Medicare Plus Blue[SM] Group PPO *offered by*

Blue Cross Blue Shield of Michigan

UAW Retiree Medical Benefits Trust

Annual Notice of Changes for 2025

You are currently enrolled as a member of Medicare Plus Blue Group PPO. Next year, there will be changes to the plan's costs and 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 www.bcbsm.com/uawtrust. You may also call Customer Service 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 coverage restrictions and cost sharing.
- Think about how much you will spend on deductibles and cost sharing.

☐ Check the changes in 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. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan, you will stay enrolled in Medicare Plus Blue Group PPO.
- To change to a **different plan**, you can switch plans at any time. This will end your enrollment with Medicare Plus Blue Group PPO. See Section 3 for more information.
- To change plans, contact **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time (TTY users 711.)

Additional Resources

- This information is available for free in alternate formats, including large print and audio CD.
- Please call Customer Service at 1-888-322-5616, TTY users call 711. We are available Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern time. 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 Medicare Plus Blue Group PPO

- Blue Cross Blue Shield of Michigan is a PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.
- When this document says "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it says "plan" or "our plan," it means Medicare Plus Blue Group PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Medicare Plus Blue Group PPO members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Medicare Plus Blue Group PPO in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 2.1 for details.)	$0	$0
Deductible	**In-network/Out-of-network Combined**: Your deductible liability is limited to $0.	**In-network/Out-of-network Combined**: Your deductible liability is limited to $0.
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	**From in-network and out-of-network providers combined**: $0 This amount includes any portion of your coinsurance and deductible. **Out-of-pocket maximum for copay-based services** $1,500 This amount includes all flat dollar copays for covered services.	**From in-network and out-of-network providers combined**: $0 This amount includes any portion of your coinsurance and deductible. **Out-of-pocket maximum for copay-based services** $1,500 This amount includes all flat dollar copays for covered services.

Cost	2024 (this year)	2025 (next year)
Doctor office visits, including virtual visits with your own doctor	**In-network and Out-of-network:** Primary care visits: $0 Specialist visits: $10 Rural health clinic: $0	**In-network and Out-of-network:** Primary care visits: $0 Specialist visits: $10 Rural health clinic: $0
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. Unlimited days.	Plan pays 100% of approved amount for Medicare-approved clinical and pathology lab services. **In-network and Out-of-network:** Plan pays 100% of approved amount of the approved amount for facility evaluation and management services, and all other inpatient services.	Plan pays 100% of approved amount for Medicare-approved clinical and pathology lab services. **In-network and Out-of-network:** Plan pays 100% of approved amount of the approved amount for facility evaluation and management services, and all other inpatient services.

Cost	2024 (this year)	2025 (next year)
Part D prescription drug deductible	There is no Part D prescription drug deductible.	There is no Part D prescription drug deductible.
Part D prescription drug coverage		
During the *Initial Coverage Stage*, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**	Cost sharing during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $33 Drug Tier 3: $115	Cost sharing during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $33 Drug Tier 3: $115
The *Catastrophic Coverage Stage* is the final stage. **The plan pays the full cost for your covered Part D drugs.** **Note:** You won't pay more than $35 for one month's supply of insulin, and $105 for a three-month supply of insulin.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Unless You Choose Another Plan, You Will Remain in Medicare Plus Blue Group PPO in 2025

If you do nothing by November 27, 2024, you will remain in our Medicare Plus Blue Group PPO. This means starting January 1, 2025, you will continue to receive your medical and prescription drug coverage through Medicare Plus Blue Group PPO. If you want to change plans or switch to Original Medicare, you can do so at any time.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly plan premium There will continue to be no monthly contribution for 2025 to the UAW Retiree Medical Benefits Trust. (You must continue to pay your Medicare Part B premium.)	$0	$0

Section 2.2 – 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)
Maximum out-of-pocket amount Your costs for covered medical services count toward your maximum out-of-pocket amount.	$0	$0
Maximum out-of-pocket amount for copay-based services Your copays for covered medical services from providers count toward your maximum out-of-pocket amount for copay-based services.	$1,500	$1,500

Section 2.3 – 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:

1. Visit us online at **www.bcbsm.com/uawtrust**
2. Scroll down to *Find a doctor.*
3. Click *Choose a location.*
4. Follow the prompts on the page.
5. Find a doctor.

You may also call Customer Service for updated provider and pharmacy information or to ask us to mail you a directory, which we will mail within three business days

There may be changes to our network of providers for next year**. Please review the 2025 *Provider Directory* (www.bcbsm.com/uawtrust) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There may be changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory* (www.bcbsm.com/uawtrust) 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 Customer Service so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

There are no changes to your benefits or amounts you pay for medical services. Our benefits and what you pay for these covered medical services will be exactly the same in 2025 as they are in 2024.

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.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **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**.

You can find your Drug List here:

1. Visit us online at www.bcbsm.com/uawtrust.
2. Click *Find a Plan.*
3. Select your state.
4. Under *Medicare Plus Blue Group PPO* click *View Plan.*
5. Scroll down to *Plan Documents for 2025*.
6. Click the "+" button next to your state.
7. Find the Comprehensive Formulary and click *Download*.

Most of the changes in the Drug List are new for the beginning of the new 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 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 Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List 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 Customer Service 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 didn't receive this insert with this packet, please call Customer Service 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 (this payment stage does not apply to you)	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

Please see the following chart for the changes from 2024 to 2025.

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. **Note**: You won't pay more than $35 for one month's supply of insulin, and $105 for a three-month supply of insulin.	Your cost for a one-month supply is: ***Cost sharing Tier 1:*** You pay $0 per prescription. ***Cost sharing Tier 2:*** You pay $33 per prescription. ***Cost sharing Tier 3:*** You pay $115 per prescription. Once you have paid $8,000 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 is: ***Cost sharing Tier 1:*** You pay $0 per prescription. ***Cost sharing Tier 2:*** You pay $33 per prescription. ***Cost sharing Tier 3:*** You pay $115 per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (The Catastrophic Coverage Stage).

	2024 (this year)	2025 (next year)
Pharmacy out-of-pocket maximum	Once you have paid $1,500 for Tier 2 drugs, you will not pay any copays for Tier 2 drugs for the remainder of the plan year. Your benefit excludes Tier 3 drugs from counting toward your pharmacy out-of pocket maximum.	Once you have paid $1,000 for Tier 2 drugs, you will not pay any copays for Tier 2 drugs for the remainder of the plan year. Your benefit excludes Tier 3 drugs from counting toward your pharmacy out-of-pocket maximum.

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.

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

SECTION 3 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 Customer Service at 1-888-322-5616, 8 a.m. to 7 p.m. Eastern time, Monday through Friday (TTY users call 711) or visit www.Medicare.gov.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Medicare Plus Blue Group 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, you will remain in our Medicare Plus Blue Group PPO.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can choose Original Medicare and select the Traditional Care Network plan as your secondary plan. For more information about your options, call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6) or call Medicare (see Section 8.2).

Note: **www.medicare.gov** does not include UAW Trust Medicare plan options.

Step 2: Change your coverage

- To make a change, call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.

- Once you change your plan with Retiree Health Care Connect, you will be disenrolled automatically from Medicare Plus Blue Group PPO.

SECTION 5 Changing Plans

If you want to change to a different Medicare Advantage plan, or you don't like your plan choice for 2025, you can change your Medicare coverage **at any time**. For more information, see Chapter 8 of the *Evidence of Coverage*, or call **Retiree Health Care Connect** at 1-866-637-7555, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time.

Note: Your Medicare Plus Blue Group PPO deductible, coinsurance, etc. will not transfer to a new plan if a change is made during the year.

SECTION 6 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.

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 call:

Missouri Members:

Missouri SHIP – Contact Information	
CALL	Toll free 1-800-390-3330
TTY	711. Calls to this number are free. Available from 9:00 a.m. to 4:00 p.m. Monday through Friday, Eastern time, excluding federal holidays
WRITE	MO SHIP 601 N. Nifong Blvd. Suite 3A Columbia, MO 65203
WEBSITE	**www.missouriship.org**

Tennessee Members:

Tennessee Commission on Aging and Disability – Contact Information	
CALL	1-877-801-0044
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 5:00 p.m. Monday through Friday, Eastern time.
WRITE	Tennessee Commission on Aging and Disability 502 Deadrick St 9th Floor Nashville, TN 37243
WEBSITE	**https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html**

SECTION 7 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.** UAW Trust states have programs that help 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:

Missouri

Missouri Rx Plan – Contact Information	
CALL	1-573-751-3425
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 5:00 p.m. Monday through Friday, Eastern time.
WRITE	Missouri RX Plan MO HealthNet Division (MHD) 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65102
WEBSITE	**https://mydss.mo.gov/mhd**

Tennessee

Tennessee Commission on Aging and Disability – Contact Information	
CALL	1-877-801-0044
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 5:00 p.m. Monday through Friday, Eastern time.
WRITE	Tennessee Commission on Aging and Disability 502 Deadrick Street 9th Floor Nashville, TN 37243
WEBSITE	**https://www.tn.gov/disability-and-aging/disability-aging-programs/tn-ship.html**

- **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 through the ADAP qualify for prescription cost sharing assistance through the state's ADAP 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, please call the ADAP for your state below (Be sure, when calling, to inform them of your Medicare Part D plan name or policy number):

Missouri

AIDS Drug Assistance Program (ADAP) – Contact Information	
CALL	1-573-751-6439
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 7:00 p.m. Monday through Friday, Eastern time.
WRITE	Bureau of HIV, STD, and Hepatitis Missouri Department of Health and Senior Services PO Box 570 Jefferson City, MO 65102
FAX	1-573-751-6447
WEBSITE	**https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php**

Tennessee

Ryan White HIV Drug Assistance Program (HDAP) – Contact Information	
CALL	1-800-525-2437 Or 1-615-741-7500
TTY	711. Calls to this number are free. Available from 8:00 a.m. to 4:30 p.m. Monday through Friday, Eastern time.
WRITE	HIV/STD Program Ryan White Part B Services Andrew Johnson Tower, 4th Floor 710 James Robertson Parkway Nashville, TN 37243
WEBSITE	**www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b-program.html**

- **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 Customer Service or visit **www.Medicare.gov**.

SECTION 8 Questions?

Section 8.1 – Getting Help from Medicare Plus Blue Group PPO

Questions? We're here to help. Please call Customer Service at 1-888-322-5616 (TTY only, call 711). We are available for phone calls Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern time. Calls to this number 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 Medicare Plus Blue Group 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.

To see your *Evidence of Coverage* online:

1. Go to **www.bcbsm.com/uawtrust.**
2. Click *Help*.
3. Scroll down to *Forms and Documents*.
4. Select your *Evidence of Coverage*.

You may also call Customer Service and ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **www.bcbsm.com/uawtrust.** 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 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 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**

Note: **www.medicare.gov** does not include UAW Trust Medicare plan options.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 call 1-877-486-2048.