



## **Medica Advantage<sup>SM</sup> Value (PPO) offered by Medica Health Plans**

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Medica Advantage Solution H3632-001 (PPO). Next year, you will be enrolled as a member of Medica Advantage Value and there will be changes to the plan's costs and benefits. ***Please see page 8 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 [Medica.com/MyPlanDocs](https://www.Medica.com/MyPlanDocs). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **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](http://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 be enrolled in Medica Advantage Value.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with our plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Member Services number at 1 (866) 398-7374 for additional information (TTY users should call 711). Hours are from Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. This call is free.
- This information is available in braille, large print, or other alternate formats. Please call Member Services if you need plan information in another format (phone numbers are in Section 8.1 of this document).
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About our plan

- Medica is a PPO plan with a Medicare contract. Enrollment in Medica depends on contract renewal.
  - When this document says “we,” “us,” or “our,” it means Medica Health Plans. When it says “plan” or “our plan,” it means Medica Advantage Value.
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**MULTI-LANGUAGE INSERT**

## **Multi-Language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 **1 (866) 745-9919**。我們的中文工作人員很樂意幫助您。這是一項免費服務。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (866) 745-9919**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (866) 745-9919** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

### **Discrimination is Against the Law**

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats such as large print, audio, and braille.
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com).

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, TTY: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs for Medica Advantage Solution H3632-001 and 2024 costs for Medica Advantage Value in several important areas. **Please note this is only a summary of costs.**

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$16	\$0
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>From network providers: \$3,700</p> <p>From network and out-of-network providers combined: \$8,000</p>	<p>From network providers: \$3,900</p> <p>From network and out-of-network providers combined: \$3,900</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: In-Network: \$0 copay per visit.</p> <p>Out-of-Network: \$25 copay per visit.</p> <p>Specialist visits: In-Network: \$35 copay per visit.</p> <p>Out-of-Network: \$50 copay per visit.</p>	<p>Primary care visits: In-Network: \$0 copay per visit.</p> <p>Out-of-Network: \$25 copay per visit.</p> <p>Specialist visits: In-Network: \$35 copay per visit.</p> <p>Out-of-Network: \$50 copay per visit.</p>
<p><b>Inpatient hospital stays</b></p>	<p>In-Network: \$325 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>	<p>In-Network: \$350 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>



Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Inpatient hospital stays (continued)</b></p>	<p>Out-of-Network: \$370 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>	<p>Out-of-Network: \$370 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><b>Preferred Pharmacy cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: 50%</li> <li>• Drug Tier 5: 33%</li> </ul> <p><b>Standard Pharmacy cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$10</li> <li>• Drug Tier 2: \$20</li> <li>• Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><b>Standard Pharmacy cost sharing:</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$14</li> <li>• Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<ul style="list-style-type: none"> <li>• Drug Tier 4: 50%</li> <li>• Drug Tier 5: 33%</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), 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).</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 4: 50% You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33%</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Medica Advantage Value in 2024**

On January 1, 2024, Medica Health Plans will be transitioning you from Medica Advantage Solution H3632-001 to Medica Advantage Value. The information in this document tells you about the differences between your current benefits in Medica Advantage Solution H3632-001 and the benefits you will have on January 1, 2024 as a member of Medica Advantage Value.

**If you do nothing by December 7, 2023, we will automatically enroll you in our Medica Advantage Value.** This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Medica Advantage Value. If you want to change plans or switch to Original Medicare, you must 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	H3632-001 2023 (this year)	Value 2024 (next year)
<b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$16	\$0

- 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 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	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$3,700</p>	<p>\$3,900</p> <p>Once you have paid \$3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$8,000</p>	<p>\$3,900</p> <p>Once you have paid \$3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

### Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [Medica.com/MyPlanDocs](https://www.Medica.com/MyPlanDocs). 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 changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

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

## Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<b>Annual physical exam</b>	<p><b>In-Network</b> \$0 copay for Medicare-covered services.</p> <p><b>Out-of-Network</b> You pay a \$35 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered services.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered services.</p>
<b>Chiropractic services</b>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay a \$50 copay for each Medicare-covered service.</p>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay a \$40 copay for each Medicare-covered service.</p>
<b>Dental: Comprehensive and preventive supplemental</b>	<p>Our plan provides up to a \$1,100 reimbursement for non-Medicare-covered dental services every calendar year.</p>	<p>Our plan provides up to a \$600 allowance for non-Medicare-covered dental services every calendar year. Use your Health+ by Medica card at time of payment for services from a licensed dentist that accepts Visa®.</p>
<b>Dental: Comprehensive Medicare-covered</b>	<p><b>In-Network</b> \$0 copay for Medicare-covered services received from a primary care provider.</p> <p>You pay a \$35 copay for each Medicare-covered</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered services received from a primary care provider.</p> <p>You pay a \$35 copay for each Medicare-covered</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Dental: Comprehensive Medicare-covered (continued)</b></p>	<p>service received from a specialist.</p> <p><b>Out-of-Network</b> You pay 30% of the total cost for Medicare-covered services.</p>	<p>service received from a specialist.</p> <p><b>Out-of-Network</b> You pay a \$25 copay for each Medicare-covered service received from a primary care provider.  You pay a \$50 copay for each Medicare-covered service received from a specialist.</p>
<p><b>Emergency care</b></p>	<p>You pay a \$90 copay for each Medicare-covered service.</p>	<p>You pay a \$120 copay for each Medicare-covered service.</p>
<p><b>Health+ by Medica card</b></p>	<p>This benefit is <u>not</u> offered.</p>	<p>OTC, Dental, and Eyewear benefits will be loaded on a single Health+ by Medica card that you can use at participating retailers and providers where Visa® is accepted.</p>
<p><b>Hearing services - Medicare-covered</b></p>	<p><b>In-Network</b> \$0 copay for Medicare-covered hearing exams received from a primary care provider.  \$25 copay for each Medicare-covered hearing exam received from a specialist.</p> <p><b>Out-of-Network</b> You pay a \$35 copay for each Medicare-covered hearing exam received from a primary care provider.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered hearing exams received from a primary care provider.  \$25 copay for each Medicare-covered hearing exam received from a specialist.</p> <p><b>Out-of-Network</b> You pay a \$25 copay for each Medicare-covered hearing exam received from a primary care provider.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<b>Hearing services - Medicare-covered (continued)</b>	You pay a \$50 copay for each Medicare-covered hearing exam received from a specialist.	You pay a \$40 copay for each Medicare-covered hearing exam received from a specialist.
<b>Inpatient hospital care</b>	<p><b>In-Network</b> You pay a \$325 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>	<p><b>In-Network</b> You pay a \$350 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p>
<b>Inpatient services in a psychiatric hospital</b>	<p><b>In-Network</b> You pay a \$325 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for up to an additional 60 lifetime reserve days.</p>	<p><b>In-Network</b> You pay a \$350 copay each day for days 1 through 5 and a \$0 copay for days 6 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for up to an additional 60 lifetime reserve days.</p>
<b>Kidney disease education or self-dialysis training</b>	<p><b>In-Network</b> \$0 copay for Medicare-covered kidney disease education services or self-dialysis training.</p> <p><b>Out-of-Network</b> You pay 30% of the total cost for Medicare-covered kidney disease education services or self-dialysis training.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered kidney disease education services or self-dialysis training.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered kidney disease education services or self-dialysis training.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Medicare-covered preventive services</b></p>	<p><b>In-Network</b> \$0 copay for Medicare-covered preventive services.</p> <p><b>Out-of-Network</b> You pay a \$35 copay for each Medicare-covered preventive service.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered preventive services.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered preventive services.</p>
<p><b>Medicare-covered preventive services includes:</b></p> <p>Abdominal aortic aneurysm screening, Annual wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular disease risk reduction visit (therapy for cardiovascular disease), Colorectal cancer screening including barium enemas, Depression screening, Diabetes self-management training, HIV screening, Immunizations, Medical nutrition therapy, Medicare Diabetes Prevention Program (MDPP), Obesity screening and therapy to promote sustained weight loss, Prostate cancer screening exams including digital rectal exam, Screening and counseling to reduce alcohol misuse, Screening for lung cancer with low dose computed tomography (LDCT), Screening for sexually transmitted infections (STIs) and counseling to prevent STIs, Smoking and tobacco use cessation (counseling to stop smoking or tobacco use), and Welcome to Medicare preventive visit, including EKG following welcome visit.</p>		
<p><b>Medicare Part B prescription drugs</b></p>	<p><b>In-Network</b> Part B insulin drugs furnished through an external infusion pump <u>may</u> require prior authorization.</p>	<p><b>In-Network</b> Part B insulin drugs furnished through an external infusion pump do <u>not</u> require prior authorization.</p>
<p><b>Opioid treatment program services</b></p>	<p><b>In-Network</b> You pay a \$35 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay 30% of the total cost for Medicare-covered services.</p>	<p><b>In-Network</b> You pay a \$35 copay for each Medicare-covered service.</p> <p><b>Out-of-Network</b> You pay a \$50 copay for each Medicare-covered service.</p>



Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p>	<p><b>In-Network</b>                      You pay 15% of the total cost for Medicare-covered x-ray services. \$75 out-of-pocket maximum per day.</p> <p>You pay 15% of the total cost for Medicare-covered diagnostic and therapeutic radiological services. \$75 out-of-pocket maximum per day.</p> <p>\$0 copay for Medicare-covered laboratory tests, blood services, and home-based sleep studies.</p> <p>You pay 15% of the total cost for each Medicare-covered diagnostic colonoscopy. \$75 out-of-pocket maximum per day.</p> <p>You pay 15% of the total cost for Medicare-covered diagnostic tests or facility-based sleep studies. \$75 out-of-pocket maximum per day.</p>	<p><b>In-Network</b>                      You pay a \$15 copay for each Medicare-covered x-ray service.</p> <p>You pay a \$60 copay for each Medicare-covered therapeutic radiology service.</p> <p>\$0 copay for Medicare-covered laboratory tests, blood services, diagnostic mammograms, diagnostic colonoscopies, blood services, and home-based sleep studies.</p> <p>You pay a \$30 copay for each Medicare-covered basic imaging radiology service.</p> <p>You pay a \$100 copay for each Medicare-covered advanced imaging radiology service.</p> <p>You pay a \$30 copay for each Medicare-covered diagnostic test service.</p> <p>You pay a \$100 copay for each Medicare-covered facility-based sleep study.</p> <p>\$0 copay for Medicare-covered diagnostic colonoscopy at an outpatient hospital facility or ambulatory surgery center.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies (continued)</b></p>	<p>Basic imaging diagnostic radiology services, diagnostic mammograms and diagnostic colonoscopies <u>may</u> require prior authorization.</p> <p>All other diagnostic test services and facility-based sleep studies do <u>not</u> require prior authorization.</p> <p><b>Out-of-Network</b> You pay 30% of the total cost for Medicare-covered services.</p>	<p>There is <u>not</u> an out-of-pocket maximum per day.</p> <p>Basic imaging diagnostic radiology services, diagnostic mammograms, and diagnostic colonoscopies do <u>not</u> require prior authorization.</p> <p>All other diagnostic test services and facility-based sleep studies <u>may</u> require prior authorization.</p> <p><b>Out-of-Network</b> You pay a \$15 copay for each Medicare-covered x-ray service.</p> <p>You pay a \$60 copay for each Medicare-covered therapeutic radiology service.</p> <p>\$0 copay for Medicare-covered laboratory tests, diagnostic mammograms, diagnostic colonoscopies, and home-based sleep studies.</p> <p>You pay a \$30 copay for each Medicare-covered basic imaging radiology service.</p> <p>You pay a \$100 copay for each Medicare-covered advanced imaging radiology service.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies (continued)</b></p>		<p>You pay a \$30 copay for each Medicare-covered diagnostic test.</p> <p>You pay a \$50 copay for each Medicare-covered blood service.</p> <p>You pay a \$100 copay for each Medicare-covered facility-based sleep study.</p> <p>\$0 copay for Medicare-covered diagnostic colonoscopy at an outpatient hospital facility or ambulatory surgery center.</p>
<p><b>Outpatient hospital observation</b></p>	<p><b>In-Network</b> You pay a \$325 copay per day for each Medicare-covered stay.</p> <p><b>Out-of-Network</b> You pay a \$370 copay per day for each Medicare-covered stay.</p>	<p><b>In-Network</b> You pay a \$350 copay per day for each Medicare-covered stay.</p> <p><b>Out-of-Network</b> You pay a \$400 copay per day for each Medicare-covered stay.</p>
<p><b>Outpatient substance abuse services</b></p>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered individual or group session.</p>	<p><b>In-Network</b> You pay a \$35 copay for each Medicare-covered individual or group session.</p>
<p><b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b></p>	<p><b>In-Network</b> You pay a \$345 copay for each Medicare-covered service at an outpatient hospital facility.</p> <p>You pay a \$245 copay for each Medicare-covered service at an ambulatory surgery center.</p>	<p><b>In-Network</b> You pay a \$375 copay for each Medicare-covered service at an outpatient hospital facility.</p> <p>You pay a \$300 copay for each Medicare-covered service at an ambulatory surgery center.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (continued)</b></p>	<p><b>Out-of-Network</b> You pay a \$395 copay for each Medicare-covered service at an outpatient hospital facility.</p> <p>You pay a \$295 copay for each Medicare-covered service at an ambulatory surgery center.</p>	<p>\$0 copay for Medicare-covered diagnostic colonoscopy at an outpatient hospital facility or an ambulatory surgery center.</p> <p><b>Out-of-Network</b> You pay a \$425 copay for each Medicare-covered service at an outpatient hospital facility.</p> <p>You pay a \$350 copay for each Medicare-covered service at an ambulatory surgery center.</p> <p>\$0 copay for Medicare-covered diagnostic colonoscopy at an outpatient hospital facility or an ambulatory surgery center.</p>
<p><b>Over-the-counter (OTC) drugs and supplies</b></p>	<p>You are eligible for a \$75 credit every quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products available through our mail-order service.</p>	<p>You are eligible for a \$50 allowance every quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products. Use your Health+ by Medica card in-store at time of payment to use your OTC allowance at participating retailers including Walgreens, CVS Pharmacy, Walmart, Family Dollar, and Dollar General stores. You can also shop online at <a href="https://www.MyBenefitsCenter.com">MyBenefitsCenter.com</a> or order over the phone.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Physician/Practitioner services, including doctor’s office visits: Certain telehealth services</b></p>	<p>\$0 copay for Medicare-covered diabetes self-management training and urgently needed telehealth visits at CHI Health Quick Care clinics.</p> <p>You pay a \$20 copay for each Medicare-covered telehealth visit for pulmonary rehabilitation services and individual or group session for outpatient substance abuse.</p> <p>You pay a \$35 copay for each Medicare-covered telehealth group session for mental health specialty services, group session for psychiatric services, outpatient rehabilitation service, and urgently needed services at all other retail convenience care clinic and traditional urgent care center telehealth visit.</p>	<p>\$0 copay for Medicare-covered urgently needed services at retail convenience care clinic telehealth visits.</p> <p>You pay a \$35 copay for each Medicare-covered telehealth individual session for outpatient substance abuse.</p> <p>You pay a \$50 copay for each Medicare-covered urgently needed telehealth services at traditional urgent care center.</p> <p>Telehealth visits for Medicare-covered diabetes self-management training, pulmonary rehabilitation services, group session for outpatient substance abuse, group session for mental health specialty services, group session for psychiatric services, and outpatient rehabilitation service are <u>not</u> covered.</p>
<p><b>Prosthetic devices and related supplies</b></p>	<p>Prior authorization <u>may</u> be required for prosthetic devices and related medical supplies.</p>	<p>Prior authorization <u>may</u> be required for prosthetic devices.</p> <p>Prior authorization is <u>not</u> required for related medical supplies.</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Pulmonary rehabilitation services</b></p>	<p><b>In-Network</b> You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation service.</p>	<p><b>In-Network</b> You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation service.</p>
<p><b>Skilled nursing facility (SNF) care</b></p>	<p><b>In-Network</b> You pay a \$0 copay for days 1 through 20, a \$196 copay each day for days 21 through 40, and a \$0 copay for days 41 through 100 for Medicare-covered skilled nursing facility care.</p> <p><b>Out-of-Network</b> You pay a \$50 copay each day for days 1 through 20, a \$196 copay each day for days 21 through 56, and a \$0 copay for days 57 through 100 for Medicare-covered skilled nursing facility care.</p>	<p><b>In-Network</b> You pay a \$0 copay for days 1 through 20, a \$203 copay each day for days 21 through 39, and a \$0 copay for days 40 through 100 for Medicare-covered skilled nursing facility care.</p> <p><b>Out-of-Network</b> You pay a \$100 copay each day for days 1 through 20, a \$203 copay each day for days 21 through 39, and a \$0 copay for days 40 through 100 for Medicare-covered skilled nursing facility care.</p>
<p><b>Special Supplemental Benefits for the Chronically Ill: Bath and home safety devices, Healthy Savings®, Meal Benefit</b></p> <p>The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p>	<p><b>Bathroom and home safety devices</b> This benefit is <u>not</u> offered.</p> <p><b>Healthy Savings</b> You save 50% on fresh produce up to \$65 per quarter at participating retail grocers.</p> <p><b>Meal Benefit</b> This benefit is <u>not</u> offered.</p>	<p><b>Bathroom and home safety devices</b> You may receive non-Medicare-covered bathroom and home safety devices from an approved list up to \$600 every calendar year.</p> <p><b>Healthy Savings</b> This benefit is <u>not</u> offered.</p> <p><b>Meal Benefit</b> You may receive 2 meals</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Special Supplemental Benefits for the Chronically Ill: Bath and home safety devices, Healthy Savings<sup>®</sup>, Meal Benefit (continued)</b></p>		<p>per day for up to 14 days or 1 meal per day for up to 28 days at no cost to you immediately following surgery or inpatient hospitalization, for a chronic illness, for a medical condition or potential medical condition that requires the enrollee to remain at home for a period of time, or for reasons beyond limited basis described above. Twenty-eight nutritious meals will be delivered to your home. Meal program limited to 4 times per calendar year.</p>
<p><b>Urgently needed services</b></p>	<p>You pay a \$35 copay for each Medicare-covered visit at a traditional urgent care center.</p> <p>\$0 copay for urgently needed telehealth services at CHI Health Quick Care clinics.</p>	<p>You pay a \$50 copay for each Medicare-covered visit at a traditional urgent care center.</p> <p>\$0 copay for Medicare-covered urgently needed telehealth services at retail convenience care clinic telehealth visit.</p>
<p><b>Vision care: Medicare-covered</b></p>	<p><b>In-Network</b> You pay \$0 for Medicare-covered eyewear.</p> <p>\$0 copay for Medicare-covered glaucoma and diabetic retinopathy screenings.</p> <p>\$0 copay for one pair of Medicare-covered standard glasses or</p>	<p><b>In-Network</b> You pay \$0 for Medicare-covered eyewear.</p> <p>\$0 copay for Medicare-covered glaucoma and diabetic retinopathy screenings.</p> <p>\$0 copay for one pair of Medicare-covered standard glasses or</p>

Cost	H3632-001 2023 (this year)	Value 2024 (next year)
<b>Vision care: Medicare-covered (continued)</b>	<p>contact lenses after each cataract surgery.</p> <p><b>Out-of-Network</b> You pay 30% of the total cost for Medicare-covered eyewear.</p> <p>You pay a \$35 copay for each Medicare-covered glaucoma and diabetic retinopathy screening.</p>	<p>contact lenses after each cataract surgery.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered eyewear.</p> <p>You pay a \$25 copay for each Medicare-covered diabetic retinopathy screening. \$0 copay for Medicare-covered glaucoma screenings.</p>
<b>Vision care: Supplemental</b>	<p>Our plan provides up to a \$200 reimbursement every calendar year for non-Medicare-covered eyeglasses and contact lenses.</p> <p><b>In-Network</b> \$0 copay for 1 routine eye exam per year and up to 1 refraction per year.</p> <p><b>Out-of-Network</b> You pay a \$35 copay for 1 routine eye exam per year and up to 1 refraction per year.</p>	<p>Our plan provides up to a \$150 allowance every calendar year for non-Medicare-covered eyeglasses and contact lenses.</p> <p>Use your Health+ by Medica card at point of sale at eyewear locations or freestanding vision centers that accept Visa®.</p> <p><b>In-Network</b> \$0 copay for 1 routine eye exam per year and up to 2 refractions per year.</p> <p><b>Out-of-Network</b> \$0 copay for 1 routine eye exam per year and up to 2 refractions per year.</p>
<b>Meal program</b>	<p><b>In-Network</b> \$0 copay for 2 meals per day for 7 days, 4 times per calendar year.</p> <p><b>Out-of-Network</b> <u>Not covered</u></p>	<u>Not covered</u>
<b>Transportation</b>	<p><b>In-Network</b> \$0 copay for up to 12 trips per calendar year.</p> <p><b>Out-of-Network</b> <u>Not covered</u></p>	<u>Not covered</u>



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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### 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	H3632-001 2023 (this year)	Value 2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	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**

Stage	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>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.”</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic):</b> <i>Standard cost sharing:</i> You pay \$10 per prescription.  <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic):</b> <i>Standard cost sharing:</i> You pay \$20 per prescription.  <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b> <i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic):</b> <i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic):</b> <i>Standard cost sharing:</i> You pay \$14 per prescription.</p> <p><b>Tier 3 (Preferred Brand):</b> <i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered</p>

Stage	H3632-001 2023 (this year)	Value 2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p>insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drug):</b> <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 50% of the total cost.</p> <p><b>Tier 5 (Specialty Tier):</b> <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drug):</b> <i>Standard cost sharing:</i> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Tier):</b> <i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

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

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

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

**SECTION 3 Administrative Changes**

Description	H3632-001 2023 (this year)	Value 2024 (next year)
Legal entity	Legal entity was Medica Community Health Plan.	Legal entity will be Medica Health Plans.
Contract and Plan Benefit Package number	Contract/Plan Benefit Package number was H3632-001.	Contract/Plan Benefit Package number will be H8889-010.

**SECTION 4 Deciding Which Plan to Choose**

**Section 4.1 – If you want to stay in Medica Advantage Value**

**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 Medica Advantage Value.

**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 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 2.1 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024*

handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Medica Health Plans offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our 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 5 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 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. The SHIP information for your state is listed below.

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 your state's SHIP at the number below. You can learn more about your state's SHIP by visiting their website below.

### **Iowa Senior Health Insurance Information Program (SHIIP):**

1 (800) 351-4664 (toll-free) (TTY: 1 (800) 735-2942)

1963 Bell Avenue, Suite 100, Des Moines, IA 50315

[shiip.iowa.gov](http://shiip.iowa.gov)

### **Nebraska SHIP:**

1 (800) 234-7119 (toll-free) or (402) 471-2841 (local) (TTY: 1 (800) 833-7352)

2717 South 8th Street, Suite 4, Lincoln, NE 68502

[www.doi.nebraska.gov/consumer/senior-health](http://www.doi.nebraska.gov/consumer/senior-health)

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

information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state's ADAP at the number below.

**Iowa ADAP:**

(515) 380-6942 (local) (TTY: 711)

**Nebraska ADAP**

1 (866) 632-2437 (toll-free) or (402) 471-2101 (local) (TTY: 1 (800) 833-7352)

## SECTION 8 Questions?

### Section 8.1 – Getting Help from our plan

Questions? We're here to help. Please call Member Services at 1 (866) 398-7374. (TTY only, call 711.) We are available for phone calls from Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. 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 our 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 [Medica.com/MyPlanDocs](https://www.Medica.com/MyPlanDocs). 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 [Medica.com/Members](https://www.Medica.com/Members). 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 should call 1-877-486-2048.

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://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](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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Out-of-network/non-contracted providers are under no obligation to treat Plan 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.