## *Texas Independence Health Plan (HMO I-SNP) offered by Texas Independence Health Plan, Inc.*

# Annual Notice of Changes for 2024

You are currently enrolled as a member of Texas Independence Health Plan. 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.txindependencehealthplan.com. You may also call Member Services to ask us to mail you *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 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 in Texas Independence Health Plan.
- To change to a **different plan**, 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.
- Please contact our Member Services number at 1-833-471-8447 for additional information. (TTY users should call 1-833-414-8447). Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday through Friday from April 1 through September 30. This call is free.
- This material may be available in an alternate form (Braille, large print, etc.). Please contact Member Services for more information.
- **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 Texas Independence Health Plan

- Texas Independence Health Plan is a Health Maintenance Organization (HMO) Special Needs Plan (SNP) with a Medicare contract. Enrollment in Texas Independence Health Plan Medicare Advantage Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Texas Independence Health Plan Inc. When it says "plan" or "our plan," it means Texas Independence Health Plan.

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

The table below compares the 2023 costs and 2024 costs for Texas Independence Health Plan in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher or lower than this amount. See Section 1.1 for details. | $25.00 | $28.40 |
| **Deductible** | $226 | $240 except for insulin furnished through an item of durable medical equipment. |
| **Maximum out-of-pocket amount** <br> This is the most you will pay out-of-pocket for your covered Part A and Part B services. <br> (See Section 1.2 for details.) | $8,300 | $8,850 |
| **Doctor office visits** | Primary care visits: 20% of the total cost per visit <br> Specialist visits: 20% of the total cost per visit | Primary care visits: 20% of the total cost per visit <br> Specialist visits: 20% of the total cost per visit |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Inpatient hospital stays** | $1,600 deductible for each benefit period.<br><br>Days 1–60 $0 copay per day for each benefit period.<br><br>Days 61–90: $400 copay per day of each benefit period.<br><br>Days 91 and beyond: $800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).<br><br>Beyond lifetime reserve days: You pay all costs. | $1,632 deductible for each benefit period.<br><br>Days 1–60 $0 copay per day for each benefit period.<br><br>Days 61–90: $408 copay per day of each benefit period.<br><br>Days 91 and beyond: $816 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).<br><br>Beyond lifetime reserve days: You pay all costs. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible: $505 except for covered insulin products and most adult Part D vaccines.<br>Coinsurance during the Initial Coverage Stage:<br>□ Drug Tier 1: 25% You pay $35 per month supply of each covered insulin product on this tier.<br>Catastrophic Coverage:<br>□ During this payment stage, the plan pays most of the cost for your covered drugs.<br>□ 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 ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.). | Deductible: $545 except for covered insulin products and most adult Part D vaccines.<br>Coinsurance during the Initial Coverage Stage:<br>□ Drug Tier 1: 25% You pay $35 per month supply of each covered insulin product on this tier.<br>Catastrophic Coverage:<br>□ During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $25.00 | $28.40 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

## Section 1.2 – 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**<br>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $8,300 | $8,850<br>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 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.txindependencehealthplan.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 Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are no changes to our network of pharmacies for next year.

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 Member Services 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) |
|---|---|---|
| **Preventive Dental Services** | You pay a $0 copay for 1 exam per year, 1 cleaning per year, 1 set of X-rays per year and 1 fluoride treatment per year. | You pay a $0 copay for 2 exams per year, 2 cleanings per year, 2 sets of X-rays per year and 2 fluoride treatments per year. |
| **Ambulatory Surgical Center Services** | Authorization Required | No Authorization Required |
| **Emergency Services** | You pay 20% of the total cost (up to $90 maximum) per visit.<br>Cost sharing is waived if you are admitted to the hospital within 24 hours. | You pay 20% of the total cost (up to $100 maximum) per visit.<br>Cost sharing is waived if you are admitted to the hospital within 24 hours. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Urgently Needed Services** | You pay 20% of the total cost (up to $60 maximum) per visit. | You pay 20% of the total cost (up to $55 maximum) per visit. |
| **Mental Health Specialty Services** | Prior Authorization required | No Prior Authorization required |
| **Transportation Services** | 14 one-way trips for any health-related condition every year. | Transportation (Non-emergent):<br><br>You pay a $0 copay for up to 10 one-way trips every year to health-related locations via taxi, rideshare services, van, or medical transport. |
| **Special Supplemental Benefits for the Chronically Ill**<br><br>This benefit applies to members with one or more chronic conditions. | You pay a $0 copay for Beauty Visits up to $100 a year for 2 visits each year. | You pay a $0 copay for Beauty Visits up to $100 a year.<br><br>Transportation (Non-Medical needs):<br><br>You pay a $0 copay for up to 4 one-way trips every year to non-medical related locations. |
| **Outpatient Diagnostic and Therapeutic Radiological Services** | Prior authorization is required for high tech radiological services, including but not limited to MRI, MRA, PET, CTA, and SPECT scans. | CT Scans do not require a prior authorization. Prior authorization is required for complex radiological services, including but not limited to MRA, PET, SPECT scans, as well as radiation oncology and radiation therapy. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Over the Counter (OTC) Benefit** | Limited to $60 allowance every quarter for specific over-the-counter drugs and other health-related products, as listed in the OTC catalog. This allowance carries forward to the next quarter if it is unused. | Limited to $60 maximum benefit coverage allowance every quarter for specific over-the-counter drugs and other health-related products, as listed in the OTC catalog.<br><br>Any unused benefit will not be carried over to the next quarter in 2024. |
| **In-Network Medicare-covered Service Categories to which the In-Network Plan Deductible applies** | ☐ Additional Telehealth Services<br>☐ Air Ambulance Services<br>☐ Ambulatory Surgical Center (ASC) Services<br>☐ Barium Enemas<br>☐ Cardiac Rehabilitation Services<br>☐ Chiropractic Services<br>☐ Comprehensive Dental<br>☐ Diabetes Self-Management Training<br>☐ Diabetic Supplies and Services<br>☐ Diagnostic Procedures/Tests/Lab Services<br>☐ Diagnostic Radiological Services<br>☐ Dialysis Services<br>☐ Digital Rectal Exams<br>☐ Durable Medical Equipment (DME)<br>☐ EKG following Welcome Visit<br>☐ Eye Exams<br>☐ Eyewear<br>☐ Glaucoma Screening | ☐ Additional Telehealth Services<br>☐ Air Ambulance Services<br>☐ Ambulatory Surgical Center (ASC) Services<br>☐ Barium Enemas<br>☐ Cardiac Rehabilitation Services<br>☐ Chiropractic Services<br>☐ Comprehensive Dental<br>☐ Diabetes Self-Management Training<br>☐ Diabetic Supplies and Services<br>☐ Diagnostic Procedures/Tests/Lab Services<br>☐ Diagnostic Radiological Services<br>☐ Dialysis Services<br>☐ Digital Rectal Exams<br>☐ Durable Medical Equipment (DME)<br>☐ EKG following Welcome Visit<br>☐ Eye Exams<br>☐ Eyewear<br>☐ Glaucoma Screening |

| | | |
|---|---|---|
| **In-Network Medicare-covered Service Categories to which the In-Network Plan Deductible applies (continued)** | ☐ Ground Ambulance Services<br>☐ Hearing Exams<br>☐ Intensive Cardiac Rehabilitation Services<br>☐ Kidney Disease Education Services<br>☐ Medicare Part B Rx Drugs<br>☐ Mental Health Specialty Services<br>☐ Observation Services<br>☐ Opioid Treatment Program Services<br>☐ Other Health Care Professional<br>☐ Outpatient Blood Services<br>☐ Outpatient Hospital Services<br>☐ Outpatient Substance Abuse<br>☐ Outpatient X-Ray Services<br>☐ Partial Hospitalization<br>☐ Physician Specialist Services<br>☐ Podiatry Services<br>☐ Primary Care Physician Services<br>☐ Prosthetics/Medical Supplies<br>☐ Psychiatric Services<br>☐ Pulmonary Rehabilitation Services<br>☐ SET for PAD Services<br>☐ Therapeutic Radiological Services | ☐ Ground Ambulance Services<br>☐ Hearing Exams<br>☐ Home Health Services<br>☐ Intensive Cardiac Rehabilitation Services<br>☐ Kidney Disease Education Services<br>☐ Medicare Part B Rx Drugs<br>☐ Mental Health Specialty Services<br>☐ Observation Services<br>☐ Occupational Therapy Services<br>☐ Opioid Treatment Program Services<br>☐ Other Health Care Professional<br>☐ Outpatient Blood Services<br>☐ Outpatient Hospital Services<br>☐ Outpatient Substance Abuse<br>☐ Outpatient X-Ray Services<br>☐ Partial Hospitalization<br>☐ Physical Therapy and Speech-Language Pathology Services<br>☐ Physician Specialist Services<br>☐ Podiatry Services<br>☐ Primary Care Physician Services<br>☐ Prosthetics/Medical Supplies<br>☐ Psychiatric Services<br>☐ Pulmonary Rehabilitation Services<br>☐ SET for PAD Services<br>☐ Therapeutic Radiological Services |

## 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, 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

**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 30, 2023, 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**<br>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. | The deductible is $545. |

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

Please see the following chart for the changes from 2023 to 2024.

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>Once you pay the yearly deductible, 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.**<br><br>Most adult Part D vaccines are covered at no cost to you.<br><br>The costs in this row are for a one-month (31 day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.<br><br>For information about the costs for 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:<br><br>**Tier 1:**<br>You pay 25% of the total cost.<br><br>Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>**Tier 1:**<br><br>You pay 25% of the total cost.<br><br>You pay $35 per month supply of each covered insulin product.<br><br>Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap 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 2 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Ways to pay your plan premium | You can pay your plan premium by check, by electronic funds transfer (EFT) or by having your premium automatically taken out of your monthly Social Security check. | You can pay your plan premium by check or by having your premium automatically taken out of your monthly Social Security check. |
| Phone number has changed for customer service, organization determinations, Part C appeals, and Part C complaints | The phone number for customer service, organization determinations, Part C Appeals, and Part C complaints is 1-800-405-9681. (TTY users should call 711.) | The phone number for customer service, organization determinations, Part C Appeals, and Part C complaints is 1-833-471-8447. (TTY users should call 1-833-414-8447.) |
| Submission method for medical payment requests has changed | Medical payment requests can be sent by fax to 1-888-918-2990. | Mail medical payment requests to:<br><br>TIHP Claims<br>PO Box 981733<br>El Paso, TX 79998 |

# SECTION 3 Deciding Which Plan to Choose

## Section 3.1 – If you want to stay in Texas Independence Health Plan

**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 Texas Independence Health Plan.

## 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. 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 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 Texas Independence Health Plan.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Texas Independence Health Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do 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, 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 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 Texas, the SHIP is called Health Information, Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information, Counseling and Advocacy Program (HICAP) 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 Health Information, Counseling and Advocacy Program (HICAP) at 800-252-9240. You can learn more about Health Information, Counseling and Advocacy Program (HICAP) by visiting their website www.hhs.texas.gov/services/health/medicare.

## 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, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Texas has a program called The Texas THMP State Pharmacy Assistance Program (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. 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 Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090.

# SECTION 7 Questions?

## Section 7.1 – Getting Help from Texas Independence Health Plan

Questions? We're here to help. Please call Member Services at 1-833-471-8447 (TTY only, call 1-833-414-8447). We are available for phone calls from 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30. 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 Texas Independence Health Plan. 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.txindependencehealthplan.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.txindependencehealthplan.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")*.

## 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this 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.