

HealthTeam Advantage Plan I (PPO) offered by Care N' Care Insurance Company of North Carolina, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of HealthTeam Advantage Plan I (PPO). 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.htanc.com/members/2025-plan-documents/. You may also call your Healthcare Concierge 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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in HealthTeam Advantage Plan I (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with HealthTeam Advantage Plan I (PPO).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact your Healthcare Concierge number at 1-888-965-1965 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8AM – 8PM Eastern, 7 days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. This call is free.
- This information is available in large print. Please call your Healthcare Concierge at 1-888-965-1965 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 HealthTeam Advantage Plan I (PPO)

- HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means Care N' Care Insurance Company of North Carolina, Inc. When it says "plan" or "our plan," it means HealthTeam Advantage Plan I (PPO).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for HealthTeam Advantage Plan I (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</p> <p>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.)</p>	<p>From network providers: \$3,200</p> <p>From network and out-of-network providers combined: \$5,750</p>	<p>From network providers: \$3,400</p> <p>From network and out-of-network providers combined: \$5,950</p>
<p>Doctor office visits</p>	<p><u>In-Network</u></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$20 copay per visit</p> <p><u>Out-Of-Network</u></p> <p>Primary care visits: \$50 copay per visit</p> <p>Specialist visits: \$75 copay per visit</p>	<p><u>In-Network</u></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$20 copay per visit</p> <p><u>Out-Of-Network</u></p> <p>Primary care visits: \$50 copay per visit</p> <p>Specialist visits: \$75 copay per visit</p>
<p>Inpatient hospital stays</p>	<p><u>In-Network</u></p> <p>\$295 copay per day for days 1-6; \$0 copay per day for days 7-90</p> <p><u>Out-Of-Network</u></p> <p>\$650 copay per day for days 1-6; \$0 copay per day for days 7-90</p>	<p><u>In-Network</u></p> <p>\$325 copay per day for days 1-6; \$0 copay per day for days 7-90</p> <p><u>Out-Of-Network</u></p> <p>30% coinsurance per stay</p>

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy • Drug Tier 2: \$5 copay at a preferred network pharmacy or \$15 copay at a network pharmacy • Drug Tier 3: \$47 copay at a preferred network pharmacy or \$47 copay at a network pharmacy • Drug Tier 4: \$100 copay at a preferred network pharmacy or \$100 copay at a network pharmacy • Drug Tier 5: 33% coinsurance at a preferred network pharmacy or 33% coinsurance at a network pharmacy 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay at a preferred network pharmacy or \$10 copay at a network pharmacy • Drug Tier 2: \$5 copay at a preferred network pharmacy or \$20 copay at a network pharmacy • Drug Tier 3: \$47 copay at a preferred network pharmacy or \$47 copay at a network pharmacy • Drug Tier 4: \$100 copay at a preferred network pharmacy or \$100 copay at a network pharmacy • Drug Tier 5: 33% coinsurance at a preferred network pharmacy or 33% coinsurance at a network pharmacy

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (continued)	Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit. 	Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year.

- 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 Amounts

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.

Cost	2024 (this year)	2025 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$3,200	<p style="text-align: center;">\$3,400</p> <p>Once you have paid \$3,400 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>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 costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$5,750	<p style="text-align: center;">\$5,950</p> <p>Once you have paid \$5,950 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 network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at www.htanc.com. You may also call your Healthcare Concierge 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 2025 Provider Directory www.htanc.com/find-a-provider/ 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 2025 Pharmacy Directory www.htanc.com/prescription-drugs/2025-pharmacy-information/2025-find-a-pharmacy/ 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, please contact your Healthcare Concierge 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	2024 (this year)	2025 (next year)
Ambulance Services	You pay \$300 copay for each one-way Medicare-covered air ambulance service.	You pay \$350 copay for each one-way Medicare-covered air ambulance service.
Cardiac Rehabilitation Services	<p><u>Out-of-Network</u></p> <p>You pay \$50 copay for each Medicare-covered cardiac rehabilitation services visit.</p> <p>You pay \$50 copay for each Medicare-covered intensive cardiac rehabilitation services visit.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for each Medicare-covered cardiac rehabilitation services visit.</p> <p>You pay 30% coinsurance for each Medicare-covered intensive cardiac rehabilitation services visit.</p>
Chiropractic Services	<p><u>In-Network</u></p> <p>You pay \$15 copay for each Medicare-covered chiropractic services visit.</p>	<p><u>In-Network</u></p> <p>You pay \$20 copay for each Medicare-covered chiropractic services visit.</p>

Cost	2024 (this year)	2025 (next year)
Colorectal Cancer Screening (Barium Enemas)	<p><u>Out-of-Network</u> You pay 20% coinsurance for each Medicare-covered barium enema.</p>	<p><u>Out-of-Network</u> You pay 30% coinsurance for each Medicare-covered barium enema.</p>
Dental Services (Medicare-covered)	<p><u>In-Network</u> You pay \$0 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay \$0 copay for each Medicare-covered visit.</p>	<p><u>In-Network</u> You pay \$20 copay for each Medicare-covered visit.</p> <p><u>Out-of-Network</u> You pay \$75 copay for each Medicare-covered visit.</p>
Dental Services - Supplemental (Non-Medicare-covered) (continued)	<p><u>In-Network</u> <u>Deductible</u> \$0 Deductible for Preventive services \$50 Deductible for Comprehensive services</p> <p><u>Annual Benefit Maximum</u> \$3,000 maximum plan coverage amount every year for in-network for Preventive and Comprehensive dental non-Medicare covered services combined.</p>	<p><u>In-Network</u> <u>Deductible</u> \$0 Deductible for <u>most</u> Diagnostic and Preventive services. \$100 Deductible for <u>some</u> Diagnostic and Preventive services and all Comprehensive in- and out-of-network dental services.</p> <p><u>Annual Benefit Maximum</u> Diagnostic and Preventive Dental Services No maximum plan coverage amount for most Diagnostic and Preventive in- and out-of-network non-Medicare covered dental services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Dental Services - Supplemental (Non-Medicare-covered) (continued)</p>	<p>Comprehensive Dental Services \$2,500 maximum plan coverage amount every year for some Diagnostic and Preventive in- and out-of-network non-Medicare-covered dental services and all in- and out-of-network Comprehensive dental services. There is no separate plan maximum for out-of-network dental services.</p> <p>You pay 0% coinsurance for X-rays.</p> <p>Other diagnostic services are not covered.</p> <p>You pay 20% coinsurance for each restorative services visit, except for fillings, for which you pay \$0 copay.</p> <p>You pay 20% coinsurance for each endodontics services visit.</p> <p>You pay \$0 copay for each periodontics services visit.</p> <p>You pay 20% coinsurance for each extraction services visit.</p> <p>You pay 20% coinsurance for each removable prosthodontics services visit.</p> <p>You pay 20% coinsurance for each fixed prosthodontics service visit.</p>	<p>Comprehensive Dental Services \$2,500 maximum plan coverage amount every year for some Diagnostic and Preventive in- and out-of-network non-Medicare-covered dental services and all in- and out-of-network Comprehensive dental services. There is no separate plan maximum for out-of-network dental services.</p> <p>You pay 0% to 20% coinsurance for X-rays.</p> <p>You pay 0% to 20% coinsurance for other diagnostic services.</p> <p>You pay 20% to 50% coinsurance for each restorative services visit.</p> <p>You pay 50% coinsurance for each endodontics services visit.</p> <p>You pay 20% to 50% coinsurance for each periodontics services visit.</p> <p>You pay 20% to 50% coinsurance for each extraction services visit. (Extractions fall under oral and maxillofacial surgery services)</p> <p>You pay 50% coinsurance for each removable prosthodontics services visit.</p> <p>You pay 50% coinsurance for each fixed prosthodontics service visit.</p>

Cost	2024 (this year)	2025 (next year)
<p>Dental Services - Supplemental (Non-Medicare-covered) (continued)</p>	<p>You pay 20% coinsurance for each implant services visit.</p> <p>You pay 20% coinsurance for each oral and maxillofacial surgery services visit.</p> <p>Adjunctive general services are not covered.</p> <p><u>Out-of-Network</u></p> <p><u>Deductible</u></p> <p>\$0 Deductible for Preventive services</p> <p>\$50 Deductible for Comprehensive services</p> <p><u>Annual Benefit Maximum</u></p> <p>\$500 maximum plan coverage amount every year for out-of-network Preventive and Comprehensive dental services combined. Note: The \$500 maximum amount is part of the overall \$3,000 amount for the calendar year.</p> <p>You pay 50% coinsurance for each restorative services visit.</p> <p>You pay 50% coinsurance for each endodontics services visit (once per tooth per lifetime).</p>	<p>You pay 50% for each implant services visit. Implant coverage is limited to abutment-supported porcelain and cast metal crowns and implant-supported crowns. The surgical placement of the implant body is not covered.</p> <p>You pay 20% to 50% coinsurance for each oral and maxillofacial surgery services visit.</p> <p>You pay 0% to 50% coinsurance for each adjunctive general services visit.</p> <p><u>Out-of-Network</u></p> <p><u>Deductible</u></p> <p>There is no separate deductible for out-of-network dental services.</p> <p><u>Annual Benefit Maximum</u></p> <p>There is no separate benefit maximum for out-of-network dental services.</p> <p>You pay 50% to 75% coinsurance for each restorative services visit.</p> <p>You pay 75% coinsurance for each endodontics services visit.</p>

Cost	2024 (this year)	2025 (next year)
Dental Services - Supplemental (Non-Medicare-covered) (continued)	You pay 50% coinsurance for each periodontics services visit.	You pay 50% to 75% coinsurance for each periodontics services visit.
	You pay 50% coinsurance for each extraction services visit.	You pay 75% coinsurance for each extraction services visit. (Extractions fall under oral and maxillofacial surgery services)
	You pay 50% coinsurance for each removable prosthodontics services visit.	You pay 75% coinsurance for each removable prosthodontics services visit.
	You pay 50% coinsurance for each fixed prosthodontics service visit.	You pay 75% coinsurance for each fixed prosthodontics service visit.
	You pay 50% coinsurance for each implant services visit.	You pay 75% coinsurance for each implant services visit. Implant coverage is limited to abutment-supported porcelain and cast metal crowns and implant-supported crowns. The surgical placement of the implant body is not covered.
	You pay 50% coinsurance for each oral and maxillofacial surgery services visit.	You pay 75% coinsurance for each oral and maxillofacial surgery services visit.
	Adjunctive general services are not covered.	You pay 50% to 75% coinsurance for each adjunctive general services visit. Diagnostic and Preventive services with no annual benefit maximum include: prophylaxis (cleaning), bitewing x-rays, periodic oral evaluations, comprehensive oral evaluation - new or established patient, re-evaluation - post-operative office visit, and tomographic survey.

Cost	2024 (this year)	2025 (next year)
<p>Dental Services - Supplemental (Non-Medicare-covered) (continued)</p>		<p>Diagnostic and Preventive services that apply to the annual benefit maximum include: comprehensive series of radiographic images, panoramic radiographic images, periapical radiographic images, intraoral - occlusal radiographic images, extra-oral - 2D projection radiographic images, limited oral evaluation - problem-focused, detailed and extensive oral evaluation - problem-focused, re-evaluation - limited, problem-focused, comprehensive periodontal evaluation - new or established patient, and diagnostic cast.</p>
<p>Diabetes Self-Management Training, Diabetic Services and Supplies</p>	<p><u>Out-of-Network</u></p> <p>You pay 20% coinsurance for Medicare-covered diabetes self-management training services.</p> <p>You pay 20% coinsurance for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 20% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for Medicare-covered diabetes self-management training services.</p> <p>You pay 30% coinsurance for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 30% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.</p>

Cost	2024 (this year)	2025 (next year)
Durable Medical Equipment (DME) and Related Supplies	<p><u>In-Network</u></p> <p>You pay 20% coinsurance for Medicare-covered DME and related supplies.</p> <p>You pay 20% coinsurance for Medicare-covered oxygen equipment.</p>	<p><u>In-Network</u></p> <p>You pay 25% coinsurance for Medicare-covered DME and related supplies.</p> <p>You pay 25% coinsurance for Medicare-covered oxygen equipment.</p>
EKG Following “Welcome to Medicare” Visit	<p><u>Out-of-Network</u></p> <p>You pay 20% coinsurance for an EKG following the Medicare-covered “Welcome to Medicare” visit.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for an EKG following the Medicare-covered “Welcome to Medicare” visit.</p>
Emergency Care	<p>You pay \$135 copay for each visit for Medicare-covered emergency care services.</p>	<p>You pay \$140 copay for each visit for Medicare-covered emergency care services.</p>
Hearing Services	<p><u>In-Network</u></p> <p>You pay \$30 copay for each Medicare-covered hearing exam.</p> <p><u>Out-of-Network</u></p> <p>You pay \$45 copay for each Medicare-covered hearing exam.</p>	<p><u>In-Network</u></p> <p>You pay \$20 copay for each Medicare-covered hearing exam.</p> <p><u>Out-of-Network</u></p> <p>You pay \$75 copay for each Medicare-covered hearing exam.</p>

Cost	2024 (this year)	2025 (next year)
<p>In-Home Support Services</p>	<p>You pay \$0 copay for 30 hours of non-medical in-home support services through Papa Pals.</p> <p>Prior authorization is required.</p>	<p>You pay \$0 copay for 30 hours of non-medical in-home support services through Papa Pals.</p> <p>No prior authorization is required.</p>
<p>Inpatient Hospital Care</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay \$295 copay per day for days 1-6; \$0 copay per day for days 7-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay \$650 copay per day for days 1-6; \$0 copay per day for days 7-90.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay \$325 copay per day for days 1-6; \$0 copay per day for days 7-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient hospital stays, you pay 30% coinsurance per stay.</p>
<p>Inpatient Services in a Psychiatric Hospital</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay \$295 copay per day for days 1-6; \$0 copay per day for days 7-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay 50% coinsurance per stay.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay \$315 copay per day for days 1-8; \$0 copay per day for days 9-90.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered inpatient mental health stays, you pay 30% coinsurance per stay.</p>

Cost	2024 (this year)	2025 (next year)
Meal Benefit	You pay \$0 copay per meal. Benefit may be used immediately following surgery or inpatient hospitalization.	You pay \$0 copay per meal. Benefit may be used immediately following a qualifying event such as surgery, discharge from an inpatient hospital or skilled nursing stay, or an initial diagnosis of chronic heart failure, chronic lung disease, and/or diabetes. You receive a total of 28 meals (2 meals per day over a 14-day period).
Medicare Part B Prescription Drugs	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for Medicare Part B insulin drugs.</p>	<p><u>Out-of-Network</u></p> <p>You pay \$35 copay for Medicare Part B insulin drugs.</p>
Opioid Treatment Program Services	<p><u>In-Network</u></p> <p>You pay \$30 copay for Medicare-covered opioid treatment program services.</p> <p><u>Out-of-Network</u></p> <p>You pay \$75 copay for Medicare-covered opioid treatment program services.</p>	<p><u>In-Network</u></p> <p>You pay \$20 copay for Medicare-covered opioid treatment program services.</p> <p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for Medicare-covered opioid treatment program services.</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</p>	<p><u>In-Network</u></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$0 copay at a lab facility and \$75 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient lab services, you pay \$0 copay at a lab facility and \$10 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$50 to \$200 copay.</p> <p>For Medicare-covered outpatient X-rays, you pay \$5 copay.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$10 copay at a lab facility and \$100 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient lab services, you pay \$10 copay at a lab facility and \$20 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$0 to \$300 copay.</p> <p>For Medicare-covered outpatient X-rays, you pay \$10 copay.</p>
	<p><u>Out-of-Network</u></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay \$10 copay at a lab facility and \$25 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient lab services, you pay \$10 copay at a lab facility and \$25 copay at an outpatient hospital facility.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$75 to \$250 copay.</p> <p>For Medicare-covered outpatient X-rays, you pay \$10 copay for X-ray services included with a physician visit and \$25 copay for X-ray services at an outpatient facility.</p>	<p><u>Out-of-Network</u></p> <p>For Medicare-covered outpatient diagnostic procedures and tests, you pay 30% coinsurance.</p> <p>For Medicare-covered outpatient lab services, you pay 30% coinsurance.</p> <p>For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay 30% coinsurance.</p> <p>For Medicare-covered outpatient X-rays, you pay 30% coinsurance.</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient Hospital Observation</p>	<p><u>Out-of-Network</u></p> <p>You pay \$350 copay for Medicare-covered outpatient hospital observation services.</p> <p>Prior authorization is required for outpatient hospital observation services.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for Medicare-covered outpatient hospital observation services.</p> <p>No prior authorization required for outpatient hospital observation services.</p>
<p>Outpatient Mental Health Care</p>	<p><u>Out-of-Network</u></p> <p>You pay \$75 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay \$75 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay \$75 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay \$75 copay for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay 30% coinsurance for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).</p> <p>You pay 30% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay 30% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>
<p>Outpatient Rehabilitation Services</p>	<p><u>Out-of-Network</u></p> <p>You pay \$30 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay \$75 copay for each Medicare-covered physical therapy or speech therapy visit.</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for each Medicare-covered occupational therapy visit.</p> <p>You pay 30% coinsurance for each Medicare-covered physical therapy or speech therapy visit.</p>

Cost	2024 (this year)	2025 (next year)
<p>Outpatient Substance Use Disorder Services</p>	<p><u>In-Network</u></p> <p>You pay \$30 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$30 copay for each Medicare-covered group therapy visit.</p> <p><u>Out-of-Network</u></p> <p>You pay \$75 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$75 copay for each Medicare-covered group therapy visit.</p>	<p><u>In-Network</u></p> <p>You pay \$20 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$20 copay for each Medicare-covered group therapy visit.</p> <p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 30% coinsurance for each Medicare-covered group therapy visit.</p>
<p>Outpatient Surgery (Outpatient Hospital Services)</p>	<p>Includes services provided at hospital outpatient facilities and ambulatory surgical centers.</p> <p><u>In-Network</u></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay \$250 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$200 copay.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay \$350 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$250 copay.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay \$325 copay.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay \$225 copay.</p> <p><u>Out-of-Network</u></p> <p>For Medicare-covered services at an outpatient hospital facility, you pay 30% coinsurance.</p> <p>For Medicare-covered services at an ambulatory surgical center, you pay 30% coinsurance.</p>

Cost	2024 (this year)	2025 (next year)
Over-the-Counter Items	\$40 maximum plan coverage amount every 3 months for OTC items.	\$70 maximum plan coverage amount every 3 months for OTC items.
Prostate Cancer Screening Exam (Digital Rectal Exam)	<u>Out-of-Network</u> You pay 20% coinsurance for each Medicare-covered digital rectal exam.	<u>Out-of-Network</u> You pay 30% coinsurance for each Medicare-covered digital rectal exam.
Prosthetic and Orthotic Devices and Related Supplies	<u>In-Network</u> You pay 20% coinsurance for Medicare-covered prosthetic and orthotic devices. You pay 20% coinsurance for Medicare-covered medical supplies.	<u>In-Network</u> You pay 25% coinsurance for Medicare-covered prosthetic and orthotic devices. You pay 25% coinsurance for Medicare-covered medical supplies.
Pulmonary Rehabilitation Services	<u>Out-of-Network</u> You pay \$50 copay for each Medicare-covered pulmonary rehabilitation services visit.	<u>Out-of-Network</u> You pay 30% coinsurance for each Medicare-covered pulmonary rehabilitation services visit.
Skilled Nursing Facility (SNF) Care	<u>In-Network</u> For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$203 copay per day for days 21-100. <u>Out-of-Network</u> For Medicare-covered SNF stays, you pay \$50 copay per day for days 1-20; \$203 copay per day for days 21-100.	<u>In-Network</u> For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$214 copay per day for days 21-100. <u>Out-of-Network</u> For Medicare-covered SNF stays, you pay 30% coinsurance per stay.

Cost	2024 (this year)	2025 (next year)
<p>Supervised Exercise Therapy (SET)</p>	<p><u>Out-of-Network</u></p> <p>You pay \$50 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).</p>	<p><u>Out-of-Network</u></p> <p>You pay 30% coinsurance for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).</p>
<p>Telehealth Benefits (additional)</p>	<p><u>In-Network</u></p> <p>For additional telehealth benefits, you pay \$0 copay for primary care physician services, physician specialist services, other health care professionals, individual sessions for mental health specialty services, group sessions for mental health specialty services, individual sessions for psychiatric services, and group sessions for psychiatric services.</p>	<p><u>In-Network</u></p> <p>For additional telehealth benefits, you pay \$0 to \$20 copay for primary care physician services, physician specialist services, other health care professionals, individual sessions for mental health specialty services, group sessions for mental health specialty services, individual sessions for psychiatric services, group sessions for psychiatric services, opioid treatment program services, individual sessions for outpatient substance abuse, group sessions for outpatient substance abuse.</p> <p>Copays based on provider type.</p>
<p>Urgently Needed Care Services</p>	<p>You pay \$20 copay for each visit for Medicare-covered urgently needed care services.</p>	<p>You pay \$25 copay for each visit for Medicare-covered urgently needed care services.</p>
<p>Vision Care</p>	<p><u>In-Network</u></p> <p>You pay \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay \$0 copay for each routine eye exam visit (1 exam every year).</p>	<p><u>In-Network</u></p> <p>You pay \$20 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay \$25 copay for each routine eye exam visit (1 exam every year).</p>

Cost	2024 (this year)	2025 (next year)
Vision Care (continued)	<p><u>Out-of-Network</u></p> <p>You pay \$30 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay 20% coinsurance for an annual Medicare-covered glaucoma screening.</p> <p>You pay \$30 copay for each routine eye exam visit (1 exam every year).</p> <p>\$200 maximum plan coverage amount every year for all in- and out-of-network non-Medicare-covered eyewear.</p>	<p><u>Out-of-Network</u></p> <p>You pay \$75 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay 30% coinsurance for an annual Medicare-covered glaucoma screening.</p> <p>You pay 30% coinsurance for each routine eye exam visit (1 exam every year).</p> <p>\$125 maximum plan coverage amount every year for all in- and out-of-network non-Medicare-covered eyewear.</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.

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 your Healthcare Concierge for more information.

Currently, we can remove a brand name drug on our Drug list immediately if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also 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.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact your Healthcare Concierge or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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 you haven’t received this insert by September 30th, please call your Healthcare Concierge and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	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	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. 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. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply is: Preferred Generic: <i>Standard cost sharing:</i> You pay \$5 copay per prescription. Your cost for a one-month mail-order prescription is \$0 copay. <i>Preferred cost sharing:</i> You pay \$0 copay per prescription. Generic: <i>Standard cost sharing:</i> You pay \$15 copay per prescription. Your cost for a one-month mail-order prescription is \$5 copay. <i>Preferred cost sharing:</i> You pay \$5 copay per prescription.	Your cost for a one-month supply is: Preferred Generic: <i>Standard cost sharing:</i> You pay \$10 copay per prescription. Your cost for a one-month mail-order prescription is \$0 copay. <i>Preferred cost sharing:</i> You pay \$0 copay per prescription. Generic: <i>Standard cost sharing:</i> You pay \$20 copay per prescription. Your cost for a one-month mail-order prescription is \$5 copay. <i>Preferred cost sharing:</i> You pay \$5 copay per prescription.

Stage	2024 (this year)	2025 (next year)
	<p>Preferred Brand: <i>Standard cost sharing:</i> You pay \$47 copay per prescription. Your cost for a one-month mail-order prescription is \$47 copay. <i>Preferred cost sharing:</i> You pay \$47 copay per prescription.</p> <p>Non-Preferred Drug: <i>Standard cost sharing:</i> You pay \$100 copay per prescription. Your cost for a one-month mail-order prescription is \$100 copay. <i>Preferred cost sharing:</i> You pay \$100 copay per prescription.</p> <p>Specialty Tier: <i>Standard cost sharing:</i> You pay 33% coinsurance per prescription. Your cost for a one-month mail-order prescription is 33% coinsurance. <i>Preferred cost sharing:</i> You pay 33% coinsurance per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Preferred Brand: <i>Standard cost sharing:</i> You pay \$47 copay per prescription. Your cost for a one-month mail-order prescription is \$47 copay. <i>Preferred cost sharing:</i> You pay \$47 copay per prescription.</p> <p>Non-Preferred Drug: <i>Standard cost sharing:</i> You pay \$100 copay per prescription. Your cost for a one-month mail-order prescription is \$100 copay. <i>Preferred cost sharing:</i> You pay \$100 copay per prescription.</p> <p>Specialty Tier: <i>Standard cost sharing:</i> You pay 33% coinsurance per prescription. Your cost for a one-month mail-order prescription is 33% coinsurance. <i>Preferred cost sharing:</i> You pay 33% coinsurance per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-888-965-1965 or visit Medicare.gov .
Dental Benefit Administrator	Dental benefit administration and claim processing performed by Delta Dental Plan of North Carolina, Inc.	Dental benefit administration and claim processing performed by Dominion Dental Services, Inc.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in HealthTeam Advantage Plan I (PPO)

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 HealthTeam Advantage Plan I (PPO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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 1.1 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from HealthTeam Advantage Plan I (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from HealthTeam Advantage Plan I (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact your Healthcare Concierge 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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 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 North Carolina, the SHIP is called North Carolina Seniors’ Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. North Carolina Seniors’ Health Insurance Information Program (SHIIP) 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 North Carolina Seniors’ Health Insurance Information Program (SHIIP) at 1-855-408-1212. You can learn more about North Carolina Seniors’ Health Insurance Information Program (SHIIP) by visiting their website (www.ncdoi.com/SHIIP/).

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly

deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called North Carolina HIV SPAP 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. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call North Carolina AIDS Drug Assistance Program. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
 - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-888-965-1965 or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from HealthTeam Advantage Plan I (PPO)

Questions? We’re here to help. Please call your Healthcare Concierge at 1-888-965-1965. (TTY only, call 711.) We are available for phone calls October 1 – March 31, 8AM – 8PM Eastern, 7

days a week; April 1 – September 30, 8AM – 8PM Eastern, Monday through Friday. Calls to these numbers are free.

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for HealthTeam Advantage Plan I (PPO). 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.htanc.com/members/2025-plan-documents/. You may also call your Healthcare Concierge to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.htanc.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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 2025

Read the *Medicare & You 2025* 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.