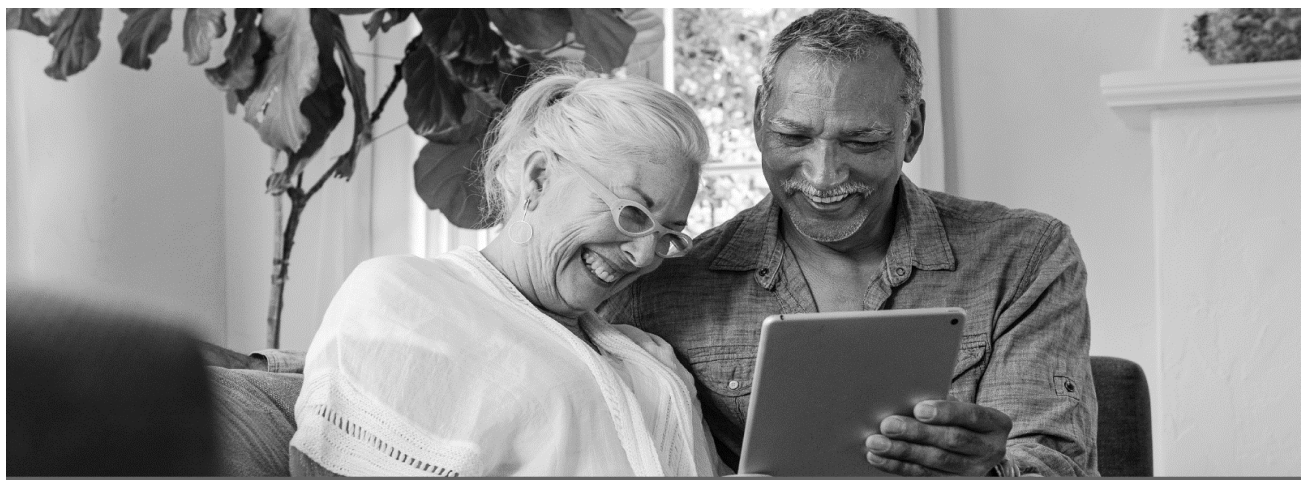


ANNUAL NOTICE OF CHANGES FOR 2025



NAVITUS MEDICARERX (PDP) OFFERED BY STATE OF MONTANA BENEFIT PLAN (STATE PLAN)

You are currently enrolled as a member of Navitus MedicareRx Prescription Drug Plan (PDP). 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 explains the changes to your plan. For more information about costs, benefits, or rules, please review the Evidence of Coverage, which is located on our website at www.medicarerx.navitus.com. You may also call Customer Care to ask questions or to request that we mail you an *Evidence of Coverage*.

- **Your 2025 Open Enrollment for State of Montana is from October 23, 2024, through November 9, 2024.**
- **If you choose to Opt Out of Navitus MedicareRx (PDP) 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 State Plan if you want to opt out of Navitus MedicareRx (PDP).**

OMB Approval 0938-1051 (Expires: August 31, 2026)

Navitus MedicareRx (PDP) Annual Notice of Changes for 2025

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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of the drugs you take move 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 if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.

- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

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

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

- If you don't join another plan by December 7, 2024, you will stay in Navitus MedicareRx (PDP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Navitus MedicareRx (PDP).

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Care number at 1-866-270-3877 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.

Navitus MedicareRx (PDP) Annual Notice of Changes for 2025

About Navitus MedicareRx (PDP)

- This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Navitus MedicareRx (PDP).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Navitus MedicareRx (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium Your coverage is provided through the State Plan 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 the State of Montana Health Care & Benefits Division for premium information</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. Contact the State of Montana Health Care & Benefits Division for premium information</p>
<p>Part D prescription drug coverage (See Section 2.3 for details.)</p>	<p>Deductible: Your deductible is \$0</p> <p>Cost sharing during the Initial Coverage Stage:</p> <p>Drug Tier 1: You pay \$15 copayment</p> <p>Drug Tier 2: You pay \$50 copayment</p> <p>Drug Tier 3: You pay 50% coinsurance</p> <p>Drug Tier 4: You pay 50% coinsurance</p> <p>-OR- You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p>Drug Tier \$0: You pay \$0*</p> <p>*Specific guidelines apply</p>	<p>Deductible: Your deductible is \$0</p> <p>Cost sharing during the Initial Coverage Stage:</p> <p>Drug Tier 1: You pay \$15 copayment</p> <p>Drug Tier 2: You pay \$50 copayment</p> <p>Drug Tier 3: You pay 50% coinsurance</p> <p>Drug Tier 4: You pay 50% coinsurance</p> <p>-OR- You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p>Drug Tier \$0: You pay \$0*</p> <p>*Specific guidelines apply</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx (PDP) in 2025

If you do nothing to change your Navitus MedicareRx (PDP) coverage between your Open Enrollment dates of October 23, 2024, through November 9, 2024, this means starting January 1, 2025; you will continue getting your prescription drug coverage through Navitus MedicareRx (PDP). If you want to change plans (i.e., Opt Out of Navitus MedicareRx (PDP)) 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	2024 (this year)	2025 (next year)
<p>Monthly premium Your coverage is provided through the State Plan (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. Contact the State of Montana Health Care & Benefits Division for premium information.</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. Contact the State of Montana Health Care & Benefits Division for premium information.</p>

- 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 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, go to our website www.medicarerx.navitus.com and click on Members, then Login, to get to the member portal. You can access a pharmacy search tool (click on *Pharmacy Search* on the top navigation bar). Or you may call Customer Care (see back cover) for updated pharmacy information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2025 *Pharmacy Directory* to see which pharmacies are in our network**

You must know that we may change the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Care so we may assist.

Changes to Service Area	2024 (this year)	2025 (next year)
Navitus MedicareRx (PDP) Service Area Expansion	The service area is described as the United States and Puerto Rico.	The service area is described as the United States, Puerto Rico, U.S. Virgin Islands, and Guam.

Section 2.3 – 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. **You can ask questions or get the *complete Drug List (formulary)*** by calling Customer Care (see the back cover) or visiting our website (www.medicarerx.navitus.com). To log into the member portal, click on Members, then Login.

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

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 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 also contact Customer Care 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 10 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 Care 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 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”.

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

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

Stage	2024 (this year)	2025 (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 “drug list”. To see if your drugs will be in a</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred generics and some lower cost band products You pay \$15 copayment</p> <p>Tier 2: Preferred brand products and some higher cost generics You pay \$50 copayment</p> <p>Tier 3: Non-preferred products You pay 50% coinsurance</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred generics and some lower cost band products You pay \$15 copayment</p> <p>Tier 2: Preferred brand products and some higher cost generics You pay \$50 copayment</p> <p>Tier 3: Non-preferred products You pay 50% coinsurance</p>

Stage	2024 (this year)	2025 (next year)
<p>different tier, look them up on the “drug list”.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Tier 4: Specialty products You pay 50% coinsurance -OR- You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p>Drug Tier \$0: You pay \$0*</p> <hr/> <p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p> <p>*Specific guidelines apply</p>	<p>Tier 4: Specialty products You pay 50% coinsurance -OR- You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p>Drug Tier \$0: You pay \$0*</p> <hr/> <p>Once you have paid \$2,000, out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> <p>*Specific guidelines apply</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

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 cost.

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

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Section 6 in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>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).</p> <p>To learn more about this payment option, please contact us at 1-866-270-3877 or visit Medicare.gov.</p>

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If You Want to Stay in Navitus MedicareRx (PDP)

Your 2025 Open Enrollment for State of Montana Benefit Plan is from October 23, 2024, through November 9, 2024. **It is important to notify the State of Montana Health Care & Benefits Division (HCBD) if you want to opt out of Navitus MedicareRx.**

HCBD manages the State of Montana Benefit Plan (State Plan). For information about enrollment options please contact them at 1-800-287-8266, (TTY users should call (406) 444-1421) or email benefitsquestions@mt.gov.

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 4.2 – If You Want to Change Plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Navitus MedicareRx (PDP).
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Navitus MedicareRx (PDP).
 - You will automatically be disenrolled from Navitus MedicareRx (PDP) 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 and keep Navitus MedicareRx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Navitus MedicareRx (PDP). Your group benefits administrator can best explain your options, the implications of leaving this plan (such as if there would be loss of medical or dental benefits) 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 State of Montana Health Care & Benefits Division. To 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 either:

- 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 (see back cover) if you need more information on how to do so.

SECTION 5 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, 2025. **You must inform State of Montana Benefit Plan if you are opting out of coverage under Navitus MedicareRx (PDP). NOTE: Terminating the Navitus MedicareRx (PDP) coverage will result in the termination of your prescription benefits through the State of Montana Benefit Plan.**

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 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. 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 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, 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.** 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.
 - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-270-3877 or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from Navitus MedicareRx (PDP)

Questions? We're here to help. Please call Customer Care at 1-866-270-3877. (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 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 Navitus MedicareRx (PDP). 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.medicarerx.navitus.com. To log into the member portal, click on Members, then Login. 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 www.medicarerx.navitus.com. To log into the member portal click on Members, then Login. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *Drug List (Formulary)*.

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

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Navitus MedicareRx (PDP) Customer Care

Method	Customer Care – Contact Information
CALL	<p>1-866-270-3877</p> <p>Calls to this number are free. We are available 24 hours a day, 7 days a week except on Thanksgiving and Christmas Day.</p> <p>Pharmacies can also reach Customer Care 24 hours a day, 7 days a week.</p> <p>Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free. We are available 24 hours a day, 7 days a week except on Thanksgiving and Christmas Day.</p> <p>Customer Care also has free language interpreter services available for non-English speakers.</p>
WRITE	<p>Navitus MedicareRx (PDP) Customer Care P.O. Box 1039 Appleton, WI 54912-1039</p>
WEBSITE	<p>Medicarerx.navitus.com</p>