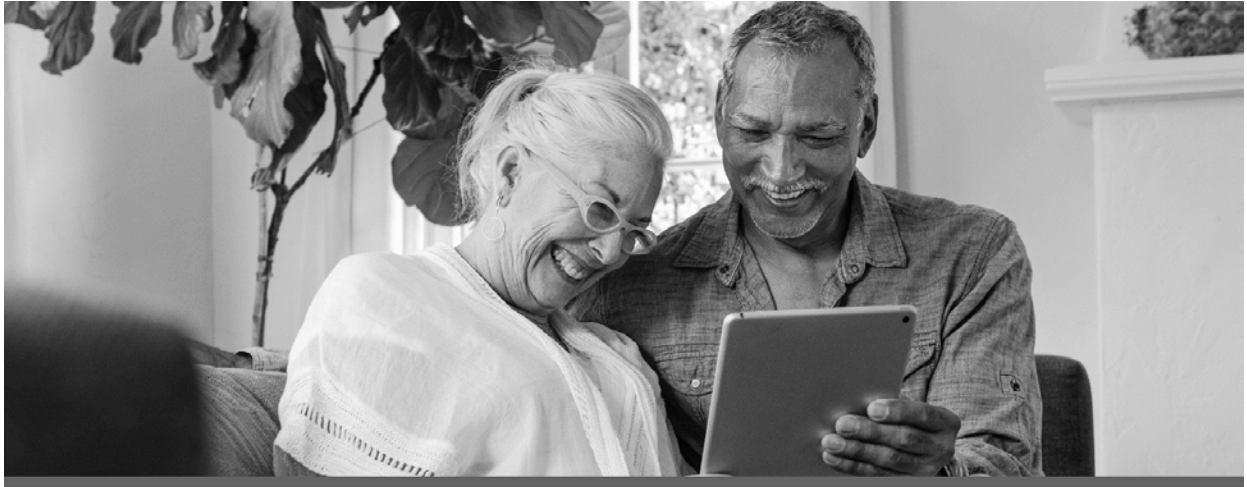


ANNUAL NOTICE OF CHANGES FOR 2023

Medicare PPO with Rx



NAVITUS MEDICARERX (PDP) OFFERED BY UNIVERSITY OF CALIFORNIA

You are currently enrolled as a member of Navitus MedicareRx Prescription Drug Plan (PDP). Next year, there may be changes to the plan's premium costs or benefits. *Please see page 3 for a Summary of Important Costs.*

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 Memberportal.navitus.com. You may also call Customer Care to ask us questions or to ask us to mail you an *Evidence of Coverage*.

- **Your 2023 Open Enrollment for the University of California is from October 27 through November 18, 2022.**
- **If you choose to Opt Out of Navitus MedicareRx coverage and join a different plan, you have from October 15 until December 7 to make changes to the other plan's Medicare coverage for next year. It is important to notify the University of California if you want to opt out of Navitus MedicareRx.**

OMB Approval 0938-1051 (Expires: February 29, 2024)

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 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 2023 Formulary to make sure the drugs you currently take are still covered.
- 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 2023* 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, 2022, you will stay in Navitus MedicareRx.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Navitus MedicareRx.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Care number at 1-833-837-4309 for additional information. (TTY/TDD users should call 711.) Hours are 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.
- We can also give you information in alternate formats (e.g., braille, large print, audio) as applicable.

About Navitus MedicareRx

- This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Federally-Qualified Medicare Contracting Prescription Drug Plan.
- When this document says “we”, “us”, “our”, “plan”, or “our plan”, it means Navitus MedicareRx.

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Navitus MedicareRx in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium Your coverage is provided through the University of California. See Section 2.1 for details.</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. Contact UC Retirement Administration Service Center (RASC) for premium information at 1-800-888-8267 (in U.S.) or 1-510-987-0200 (from outside the U.S.).</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. Contact UC Retirement Administration Service Center (RASC) for premium information at 1-800-888-8267 (in U.S.) or 1-510-987-0200 (from outside the U.S.).</p>
<p>Part D prescription drug coverage for a 1-month supply in the Initial Coverage Stage. See Section 2.3 for details.</p>	<p>Deductible Stage: Your deductible is \$0 Initial Coverage Stage cost sharing:</p> <ul style="list-style-type: none"> • <u>Drug Level \$0:</u> You pay \$0 • <u>Drug Tier 1:</u> You pay \$10 copayment • <u>Drug Tier 2:</u> You pay \$30 copayment • <u>Drug Tier 3:</u> You pay \$45 copayment • <u>Drug Tier 4:</u> You pay \$30 copayment 	<p>Deductible Stage: Your deductible is \$0 Initial Coverage Stage cost sharing:</p> <ul style="list-style-type: none"> • <u>Drug Level \$0:</u> You pay \$0 • <u>Drug Tier 1:</u> You pay \$10 copayment • <u>Drug Tier 2:</u> You pay \$30 copayment • <u>Drug Tier 3:</u> You pay \$45 copayment • <u>Drug Tier 4:</u> You pay \$30 copayment

*Specific guidelines apply

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx in 2023

If you do nothing to change your Navitus MedicareRx coverage between your Open Enrollment dates of October 27 through November 18, 2022, this means starting January 1, 2023, you will continue getting your prescription drug coverage through Navitus MedicareRx. If you want to change plans (i.e., Opt Out of Navitus MedicareRx) or switch to Original Medicare, you can do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<p>Monthly premium</p> <p>Your coverage is provided through your employer group.</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p>Contact UC Retirement Administration Service Center (RASC) for premium information at 1-800-888-8267 (in U.S.) or 1-510-987-0200 (from outside the U.S.).</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p>Contact UC Retirement Administration Service Center (RASC) for premium information at 1-800-888-8267 (in U.S.) or 1-510-987-0200 (from outside the U.S.).</p>

- Your monthly plan premium may 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 2.2 – Changes to the Pharmacy Network

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.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our member portal, to view go to our website Memberportal.navitus.com. You can access a pharmacy search tool (click on *Pharmacy Search* on the top navigation bar). Or you may call Customer Care (1-833-837-4309) for updated pharmacy information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.** We are available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, you will be notified, or contact Customer Care (see back cover) so we may assist.

Section 2.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Formulary

Our list of covered drugs is called a Formulary or “Drug List”. A copy of our Formulary is provided electronically. **You can ask questions or get the complete Formulary** by calling Customer Care (see the back cover) or visiting our website (Memberportal.navitus.com). To access the pharmacy search tool, click on *Pharmacy Search* on the top navigation bar.

We made changes to our Formulary, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Formulary to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Formulary 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 Formulary 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 7 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 access your Evidence of Coverage by visiting our website (Memberportal.navitus.com). Or you can contact Customer Care (see back cover) 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 does 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” but did not receive this insert with this packet, please call Customer Care (see back cover) and ask for the “LIS Rider”.

There are four Medicare Part D “drug payment stages”. How much you pay for a Part D drug may depend upon which drug payment stage you are in.

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.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

Important Message About What You Pay for Insulin – You won’t pay more than \$30 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because there is no deductible, this payment stage does not apply to you.	Because there is no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs shown here are for a one-month supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We may have changed the tier for some of the drugs on our Formulary. To see if your drugs will be in a different tier, look them up on the Formulary.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing in the Initial Coverage Stage:</p> <p>Tier \$0: Select generics; diabetic supplies after Part B pays primary: You pay \$0*</p> <p>Tier 1: Preferred generics and certain lower cost brand products; insulin & Part D diabetic supplies: You pay \$10 per prescription</p> <p>Tier 2: Preferred brand products and some higher cost non-preferred generics; insulin & Part D diabetic supplies: You pay \$30 per prescription</p> <p>Tier 3: Non-preferred products (could include some higher cost non-preferred generics); insulin & Part D diabetic supplies: You pay \$45 per prescription</p> <p>Tier 4: Specialty Products: You pay \$30 per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,430 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing in the Initial Coverage Stage:</p> <p>Tier \$0: Select generics; diabetic supplies after Part B pays primary: You pay \$0*</p> <p>Tier 1: Preferred generics and certain lower cost brand products; insulin & Part D diabetic supplies: You pay \$10 per prescription</p> <p>Tier 2: Preferred brand products and some higher cost non-preferred generics; insulin & Part D diabetic supplies: You pay \$30 per prescription</p> <p>Tier 3: Non-preferred products (could include some higher cost non-preferred generics); insulin & Part D diabetic supplies: You pay \$45 per prescription</p> <p>Tier 4: Specialty Products: You pay \$30 per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

*Specific guidelines apply

The Formulary indicates what you will pay for your drug. A generic drug is the same as a brand-name drug in dosage, safety, and strength. When a generic drug is available and you or your prescriber choose the brand-name drug, you must pay the applicable brand copay plus the difference between the cost of the brand-name drug and the generic equivalent (referred to as the **Dispense As Written (DAW)** penalty). With a prior authorization request, an exception for medical necessity may be made and you will pay the Tier 3 (non-preferred) applicable copay.

- This Dispense as Written (DAW) cost-sharing penalty will not exceed the cost of the medication.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*. 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.**

“Select Retail” Pharmacies

Select Retail pharmacies includes the following retail pharmacies: UC Medical Center retail pharmacies, Costco, CVS, Vons/Safeway, Walmart, and Walgreens.

Select Retail Pharmacy Cost Sharing	Select Retail (up to 90 days)
Tier 1 Drugs from Select Retail Pharmacies	\$20 copay
Tier 2 Drugs from Select Retail Pharmacies	\$60 copay
Tier 3 Drugs from Select Retail Pharmacies	\$90 copay

Extra Covered Drug Benefits (Non-Medicare Part D) – Prescription Required

Formulary Cost Sharing	Select Retail (up to 90 days)
Part B Diabetic Supplies (Navitus MedicareRx will coordinate benefits, if submitted <i>after</i> Medicare Part B pays primary, including lancets, blood sugar diagnostics, calibration solutions and glucometers.)	\$0 copay

Certain drugs that are excluded by law from coverage by Medicare Part D, may be included in the supplemental coverage of your drug plan. Drugs covered under the “Extra Covered Drugs” benefit, will be listed in the Formulary. These Extra Covered Drugs do not count towards the Medicare Part D TrOOP (\$7,400) expenses and they do not qualify for lower catastrophic stage copays.

Member cost share for Extra Covered Drugs, per tier values in the table, for:

- Cough and Cold Prescriptions
- Erectile Dysfunction (ED) – with quantity limit (QL)
- Vitamins and Minerals Prescriptions

Extra Covered Drugs Cost Sharing	Retail & Mail Order (up to 30 days)
Tier 1 non-Medicare covered drugs	\$10 copay
Tier 2 non-Medicare covered drugs	\$30 copay
Tier 3 non-Medicare covered drugs	\$45 copay

Coverage for Out of Country Drugs: Outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies outside of the United States. Your UC plan provides coverage for outpatient prescription drugs when all of the following apply:

- ✓ You remain a permanent resident of the United States while you are out of country, *and*
- ✓ The drug is approved by the Food and Drug Administration (FDA), *and*
- ✓ The drug would be a covered drug by your plan if the drug was filled by a pharmacy located within the United States.

When you receive coverage for outpatient prescription drugs filled at a pharmacy outside the United States, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copayment amount. Please see “How to ask us to pay you back” for detailed instructions, which can be found in the Evidence of Coverage, Chapter 5, Section 2.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Navitus MedicareRx

Your 2023 Open Enrollment for the University of California is from October 27 through November 18, 2022. **It is important to notify the University of California if you want to opt out of Navitus MedicareRx.**

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan by December 7, you will automatically stay enrolled in our Navitus MedicareRx.

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 for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- -- *OR*-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- *OR*-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

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 2023* 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 prescription drug plan**, enroll in that new plan. You will automatically be disenrolled from Navitus MedicareRx.
- **To change to a Medicare health plan**, enroll in that new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Navitus MedicareRx.
 - You will automatically be disenrolled from Navitus MedicareRx if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan. Enrolling in one of these plan types will not automatically disenroll you from Navitus MedicareRx. Your group benefits administrator can best explain your options, the implications of leaving this plan and the process to follow to disenroll. If you do not want to keep our plan, you can choose to enroll in another Medicare prescription drug plan or drop Medicare prescription drug coverage. **If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from the University of California. To request not to be enrolled by this process**, please contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.), Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific), to complete the disenrollment process. Or, ask to be disenrolled from Medicare, contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY/TDD users should call 1-877-486-2048).
- **To change to Original Medicare without a prescription drug plan**, you must:
 - **Request not to be enrolled by this process**, please contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.), Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific), to complete the disenrollment process.

- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY/TDD users should call 1-877-486-2048.
- – *or* – Contact Customer Care (1-833-837-4309) if you need more information on how to do so. We are available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023. **You must inform the University of California if you are opting out of coverage under Navitus MedicareRx. NOTE: Terminating the Navitus MedicareRx coverage will result in the termination of your prescription benefits and make you ineligible for your current UC Medicare Supplement PPO plan through the University of California.**

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 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. You can learn more about your state’s SHIP program(s) by referencing **Exhibit A** in your Evidence of Coverage for the name and contact information for your SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 learn more about your state’s SHIP program(s) by referencing **Exhibit A** in your *Evidence of Coverage* for the name and contact information for your SHIP.

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/TDD 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/TDD users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Many states have a program called a State Pharmaceutical 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 (the name and phone numbers for this organization are in **Exhibit D** of your *Evidence of Coverage*).
- **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 program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please see **Exhibit E** of your *Evidence of Coverage*.

SECTION 7 Questions?

Section 7.1 – Getting Help from Navitus MedicareRx

Questions? We’re here to help. Please call Customer Care at 1-833-837-4309. (TTY/TDD only, call 711.) Customer Care has free language interpreter services available for non-English speakers. We are available for phone calls 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Calls to these numbers are free.

Read your 2023 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 prescription drug costs for 2023. For details, look in the *2023 Evidence of Coverage* for Navitus MedicareRx. 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 Memberportal.navitus.com. You may also call Customer Care with questions, or to ask us to mail you the *Evidence of Coverage*.

Visit our Website

You can also visit our website at Memberportal.navitus.com. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary).

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/TDD 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 prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* 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/TDD users should call 1-877-486-2048.



For more information, please contact Navitus MedicareRx Customer Care toll-free at 1-833-837-4309 (TTY/TDD users should call 711) or visit our website at Memberportal.navitus.com.

Customer Care has free language interpreter services available for non-English speakers.

Calls to these numbers are free. Members can reach Navitus Customer Care 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

PHARMACIES CAN REACH NAVITUS CUSTOMER CARE 24 HOURS A DAY, 7 DAYS A WEEK.