BlueCross Blue Basic (PPO) offered by BlueCross BlueShield of South Carolina

Annual Notice of Changes for 2024

You are currently enrolled as a member of BlueCross Blue Basic. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.SCBluesMedAdvantage.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).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers 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 BlueCross Blue Basic.

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- 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 BlueCross Blue Basic.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 1-855-204-2744 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, Eastern Time, Monday through Friday. Our automated phone system handles calls received after 8 pm and on Saturdays, Sundays, and holidays. From October 1 through March 31, we are available 8 am to 8 pm, Eastern Time, seven days a week. This call is free.
- Customer Service has free language interpreter services available for non-English speakers. This information is available in alternate formats, including large print. Please call Customer Service if you need plan information in other formats.
- **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 BlueCross Blue Basic

- BlueCross Blue Basic is a Medicare Advantage Preferred Provider Organization plan with a Medicare contract. Enrollment in BlueCross Blue Basic depends on contract renewal.
- When this document says "we," "us," or "our," it means BlueCross BlueShield of South Carolina. When it says "plan" or "our plan," it means BlueCross Blue Basic.

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Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024 4

SECTION 1 Changes to Benefits and Costs for Next Year 5

Section 1.1 – Changes to the Monthly Premium 5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts 5
Section 1.3 – Changes to the Provider Network 6
Section 1.4 – Changes to Benefits and Costs for Medical Services 6

SECTION 2 Deciding Which Plan to Choose 18

Section 2.1 – If you want to stay in BlueCross Blue Basic 18
Section 2.2 – If you want to change plans 18

SECTION 3 Deadline for Changing Plans 19

SECTION 4 Programs That Offer Free Counseling about Medicare 19

SECTION 5 Programs That Help Pay for Prescription Drugs 19

SECTION 6 Questions? 20

Section 6.1 – Getting Help from BlueCross Blue Basic 20
Section 6.2 – Getting Help from Medicare 21

Cost	2023 (this year)	2024 (next year)
Combined maximum out-of-pocket amount 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.	$10,000	$9,550 Once you have paid $9,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.SCBluesMedAdvantage.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider 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**.

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. 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)
Pulmonary Rehabilitation Services	**In-network:** You pay a $20 copay for each Medicare covered Pulmonary Rehabilitation Service. Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered pulmonary rehabilitation service.	**In-network:** You pay a $15 copay for each Medicare covered Pulmonary Rehabilitation Service. Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered pulmonary rehabilitation service.
Supervised Exercise Therapy (SET)	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered SET visit.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered SET visit.
Urgently needed service	You pay a $40 copay.	You pay a $0 - $40 copay. $0 copay for primary care physician visit at urgent care. $35 copay for specialist visit at urgent care. $40 copay for urgently needed services at urgent care.

Cost	2023 (this year)	2024 (next year)
Partial Hospitalizations	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered partial hospitalization.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered partial hospitalization.
Home Health Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered home health service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered home health service.
Chiropractic Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered chiropractic service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered chiropractic service.
Mental Health Specialty Services (Individual and Group Sessions)	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered mental health specialty service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered mental health specialty service.
Podiatry Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered podiatry service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered podiatry service.
Other Health Care Professional Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered other health care professional service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered other health care professional service.

Cost	2023 (this year)	2024 (next year)
Individual Sessions for Psychiatric Services	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered psychiatric service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered psychiatric service.
Group Sessions for Psychiatric Services	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered psychiatric service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered psychiatric service.
Telehealth Services	You pay a $0 copay for each primary care physician telehealth service.	You pay a $0 copay for each primary care physician telehealth service. You pay a $0 copay for each urgent care telehealth service. You pay a $40 copay for each individual session for psychiatric services. You pay a $40 copay for each individual session for mental health specialty services.

Cost	2023 (this year)	2024 (next year)
Opioid Treatment Program Services	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered opioid treatment program service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered opioid treatment program service.
Diagnostic Procedures/Tests	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered diagnostic procedure/test.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered diagnostic procedure/test.
Lab Services	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered lab service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered lab service.
Diagnostic Radiological Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered diagnostic radiological service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered diagnostic radiological service.
Therapeutic Radiological Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered therapeutic radiological service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered therapeutic radiological service.

Cost	2023 (this year)	2024 (next year)
Outpatient X-Ray Services	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered outpatient X-Ray service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered outpatient X-Ray service.
Outpatient Hospital Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered outpatient hospital service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered outpatient hospital service.
Observation Services	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered observation service.	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered observation service.
Ambulatory Surgical Center (ASC) Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered ASC service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered ASC service.
Individual Sessions for Outpatient Substance Abuse	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered outpatient substance abuse service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered outpatient substance abuse service.

Cost	2023 (this year)	2024 (next year)
Group Sessions for Outpatient Substance Abuse	**In-network:** Prior authorization **is** required. **Out-of-network:** You pay 30% of the total cost for each Medicare-covered outpatient substance abuse service.	**In-network:** Prior authorization **not** required. **Out-of-network:** You pay 20% of the total cost for each Medicare-covered outpatient substance abuse service.
Outpatient Blood Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered outpatient blood service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered outpatient blood service.
Durable Medical Equipment (DME)	**In-network:** You pay 20% of the total cost. **Out-of-network:** You pay 30% of the total cost for Medicare-covered DME.	**In-network:** You pay 15% for home infusion services. You pay 20% for all other Part B services. **Out-of-network:** You pay 20% of the total cost for Medicare-covered DME.
Prosthetics/Medical Supplies	**Out-of-network:** You pay 30% of the total cost for Medicare-covered prosthetics/medical supplies.	**Out-of-network:** You pay 20% of the total cost for Medicare-covered prosthetics/medical supplies.
Diabetic Supplies and Services	**Out-of-network:** You pay 30% of the total cost for Medicare-covered diabetic supplies and service.	**Out-of-network:** You pay 20% of the total cost for Medicare-covered diabetic supplies and service.
Dialysis Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered dialysis service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered dialysis service.

Cost	2023 (this year)	2024 (next year)
Kidney Disease Education Services	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered kidney disease education service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered kidney disease education service.
Medicare Part B Insulin Drugs	**Effective 7/1/2023:** You pay a $35 copay in-network and out-of-network for a 1-month supply of Medicare Part B select insulins for use in home infusion pumps.	**In-network:** You pay a $35 copay for a 1-month supply of Medicare covered Part B insulins. **Out-of-network:** You pay a $35 copay for a 1-month supply of Medicare covered Part B insulins.
Medicare Part B Chemotherapy/Radiation Drugs	**In-network:** You pay 20% of the total cost of chemotherapy/radiation drugs. **Out-of-network:** You pay 30% of the total cost of chemotherapy/radiation drugs.	**In-network:** You pay 0% - 20% of the total cost of chemotherapy/radiation drugs. **Out-of-network:** You pay 20% of the total cost of chemotherapy/radiation drugs.
Other Medicare Part B Drugs	**In-network:** You pay 20% of the total cost of Medicare Part B drugs. **Out-of-network:** You pay 30% of the total cost for Medicare Part B drugs.	**In-network:** You pay 0% - 20% of the total cost of other Medicare Part B drugs. **Out-of-network:** You pay 20% of the total cost for Medicare Part B drugs.
Comprehensive Dental	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered comprehensive dental service.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered comprehensive dental service.

Cost	2023 (this year)	2024 (next year)
Hearing Exams	**Out-of-network:** You pay 30% of the total cost for each Medicare-covered hearing exam.	**Out-of-network:** You pay 20% of the total cost for each Medicare-covered hearing exam.
Over the Counter (OTC) Benefit	You receive $40 every 3 months for the OTC benefit.	You receive $60 every 3 months for the OTC benefit.
Meal Benefit	Meal benefit is not covered.	**In-network:** You pay nothing for this benefit. **Out-of-network:** You pay 20% of the total cost for each meal benefit service. *Immediately following surgery or inpatient hospitalization.
Annual Physical Exam	**Out-of-network:** You pay 30% of the total cost for each non-Medicare-covered annual physical exam.	**Out-of-network:** You pay 20% of the total cost for each non-Medicare-covered annual physical exam.
Fitness Benefit	**Out-of-network:** You pay 30% of the total cost for the fitness benefit.	**Out-of-network:** You pay 20% of the total cost for the fitness benefit.

Cost	2023 (this year)	2024 (next year)
Dental services - Preventive dental (non-Medicare covered)	**In-network:** You pay a $0 copay.* **Out-of-Network:** You pay 0% of the total cost.* 2 preventive dental visits per year. Oral exam, cleaning, 1 dental bitewing x-ray (fluoride treatment not covered). In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in-network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.) ***Preventive dental services are included in your $1,000 preventive/ comprehensive maximum coverage per year.**	**In-network:** You pay a $0 copay.* **Out-of-Network:** You pay 0% of the total cost.* 2 preventive dental visits per year. Oral exam, cleaning, 1 dental bitewing x-ray (fluoride treatment not covered). In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in-network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.) ***Preventive dental services are included in your $2,000 preventive/ comprehensive maximum coverage per year.**

Cost	2023 (this year)	2024 (next year)
Dental services - Comprehensive dental (non-Medicare covered)	**In-network:** You pay 50% of the total cost.* **Out-of-network:** You pay 50% of the total cost.* Non-routine services, diagnostic services, restorative services, endodontics, extractions, prosthodontics, other oral/maxillofacial surgery, periodontics, and other services (i.e., dentures, root canals). In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.) ***Comprehensive dental services are included in your $1,000 preventive/ comprehensive limit per year.**	**In-network:** You pay 50% of the total cost.* **Out-of-network:** You pay 50% of the total cost.* Non-routine services, diagnostic services, restorative services, endodontics, extractions, prosthodontics, other oral/maxillofacial surgery, periodontics, and other services (i.e., dentures, root canals). **We do not cover implants.** In-network services receive the BCBS discount (Going to an out of network dentist may cost you more than using a contracted in network dentist. We pay up to 50% for reasonable and customary charges for out of network claims.) ***Comprehensive dental services are included in your $2,000 preventive/ comprehensive limit per year.**

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in BlueCross Blue Basic

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 BlueCross Blue Basic.

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, there may be 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 4), or call Medicare (see Section 6.2).

As a reminder, BlueCross BlueShield of South Carolina offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amount.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BlueCross Blue Basic.
  - To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from BlueCross Blue Basic.
- 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 South Carolina, the SHIP is called Insurance Counseling Assistance and Referrals for Elders (I-CARE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. I-CARE 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 I-CARE at (803) 734-9900 or 1-800-868-9095. You can learn more about I-CARE by visiting their website (www.aging.sc.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. 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).

- **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 South Carolina AIDS Drug Assistance Program (administered by the South Carolina Department of Health and Environmental Control). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-856-9954. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

  For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-856-9954.

SECTION 6 Questions?

Section 6.1 – Getting Help from BlueCross Blue Basic

Questions? We're here to help. Please call Customer Service at 1-855-204-2744. (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, Eastern Time, Monday through Friday. Our automated phone system handles calls received after 8 pm and on Saturdays, Sundays and holidays. From October 1 through March 31, we are available 8 am to 8 pm, Eastern Time, seven days a week. Calls to these numbers are free.

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 BlueCross Blue Basic. 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.SCBluesMedAdvantage.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.SCBluesMedAdvantage.com. 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

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.

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