Hamaspik Medicare Select (HMO D-SNP)
offered by Hamaspik Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Hamaspik Medicare Select. 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.hamaspik.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

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

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

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

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

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

- If you don't join another plan by December 7, 2023, you will stay Hamaspik Medicare Select.
- 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 Hamaspik Medicare Select.
- Look in Section 3 (on page 16) and Section 4 (on page 17) to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
  Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.
- This document is available for free in Spanish, Braille, large print and audio.
- Please contact our Member Services team at 1-888-426-2774 for additional information. (TTY users, call 711.) Hours are 8:00 am to 8:00 pm, October 1, 2023, through March 31, 2024. From April 1, 2024, through September 30, 2024, our Member Service Department will be available 8:00 am to 8:00 pm, Monday through Friday.
  This call is free.
- **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 Hamaspik Medicare Select

- Hamaspik Medicare Select is an HMO D-SNP with a Medicare contract. Enrollment in Hamaspik Medicare Select depends on contract renewal. The plan also has a written agreement with the New York Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Hamaspik Medicare Select (sponsored by Hamaspik Inc.). When it says "plan" or "our plan," it also means Hamaspik Medicare Select.

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Hamaspik Medicare Select in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Deductible	$226 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	$240 The deductible does not apply for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Doctor office visits	Primary care visits: 20% per visit Specialist visits: 20% per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.	Primary care visits: 20% per visit Specialist visits: 20% per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.
Inpatient hospital stays	You pay the following for each benefit period: • $1,600 deductible • Days 1-60:	You pay the following for each benefit period: • $1,632 deductible • Days 1-60:

Cost	2023 (this year)	2024 (next year)
(continued on next page) **Inpatient Hospital Stays** (continued)	\$0 per day • Days 61-90: \$400 per day Days 91 and beyond: \$800 per day for each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	\$0 per day • Days 61-90: \$408 per day Days 91 and beyond: \$816 per day for each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Part D prescription drug coverage (See Section 2.5 for details.)	**Deductible:** \$505, except for covered insulin products and most adult Part D vaccines. Members with Medicaid are eligible for Medicare "extra help," and pay \$0 deductible. **During the Initial Coverage Stage:** **Note:** All covered prescription drugs are in a single Tier. Depending on your level of "extra help," you pay the following amounts for your drugs: • Generic drugs: \$0, or \$1.45 copay, or \$4.15 copay, or 15% coinsurance	**Deductible:** \$545, except for covered insulin products and most adult Part D vaccines. Members with Medicaid are eligible for Medicare "extra help," and pay \$0 deductible. **During the Initial Coverage Stage:** **Note:** All covered prescription drugs are in a single Tier. Depending on your level of "extra help," you pay the following amounts for your drugs: • Generic drugs: \$0, or \$1.55 copay, or \$4.50 copay

Cost	2023 (this year)	2024 (next year)
	• Brand name drugs: $0, or $4.30 copay, or $10.35 copay, or 15% coinsurance. **Catastrophic Coverage:** • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: -- a payment equal to 5% of the cost of the drug (this is called coinsurance), *or* -- a copayment of $4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.	• Brand name drugs: $0, or $4.60 copay, or $11.20 copay **Catastrophic Coverage:** • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$8,300 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$8,850 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Unless You Choose Another Plan, You Will Be Enrolled Automatically in Hamaspik Medicare Select in 2024

If you do nothing in 2023, we will automatically enroll you in our Hamaspik Medicare Select plan. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Hamaspik Medicare Select. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0

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

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$8,300	$8,850 Once you have paid $8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.hamaspik.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

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

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs. 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)
Acupuncture	Covered services include: Up to 12 visits are covered for Medicare beneficiaries for chronic low back pain (as defined in your Evidence of Coverage). An additional 8 visits will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. You pay 20% of the cost for Medicare-covered acupuncture visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount.	Covered services include: Up to 12 visits are covered for Medicare beneficiaries for chronic low back pain (as defined in your Evidence of Coverage). An additional 8 visits will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. You pay 20% of the cost for Medicare-covered acupuncture visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount. In addition, in 2024, coverage includes up to 20 visits annually for services not covered by Medicare. You pay $0 for these visits.

Cost	2023 (this year)	2024 (next year)
Inpatient Hospital Services	You pay the following for each benefit period: • $1,600 deductible • Days 1-60: $0 per day • Days 61-90: $400 per day • Days 91 and beyond: $800 per day for each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	You pay the following for each benefit period: • $1,632 deductible • Days 1-60: $0 per day • Days 61-90: $408 per day • Days 91 and beyond: $816 per day for each "lifetime reserve day" (up to 60 days over your lifetime). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Over the Counter Health Items	We cover a maximum of $158.00 per month for Over the Counter, health products. The types of products that may be purchased using this benefit are approved by CMS.	In 2024, we cover a maximum of $170.00 per month for Over the Counter, health products. The types of products that may be purchased using this benefit are approved by CMS.

Cost	2023 (this year)	2024 (next year)
Special Supplemental Benefits for Members with Chronic Illnesses	You are eligible for this benefit if you have three (3) or more chronic conditions, as listed in your Evidence of Coverage. Eligible members may use $60 per month of the total OTC benefit for the purchase of food and produce. The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.	Members are eligible for this benefit if they have three (3) or more chronic conditions, as listed in your Evidence of Coverage. (No change from 2023 to 2024.) In 2024, eligible members may use $60 per month of the total OTC benefit for the purchase of food and produce. Members may also use $60 per month to cover the cost of household utilities. The benefit is administered using a pre-loaded debit card, which is valid for purchase at plan approved retail locations.
Skilled Nursing Facility Services	You pay the following: • Days 1–20: $0 per day • Days 21–100: $200 per day • Days 100 and beyond: all costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	In 2024, you pay the following: • Days 1–20: $0 per day • Days 21–100: $204 per day • Days 100 and beyond: all costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

Cost	2023 (this year)	2024 (next year)
Prescription Drugs Covered by Part B	You pay 20% of the cost of your Part B drugs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit. Authorization is required for all Part B drugs.	You pay 20% of the cost of your Part B drugs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit. Authorization is required only for chemotherapy and radiation Part B drugs.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically on our website. **You can get the *complete* "Drug List"** by calling Member Services (see the back cover) or visiting our website at www.hamaspik.com.

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

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

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

\

Changes to Prescription Drug Costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying 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 didn't receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $505. Your deductible amount is either $0 or $505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)	The deductible is $545. Your deductible amount is either $0 or $545, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the chart on the next page for the changes from 2023 to 2024. All of your Medicare prescription drugs are on a single tier.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible (if this applies to you), you move to the 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.** Most adult Part D vaccines are covered at no cost to you. NOTE: The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a pharmacy that provides a long term supply or for mail order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Depending on your level of "extra help," you pay the following amounts for your drugs: • Generic drugs: $0, or $1.45 copay, or $4.15 copay, or 15% coinsurance • Brand name drugs: $0, or $4.30 copay, or $10.35 copay, or 15% coinsurance Once you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Depending on your level of "extra help," you pay the following amounts for your drugs: • Generic drugs: $0, or $1.55 copay, or $4.50 copay • Brand name drugs: $0, or $4.60 copay, or $11.20 copay Once you have paid $8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Hamaspik 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 our Hamaspik Medicare Select.

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 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.

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 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 Hamaspik Medicare Select.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Hamaspik Medicare Select.

- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Please contact Member Services 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.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 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.

Because you have Medicaid in New York, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called the Health Insurance Information, Counseling and Assistance (HIICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP 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 HIICAP at 1-800-701-0501. Or you can learn more about HIICAP by visiting their website at:
https://www.shiphelp.org/about-medicare/regional-ship-location/new-york

For questions about your New York Medicaid benefits, contact the New York State Department of Health. Call 1-800-541-2831 for information. (TTY users, call 711.) The New York State Department of Health hours are 8:30 a.m. to 4:45 p.m., Monday through Friday. Ask about how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage in New York.

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.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** New York has a program called the New York State pharmaceutical assistance program is called Elderly Pharmaceutical Insurance Coverage (or EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 518- 459-1641.

SECTION 7 Questions?

Section 7.1 – Getting Help from Hamaspik Medicare Select

Questions? We're here to help. Please call Member Services at 888-426-2774. (TTY users, call 711.) We are available for phone calls seven days a week from 8:00 am to 8:00 pm, October 1, 2022, through March 31, 2023; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2023, to September 30, 2023. 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 Hamaspik 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.hamaspik.com. 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.hamaspik.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*, and other important information about Hamaspik Medicare Select.

Section 8.2 – 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.

Section 8.3 – Getting Help from Medicaid

To get information about your New York Medicaid benefits, contact the New York State Department of Health, at 1-800-541-2831. (TTY users, call 711.) The New York State Department of Health hours are 8:30 a.m. to 4:45 p.m., Monday through Friday.