (Formulary/ "Drug List")*.

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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-775-7003. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-775-7003. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或药物保险^的任何疑问。如果您需要此翻译服务, 请致电 1-888-775-7003。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-888-775-7003。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-775-7003. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-775-7003. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-775-7003 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie 1-888-775-7003. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-775-7003 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-775-7003. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-888-775-7003 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-775-7003 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-775-7003. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-775-7003. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-775-7003. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-775-7003. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-775-7003 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。