

VIVA MEDICARE *Select* (HMO)
offered by VIVA HEALTH, Inc.

Annual Notice of Changes for 2021

You are currently enrolled as a member of VIVA MEDICARE *Select*. 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 Sections 1.2 and 1.4 for information about benefit and cost changes for our plan.
- ☐ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You* handbook.
- Look in Section 2.2 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 VIVA MEDICARE *Select*.
- 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 VIVA MEDICARE *Select*.
- 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

- Please contact our Member Services number at 1-800-633-1542 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week).
- If you need this information in another format, such as audio or large print, please contact Member Services (phone numbers are listed above).
- **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 VIVA MEDICARE *Select*

- VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal.
- When this booklet says "we," "us," or "our," it means VIVA HEALTH, Inc. When it says "plan" or "our plan," it means VIVA MEDICARE *Select*.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for VIVA MEDICARE *Select* 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.VivaHealth.com/Medicare/MemberResources. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

| Cost | 2020 (this year) | 2021 (next year) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly plan premium | \$0 | \$0 |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.) | \$6,700 | \$5,900 |
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$35 per visit | Primary care visits: \$0 per visit Specialist visits: \$15 per visit |
| 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. | \$295 copay for each Medicare-covered day for days 1-5. \$0 for additional days. During the public health emergency, you do not pay a copay for each Medicare-covered admission for the treatment of COVID-19. | \$245 copay for each Medicare-covered day for days 1-6. \$0 for additional days. You do not pay a copay for Medicare-covered admissions for the treatment of COVID-19. |

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SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 – 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.) There is no change in the premium for 2021. | \$0 | \$0 |

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

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

| Cost | 2020 (this year) | 2021 (next year) |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. | \$6,700 | \$5,900 Once you have paid \$5,900 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year. |

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.VivaHealth.com/Medicare/MemberResources. You may also call Member Services for updated provider information or to ask us to mail you a Provider 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 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2021 Evidence of Coverage.

| Cost | 2020 (this year) | 2021 (next year) |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental services | You have a \$600 allowance for preventive, diagnostic and comprehensive dental services per calendar year. | You have a \$2,000 allowance for preventive, diagnostic and comprehensive dental services per calendar year. |
| Prescription eyewear | You have a \$75 allowance for prescription eyewear (glasses, contacts, lenses, frames and upgrades) once per calendar year. | You have a \$150 allowance for prescription eyewear (glasses, contacts, lenses, frames and upgrades) once per calendar year. |
| Over-the-counter (OTC) items | The plan covers a single order of up to \$125 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Item Catalog. | The plan covers a single order of up to \$100 each calendar quarter for over-the-counter drugs and other health-related items listed in the VIVA MEDICARE Over-the-Counter Item Catalog. |

| Cost | 2020 (this year) | 2021 (next year) |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health and wellness education programs | <p><u>Fitness Benefit</u> The plan covers up to \$20 a month toward membership dues at VIVA MEDICARE contracted gyms.</p> <p><u>Nurse Line</u> A Nurse Line is not offered for 2020.</p> | <p><u>Fitness Benefit</u> The Silver&Fit® Healthy Aging and Exercise Program will replace the current fitness benefit (we will no longer reimburse or cover \$20 a month toward membership fees to contracted gyms). The Silver&Fit® Healthy Aging and Exercise Program provides choices to help you stay active. You can visit a Silver&Fit® participating fitness center or participating YMCA near you at no cost to you. Or, if you prefer to stay active at home, you can choose from a variety of home fitness kits (up to 2 kits each calendar year). See the Silver&Fit® flyer on our website at www.VivaHealth.com/Medicare/MemberResources for a list of participating fitness centers.</p> <p><u>Nurse Line</u> You will have access to a 24-hour Nurse Line for general health education and tips for at-home non-emergency treatments for minor illnesses and injuries at no cost to you. To access the Nurse Line on or after January 1, 2021, please call the number listed on the back of your new VIVA MEDICARE ID card we will be sending you later this year. Note: The Nurse Line does not provide treatment or medical advice.</p> |

| Cost | 2020 (this year) | 2021 (next year) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physician specialist services Includes physician specialist office visits for hearing, vision, podiatry, outpatient mental health, outpatient substance abuse and other physician specialist office visits. | <p>You pay a \$35 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a specialist.</p> <p>You pay a \$20 copay for visits to a chiropractor.</p> | <p>You pay a \$15 copay for each specialist visit for Medicare-covered services and for the routine hearing exam from a specialist.</p> <p>You pay a \$20 copay for visits to a chiropractor.</p> |
| Urgently needed services | <p>You pay a \$35 copay for each specialist visit for Medicare-covered services for urgently needed care; \$50 copay for each urgently needed care visit for Medicare-covered services.</p> | <p>You pay a \$15 copay for each specialist visit for Medicare-covered services for urgently needed care; \$40 copay for each urgently needed care visit for Medicare-covered services.</p> |
| Medicare Part B prescription drugs | <p>The plan does not require you to try a different Part B prescription drug before we will cover a Part B prescription drug requested by you or your physician.</p> <p>The plan requires all Medicare Part B prescription drugs to be prior authorized (approved in advance) by the plan to be covered.</p> | <p>The plan may require you to try a different Part B prescription drug before we will cover a Part B prescription drug requested by you or your physician (this is called “step therapy”). The plan will continue to require all Medicare Part B prescription drugs to be prior authorized (approved in advance) by the plan to be covered.</p> <p>To see which Part B prescription drugs may be subject to step therapy, visit our website at: www.VivaHealth.com/Medicare/MemberResources</p> |

| Cost | 2020 (this year) | 2021 (next year) |
|----------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Telehealth services | Telehealth services are limited to only those services provided by Original Medicare. | <p>Telehealth services will be expanded to cover the following services:</p> <ul style="list-style-type: none"> • Primary Care Physician (PCP): You do not pay a copay. • Specialty physician services (does not include services from a chiropractor or podiatrist, hearing or vision exams, diabetes self-management training, kidney disease education, smoking cessation counseling, or services from an urgent care facility): You pay a \$15 copay. • Individual/group sessions for outpatient mental health services: You pay a \$15 copay. • Individual/group sessions for outpatient substance abuse services (does not include opioid treatment program counseling): You pay a \$15 copay. • Individual/group sessions for outpatient psychiatric services: You pay a \$15 copay. • Outpatient physical therapy and speech/language pathology (does not include supervised exercise therapy for PAD, occupational therapy or cardiac and pulmonary rehabilitation): You pay a \$15 copay. |

| Cost | 2020 (this year) | 2021 (next year) |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient rehabilitation services | You pay a \$35 copay for each Medicare-covered physical, occupational and speech therapy visit. | You pay a \$15 copay for each Medicare-covered physical, occupational and speech therapy visit. |
| Outpatient diagnostic tests and therapeutic services and supplies | You pay a \$15 copay for each Medicare-covered x-ray and ultrasound (excluding ultrasounds related to maternity); 20% coinsurance of the total cost of non-standard Medicare-covered outpatient diagnostic lab tests such as genetic testing and drug screens; \$100 copay for each Medicare-covered outpatient diagnostic radiology service such as PET scans, MRIs and CAT/CT scans; \$75 copay for each Medicare-covered echocardiography and other diagnostic non-invasive cardiovascular services, non-invasive vascular studies, laryngoscopies, sleep studies, EGDs, EEGs and neurotransmission studies and other nervous system evaluations or tests. | You pay a \$10 copay for each Medicare-covered x-ray and ultrasound (excluding ultrasounds related to maternity); 10% coinsurance of the total cost of non-standard Medicare-covered outpatient diagnostic lab tests such as genetic testing and drug screens; \$75 copay for each Medicare-covered outpatient diagnostic radiology service such as PET scans, MRIs and CAT/CT scans; \$50 copay for each Medicare-covered echocardiography and other diagnostic non-invasive cardiovascular services, non-invasive vascular studies, laryngoscopies, sleep studies, EGDs, EEGs and neurotransmission studies and other nervous system evaluations or tests. |

| Cost | 2020 (this year) | 2021 (next year) |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient hospital services and outpatient hospital observation | You pay a \$250 copay for each Medicare-covered surgery, procedure or service including blood transfusions and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient observation service when no outpatient procedure is performed; \$35 copay for each Medicare-covered wound care visit and hyperbaric oxygen therapy visit. | You pay a \$225 copay for each Medicare-covered surgery, procedure or service including blood transfusions and invasive procedures such as epidurals and bronchoscopies at an outpatient hospital facility and for each Medicare-covered outpatient observation service when no outpatient procedure is performed; \$15 copay for each Medicare-covered wound care visit and hyperbaric oxygen therapy visit. |
| Ambulance services | You pay \$325 per one-way trip for Medicare-covered ambulance services. | You pay \$275 per one-way trip for Medicare-covered ambulance services. |
| Skilled nursing facility (SNF) care | You pay \$0 for each Medicare-covered day for days 1-20; \$172 copay for each Medicare-covered day for days 21-59; \$0 for each Medicare-covered day for days 60-100. | You pay \$0 for each Medicare-covered day for days 1-20; \$172 copay for each Medicare-covered day for days 21-55; \$0 for each Medicare-covered day for days 56-100. |
| Inpatient hospital care and inpatient mental health care | <p>You pay a \$295 copay for each Medicare-covered day for days 1-5 for each inpatient hospitalization. \$0 for additional days.</p> <p>During the public health emergency, you do not pay a copay for each Medicare-covered admission for the treatment of COVID-19.</p> | <p>You pay a \$245 copay for each Medicare-covered day for days 1-6 for each inpatient hospitalization. \$0 for additional days.</p> <p>You do not pay a copay for Medicare-covered admissions for the treatment of COVID-19.</p> |

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in VIVA MEDICARE *Select*

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 VIVA MEDICARE *Select*.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 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 4), or call Medicare (see Section 6.2).

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

As a reminder, VIVA HEALTH, 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 VIVA MEDICARE *Select*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from VIVA MEDICARE *Select*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Alabama, the SHIP is called Alabama Department of Senior Services.

Alabama Department of Senior Services 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. Alabama Department of Senior Services’ 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 Alabama Department of Senior Services at 1-877-425-2243 or 1-800-AGELINE (1-800-243-5463). You can learn more about Alabama Department of Senior Services by visiting their website (www.alabamaageline.gov).

SECTION 5 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **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 Alabama AIDS Drug Assistance 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. You can reach the Alabama AIDS Drug Assistance Program at 1-866-574-9964.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Alabama AIDS Drug Assistance Program at 1-866-574-9964.

SECTION 6 Questions?

Section 6.1 – Getting Help from VIVA MEDICARE *Select*

Questions? We're here to help. Please call Member Services at 1-800-633-1542 (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., Monday through Friday (from October 1 to March 31, available 8 a.m. to 8 p.m., 7 days a week). Calls to these numbers are free.

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 VIVA MEDICARE *Select*. 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.VivaHealth.com/Medicare/MemberResources. 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.VivaHealth.com/Medicare/MemberResources. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read Medicare & You 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.