

# CareFirst<sup>®</sup>

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## Medicare Advantage

2024

Annual Notice of Changes

CareFirst BlueCross BlueShield Group Advantage (PPO)

Effective January 1, 2024 - December 31, 2024

CareFirst BlueCross BlueShield Group Advantage (PPO) CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage PPO, Inc., an independent licensee of the Blue Cross and Blue Shield Association. BLUECROSS<sup>®</sup>, BLUE SHIELD<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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# CareFirst BlueCross BlueShield Group Advantage (PPO) offered by CareFirst Advantage PPO, Inc. (d/b/a CareFirst BlueCross BlueShield Medicare Advantage)

## Annual Notice of Changes for 2024

You are currently enrolled as a member of CareFirst BlueCross BlueShield Group Advantage. Next year, there will be some 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.carefirst.com/myaccount](http://www.carefirst.com/myaccount). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

You are enrolled in this plan through your employer group or union, which designates the dates each year when you can make changes to your coverage for the following plan 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.
  - Review the changes to Medical care costs (doctor, hospital)
  - Review the changes to our drug coverage, including authorization requirements and costs
- 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.

As a member of our plan, you can choose to receive care from out-of-network providers. Our plan will cover services from either in-network or out-of-network providers as long as the services are covered benefits, your provider is a Medicare Provider and is willing to bill CareFirst or their local BlueCross and BlueShield Plan, and the services are medically necessary.

**Note:** CareFirst BlueCross BlueShield Group Advantage will not pay any amount for the services you get from Medicare opt-out providers, even for a Medicare-covered service.

#### 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](http://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 wish to continue as a member of CareFirst BlueCross BlueShield Group Advantage, you do not need to take any action unless your group advises otherwise.** If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.
- Should you choose to disenroll from your employer group offerings, you should discuss this decision with your employer group to determine what the impacts of that disenrollment would be. See your employer group Open Enrollment Materials for additional information on plan options or disenrollments.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 833-320-2664 for additional information. (TTY users should call 711). Hours are 8am-6pm EST Monday-Friday. This call is free.
- To get information from us in a way that works for you, please call Member Services. We can give you information in braille, large print, or other alternate formats if you need it.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About CareFirst BlueCross BlueShield Group Advantage**

- CareFirst BlueCross BlueShield Group Advantage is a PPO plan with a Medicare contract. Enrollment in CareFirst BlueCross BlueShield Group Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means CareFirst Advantage PPO, Inc. When it says "plan" or "our plan," it means CareFirst BlueCross BlueShield Group Advantage.

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***Annual Notice of Changes for 2024***  
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CareFirst BlueCross BlueShield Group Advantage in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium</b> (See Section 2.1 for details.)	Contact your former employer or union for premium information.	Contact your former employer or union for premium information.
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	From in-network and out-of-network providers combined: \$6,000	From in-network and out-of-network providers combined: \$6,000
<b>Doctor office visits</b>	Primary care visits: \$5 copay per visit Specialist visits: \$15 copay per visit	Primary care visits: \$5 copay per visit Specialist visits: \$15 copay per visit
<b>Inpatient hospital stays</b>	\$50 copay per admission	\$50 copay per admission
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible:\$0 Copayment/Coinsurance during the Initial Coverage Stage:	Deductible:\$0 Copayment/Coinsurance during the Initial Coverage Stage:

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li>Preferred Generic (Tier 1): \$5</li> <li>Generic (Tier 2): \$10</li> <li>Preferred Brand (Tier 3): \$20</li> <li>Non-Preferred Drug (Tier 4): \$40</li> <li>Specialty (Tier 5): 25% of the total cost</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>During this payment stage, the plan pays most of the cost for your covered drugs.</li> </ul> <p>For each prescription, you pay whichever of these is larger:</p> <ul style="list-style-type: none"> <li>5% coinsurance; or</li> <li>a \$4.15 copay for generic drugs (including brand-name drugs treated as generic); or a \$10.35 copay for all other drugs; or</li> <li>the cost sharing you paid during the Initial Coverage Stage</li> </ul>	<ul style="list-style-type: none"> <li>Preferred Generic (Tier 1): \$5</li> <li>Generic (Tier 2): \$10</li> <li>Preferred Brand (Tier 3): \$20</li> <li>Non-Preferred Drug (Tier 4): \$40. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>Specialty (Tier 5): 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> <li>You may have cost sharing for drugs that are covered under our enhanced benefit.</li> </ul>

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CareFirst BlueCross BlueShield Group Advantage in 2024**

We will automatically enroll you in 2024 CareFirst BlueCross BlueShield Group Advantage. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage

through 2024 from your CareFirst BlueCross BlueShield Group Advantage plan. If you want to change to an individual plan or switch to Original Medicare, you must do so during your employer's open enrollment period. Please discuss your intent to disenroll with your former employer so they can provide you with the timing and implications of disenrolling from the plan. If you are eligible for "Extra Help," you may be able to change plans during other times.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	Contact your former employer or union for premium information.	Contact your former employer or union for premium information.

- 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 7 regarding "Extra Help" from Medicare.

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

Cost	2023 (this year)	2024 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$6,000	\$6,000 Once you have paid \$6,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) starting October 15, 2023. You may also call Member Services 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 may be 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 may be 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 and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, you will be notified of that change. Please contact Member Services so we may assist.

## Section 2.4 – 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)
CareFirst Video Visit	CareFirst Video Visit access for Urgent Care and Behavioral Health services.	CareFirst Video Visit is no longer available and has been replaced with Additional Telehealth services.
Additional Telehealth	Additional Telehealth includes access to provider groups with telehealth services for PCP, Specialist, Mental Health, and Psychiatric services.	Additional Telehealth includes access to provider groups with telehealth services for Urgent Care, PCP, Specialist, Mental Health, and Psychiatric services.



## Section 2.5 – 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. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)). The 2024 Drug List will be posted to the website on October 15, 2023.

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 Member Services for more information.

### Changes to Prescription Drugs

**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 have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying 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 didn’t receive this insert with this packet, 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	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></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 cost sharing:</p> <p>Tier 1 - Preferred Generic: You pay \$5 per prescription.</p> <p>Tier 2 - Generic: You pay \$10 per prescription.</p> <p>Tier 3 - Preferred Brand: You pay \$20 per prescription.</p> <p>Tier 4 - Non-Preferred Drug: You pay \$40 per prescription.</p> <p>Tier 5 - Specialty Tier: You pay 25% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 - Preferred Generic: You pay \$5 per prescription.</p> <p>Tier 2 - Generic: You pay \$10 per prescription.</p> <p>Tier 3 - Preferred Brand: You pay \$20 per prescription.</p> <p>Tier 4 - Non-Preferred Drug: You pay \$40 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 - Specialty Tier: You pay 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></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. 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>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage)</p>	<p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage)</p>

Stage	2023 (this year)	2024 (next year)
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”.		

### 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. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

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

## SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
In Home Health Assessment Phone Number	1-855-214-4807	1-800-558-9922
SilverSneakers Phone Number	1-888-423-4632	1-888-313-5693
Coverage Decisions for Medical Care Address	CareFirst BlueCross BlueShield Preservice Review Department 10455 Mill Run Circle Owings Mills, MD 21117	CareFirst BlueCross BlueShield Preservice Review Department 10455 Mill Run Circle, Room 11113-A Owings Mills, MD 21117

Description	2023 (this year)	2024 (next year)
Appeals for Medical Care Address	CareFirst BlueCross BlueShield Medicare Advantage Clinical Appeals and Analysis 10455 Mill Run Circle Owings Mills, MD 21117	CareFirst BlueCross BlueShield Medicare Advantage Clinical Appeals and Analysis 10455 Mill Run Circle, Room 11113-A Owings Mills, MD 21117
Part B Drugs Prior Authorization, Step Therapy, and Drug List	The Part B prior authorization, step therapy, and drug list may change throughout the year, please visit your plan's website to stay up-to-date throughout the year.	The Part B prior authorization, step therapy, and drug list may change throughout the year, please visit your plan's website to stay up-to-date throughout the year.

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in CareFirst BlueCross BlueShield Group Advantage

To stay in our plan, you don't need to do anything. You will automatically be enrolled in CareFirst BlueCross BlueShield Group Advantage.

### Section 4.2 – 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,
  - Because you are enrolled in our plan through your employer group or union, you are only allowed to make plan changes at times designated by that group.

- If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your employer group or union, you will lose coverage in our plan. If you choose to end your membership in our plan, please contact your employer group to determine how this may impact your ability to re-enroll in your employer group's health coverage.
- – *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](http://www.medicare.gov/plan-compare)), read *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareFirst BlueCross BlueShield Group Advantage.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CareFirst BlueCross BlueShield Group Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send your former employer or union a written request to disenroll. Contact your former employer or union 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 5 Deadline for Changing Plans

Please reach out to your employer group to understand when you can make any changes to your current plan.

## SECTION 6 Programs That Offer Free Counseling about Medicare

State Health Insurance Assistance Programs (SHIP) are independent government programs with trained counselors in every state.

They are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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.

A list of State Health Insurance Programs can be found in Exhibit A at the end of your *2024 Evidence of Coverage*.

## SECTION 7 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.** State Pharmaceutical Assistance Programs (SPAP) 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. A list of State Pharmaceutical Assistance Programs can be found in Exhibit A at the end of your 2024 *Evidence of Coverage*.
- **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 ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, contact the ADAP in your state. A list of AIDS Drug Assistance Programs can be found in Exhibit A at the end of your 2024 *Evidence of Coverage*.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from CareFirst BlueCross BlueShield Group Advantage

Questions? We're here to help. Please call Member Services at 833-320-2664. (TTY only, call 711.) We are available for phone calls 8am-6pm EST Monday-Friday. Calls to these numbers are free.

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**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 CareFirst BlueCross BlueShield Group Advantage. 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.carefirst.com/myaccount](http://www.carefirst.com/myaccount). 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.carefirst.com/myaccount](http://www.carefirst.com/myaccount). 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")*, which will be posted on October 15, 2023.

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**Section 8.2 – Getting Help from Medicare**

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To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227) or visit the Medicare Website**

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. Or, you can visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).

**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.