

The Health Plan SecureCare SNP (HMO D-SNP) offered by The Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of The Health Plan SecureCare SNP (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.healthplan.org/medicare. You may also call Member Services 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 authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes 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 will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by **December 7, 2023**, you will stay in The Health Plan SecureCare SNP (HMO D-SNP).
- 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 The Health Plan SecureCare SNP (HMO D-SNP).
- Look in section 3.2, page 15 to learn more about your choices.

- 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 1-877-847-7907 for additional information. (TTY users should call: 711.) Hours are: October 1 to March 31: 8:00 am to 8:00 pm 7 days a week and April 1 to September 30: 8:00 am to 8:00 pm Monday through Friday. This call is free.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This document may be available in other formats such as braille, large print or other alternate formats. Please call Member Services at 1-877-847-7907. (TTY users should call 711 if you need this document in another format.)
- **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 The Health Plan SecureCare SNP (HMO D-SNP)

- The Health Plan SecureCare SNP (HMO D-SNP) is a HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means The Health Plan. When it says “plan” or “our plan,” it means The Health Plan SecureCare SNP (HMO D-SNP).

Annual Notice of Changes for 2024

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for The Health Plan SecureCare SNP (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details. | \$0-\$40.80 | \$0-\$40.20 |
| Deductible | In 2023, the amount was: \$0 or \$233 per year for in-network services, depending on your level of Medicaid eligibility. | In 2024, the amount is: \$0 to \$240 per year for in-network services, depending on your level of Medicaid eligibility. These are 2024 cost-sharing amounts and may change for 2025. The Health Plan SecureCare SNP (HMO D-SNP) will provide updated rates as soon as they are released. |
| Doctor office visits | Primary care visits: \$0 - 20% per visit Specialist visits: \$0 - 20% per visit | Primary care visits: \$0 - 20% per visit Specialist visits: \$0 - 20% per visit |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| Inpatient hospital stays | <p>Our plan covers 90 days each benefit period.</p> <p>A per admission deductible is applied once during a benefit period.</p> <p>In 2023 the amounts you pay for each benefit period are \$0 or:</p> <p>\$1,600 deductible for days 1-60</p> <p>\$400 copay per day for days 61-90</p> <p>\$800 copay per day for 60 lifetime reserve days.</p> | <p>Our plan covers 90 days each benefit period.</p> <p>A per admission deductible is applied once during a benefit period.</p> <p>In 2024 the amounts you pay for each benefit period are \$0 or:</p> <p>\$1,632 deductible for days 1-60</p> <p>\$408 copay per day for days 61-90</p> <p>\$816 copay per day for 60 lifetime reserve days.</p> <p>These are 2024 cost-sharing amounts and may change for 2025. The Health Plan SecureCare SNP (HMO D-SNP) will provide updated rates as soon as they are released.</p> |
| <p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p> <p>We have eliminated cost-sharing for members with any level of LIS (also known as “Extra Help”) as part of your VBID benefit. If this applies to you, your cost for all covered drugs during all stages will be \$0.</p> | <p>Deductible: \$505</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% • Drug Tier 2: 25% • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 25% <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. | <p>Deductible: \$545</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% • Drug Tier 2: 25% • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 25% <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | \$8,300 | \$8,850 |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$0-\$40.80 | \$0-\$40.20 |

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> | <p>\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> | <p>\$8,850</p> <p>Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.healthplan.org/medicare. 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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Over-the-Counter (OTC)</p> | <p>Over-the-Counter (OTC): \$130 every quarter will be loaded onto a card for members to purchase approved items from participating retailers. Members can shop in-store or online. The unused quarterly allowance will not carry over to the next quarter. Unused OTC amounts will not carry over to the next calendar year.</p> | <p>Combined Flex Debit Card (Over-the-Counter Items, Healthy Food, and Utility Bill Assistance): \$165 every month to spend at participating retailers toward the purchase of approved items and services. This is a combined limit and may be used for over-the-counter items (including personal supplies), healthy food purchases, and/or utility bill assistance. Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year.</p> |
| <p>Urgently Needed Care (Per Visit)</p> | <p>\$0 to 20% of the cost for urgently needed care not to exceed \$60.</p> | <p>\$0 to 20% of the cost for urgently needed care not to exceed \$55.</p> |
| <p>Emergency Care</p> | <p>\$0 to 20% of the cost for Medicare-covered emergency room visits not to exceed \$95.</p> | <p>\$0 to 20% of the cost for Medicare-covered emergency room visits not to exceed \$100.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Routine Dental Services | <p>\$0 copay for preventive and most dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> •2 exams every year •2 cleanings and 1 set of bitewing X-rays every year •1 full mouth X-ray every 3 years <p>\$3,000 plan coverage limit each year for preventive and most dental services.</p> <p>Dental services require the use of a plan participating provider. Contact us for more details.</p> | <p>\$0 copay for preventive and most dental services.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> •2 exams every year •2 cleanings and 1 set of bitewing X-rays every year •1 full mouth X-ray every 3 years <p>\$4,000 plan coverage limit each year for preventive and most dental services.</p> <p>Dental services require the use of a plan participating provider. Liberty Dental providers are considered in-network for this plan. Contact us for more details.</p> |
| Medicare-covered Dental Services | \$0-20% | \$0 |
| In Home Support Services | <p>60 hours per year of in-home support services to connect with trained caregivers who can assist with services such as transportation, light household chores, technical guidance and exercise.</p> <p>Services must be accessed through our contracted vendor.</p> | In Home Support Services are <u>not</u> Covered |

| Cost | 2023 (this year) | 2024 (next year) |
|------------------------------------|--|--|
| <p>Healthy Food Benefit</p> | <p>Healthy Food Benefit:</p> <p>\$65 per month will be loaded onto a card for members to purchase approved healthy food items from participating retailers.</p> <p>Members can shop in-store and online.</p> <p>Any unused amounts will not carry over to the next month. Unused amounts will not carry over to the next calendar year.</p> | <p>Combined Flex Debit Card (Over-the-Counter Items, Healthy Food, and Utility Bill Assistance):</p> <p>\$165 every month to spend at participating retailers toward the purchase of approved items and services.</p> <p>This is a combined limit and may be used for over-the-counter items (including personal supplies), healthy food purchases, and/or utility bill assistance.</p> <p>Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year.</p> |
| <p>Utility Benefit</p> | <p>Utility Benefit:</p> <p>\$25 per month will be loaded onto a card for members to use toward the cost of plan-approved utilities bills.</p> <p>Any unused amounts will not carry over to the next month. Unused amounts will not carry over to the next calendar year.</p> | <p>Combined Flex Debit Card (Over-the-Counter Items, Healthy Food, and Utility Bill Assistance):</p> <p>\$165 every month to spend at participating retailers toward the purchase of approved items and services.</p> <p>This is a combined limit and may be used for over-the-counter items (including personal supplies), healthy food purchases, and/or utility bill assistance.</p> <p>Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------------------------------|--|--|
| Medicare Part B Drugs | \$0 to 20% of the cost for Medicare-covered Part B Chemotherapy drugs and other Medicare Part B drugs. | Depending on your level of Medicaid, Part B drugs and biologicals will have a \$0-20% coinsurance. Medicare publishes a list of certain Part B drugs and biologicals with prices that have increased faster than the rate of inflation. For these drugs and biologicals for members whose Medicaid level leaves them with remaining coinsurance, the coinsurance will be 20% of the inflation-adjusted payment amount, which will be less than what they would pay in coinsurance otherwise. The amount could change throughout the year depending on the rate of inflation. |

For more information about your plan’s approved vendors, see the vendor list towards the end of this document.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, 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.**

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, please call Member Services and ask for the “LIS Rider.

There are four **drug payment stages**.

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>The deductible is \$505.</p> <p>Your deductible amount is \$0-\$505, depending on the level of “Extra Help” you receive. Look at the separate insert, the “LIS Rider” for your deductible amount.</p> | <p>The deductible is \$545.</p> <p>Your deductible amount is \$0-\$545, depending on the level of “Extra Help” you receive. Look at the separate insert, the “LIS Rider” for your deductible amount.</p> |

Changes to Your Cost-Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</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>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1 (Covered Drugs): You pay 25% 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>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1 (Covered Drugs): You pay 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</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 2 Administrative Changes

| Description | 2023 (this year) | 2024 (next year) |
|---|--|---|
| Diabetic Supplies and Services (Test Strips/Lancets) Vendor Change/Addition | Your Diabetic Supplies and Services (Test Strips/Lancets) benefits must be accessed through our contracted vendor - OneTouch/LifeScan. | Your Diabetic Supplies and Services (Test Strips/Lancets) benefits must be accessed through our vendors - OneTouch/LifeScan or Abbot. |

For the 2024 The Health Plan has added new counties to our service area. Our updated service area includes:

In Ohio:

Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Delaware, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Washington, Wayne, Wyandot

In West Virginia:

Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in The Health Plan SecureCare SNP (HMO D-SNP)

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our The Health Plan SecureCare SNP (HMO D-SNP).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, The Health Plan 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 The Health Plan SecureCare SNP (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from The Health Plan SecureCare SNP (HMO D-SNP).
- 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 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.

Because you have The Health Plan SecureCare SNP (HMO D-SNP), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Ohio, the SHIP is called OSHIIP. In West Virginia, the SHIP is called WV 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 call OSHIIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website (www.insurance.ohio.gov). You can call WV SHIP at 1-877-987-4463. You can learn more about WV SHIP by visiting their website (www.wvship.org).

For questions about your Ohio or West Virginia Medicaid benefits, contact:

Ohio Department of Medicaid at 1-800-324-8680, (TTY 711), Monday–Friday 7 am–8 pm, or Saturday 8 am–5 pm.

WV Bureau for Medical Services at 1-877-716-1212, TTY: 1-800-982-8771 (711), between 8:30 am and 4:30 pm, Monday through Friday.

Ask how joining another plan or returning to Original Medicare affects how you get your Ohio Department of Medicaid or WV Bureau for Medical Services coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help.” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance.

Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help” 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 Ohio HIV Drug Assistance Program (OHDAP) for Ohio residents and the West Virginia AIDS Drug Assistance Program (ADAP) for West Virginia residents For information on eligibility criteria, covered drugs, or how to enroll in the program, please call OHDAP 1-800-777-4775 if you reside in Ohio and ADAP 1-304-232-6822 if you reside in West Virginia.

SECTION 7 Questions?

Section 7.1 – Getting Help from The Health Plan SecureCare SNP (HMO D-SNP)

Questions? We’re here to help. Please call Member Services at 1-877-847-7907. (TTY only, call 711.) We are available for phone calls October 1 to March 31: 8:00 am to 8:00 pm 7 days a week and April 1 to September 30: 8:00 am to 8:00 pm Monday through 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 The Health Plan SecureCare SNP (HMO D-SNP). 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.healthplan.org/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.healthplan.org/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs* (Formulary/"Drug List").

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

You can read The *Medicare & You* 2024 handbook. Every year in the 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 booklet, you can get it at the Medicare website (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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call:

For Ohio Residents- the Ohio Department of Medicaid at 1-800-324-8680. TTY users should call the state relay number: 711.

For West Virginia Residents- WV Bureau for Medical Services (Medicaid) at 1-800-716-1212. TTY users should call 304-558-1675.



The Health Plan contracts with various providers and vendors to help deliver specific services for our SecureCare (HMO), SecureCare SNP (HMO SNP), and SecureChoice (PPO) members. Our customer service representatives are available to assist you with ALL your needs including services provided by those listed below.

Call us at 1.877.847.7907, TTY: 711.

Hours of operation:

- October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week
- April 1 to September 30, 8:00 am to 8:00 pm, Monday through Friday

| Benefit Type | Vendor Name | Contact Information |
|-----------------------------|--|---|
| Chronic Disease Management* | Medtronic Patient Advocacy and Support Services (PASS) | 1.844.804.1747, calls answered until 6 pm After 6 pm, calls are forwarded to PASS voicemail |
| Dental Services | Liberty Dental | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday https://client.libertydentalplan.com/thp/findadentist |
| Fitness | Silver Sneakers (Tivity) | 1.888.423.4632, TTY 711 <ul style="list-style-type: none"> • 8 am-8 pm Monday-Friday www.silversneakers.com |
| Healthy Food Benefit* | InComm | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.mybenefitscenter.com |

| | | |
|--|-----------------------|--|
| Hearing Services* | TruHearing | <p>DSNP MEMBERS ONLY: 1.855.694.4279, TTY 711</p> <p>ALL OTHER MEMBERS: 1.855.693.8205, TTY 711</p> <ul style="list-style-type: none"> • 8 am-8 pm Monday-Friday <p>www.truhearing.com</p> |
| Mail Order | Express Scripts, Inc. | <p>1.800.592.4465, TTY 711</p> <ul style="list-style-type: none"> • 24 hours a day, 7 days a week <p>www.express-scripts.com</p> <p>*For all other pharmacy questions contact Pharmacy Services at 1.800.624.6961, TTY 711</p> <ul style="list-style-type: none"> • 24 hours a day, 7 days a week |
| Meals Benefit* | GA Foods | <p>1.877.847.7907, TTY 711</p> <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday |
| Medication Therapy Management | Sinfonia Rx | <p>1.844.866.3730, TTY/TDD 1.800.367.8939</p> <ul style="list-style-type: none"> • 10 am-8pm EDT Monday-Friday |
| Over-the-Counter (OTC) | InComm | <p>1.877.847.7907, TTY 711</p> <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday <p>www.mybenefitscenter.com</p> |
| Personal Emergency Response System (PERS)* | LifeStation | <p>1.800.944.9707, TTY 711</p> <ul style="list-style-type: none"> • 8 am-9 pm Monday-Friday • 9 am-8 pm Saturday |
| Pharmacy Quality Programs | Magellan Rx | <p>1.888.223.0658, TTY 711</p> <ul style="list-style-type: none"> • 9 am-4:30 pm Monday-Friday |
| Transportation Services* | Kaizen | <p>1.888.450.6026, TTY 711</p> <ul style="list-style-type: none"> • 8 am-5 pm Monday-Friday |



| | | |
|---------------------------|-----------------|--|
| Utility Benefit* | InComm | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.mybenefitscenter.com |
| Vision Services (Routine) | Superior Vision | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.superiorvision.com/locator/ |

***Not all plans have the benefit marked with an asterisk (*). Please refer to your Evidence of Coverage or contact customer service for assistance.**

Use network providers, pharmacies, and contracted vendors.

SecureCare (HMO), SecureCare SNP (HMO SNP), and SecureChoice (PPO) has a network of doctors, hospitals, pharmacies, contracted vendors, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you would pay at an in-network provider or pharmacy.

You can go to www.healthplan.org/medicare.com to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.



Nondiscrimination Notice

Discrimination is Against the Law

The Health Plan complies with applicable Federal civil rights laws and does not discriminate because of race, religion, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, religion, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact The Health Plan Customer Service Department. If you believe that The Plan has failed to provide these services or discriminated in another way on the basis of race, religion, color, national origin, age, disability, or sex, you can file a grievance with: The Health Plan Appeals Coordinator, 1110 Main Street, Wheeling, WV 26003, Phone: 1.877.847.7907, TTY: 711, Fax 740.699.6163, Email: info@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance The Health Plan Customer Service Department is available to help you. 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:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.877.847.7907 (TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.847.7907 (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.847.7907 (TTY: 711)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.847.7907 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.847.7907 (ATS : 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.847.7907 (TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.847.7907 (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.847.7907 (TTY: 711)번으로 전화해 주십시오.

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.847.7907 (телетайп: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.847.7907 (رقم هاتف الصم والبكم: 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.877.847.7907 (TTY: 711) पर कॉल करें।

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.847.7907 (TTY: 711).

Portugues:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.877.847.7907 (TTY: 711).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.847.7907 (TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.847.7907 (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.877.847.7907（TTY: 711）まで、お電話にてご連絡ください。

Dutch:

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se tologi, mo oe, Telefoni mai: 1.877.847.7907 (TTY: 711).

Pennsylvania Dutch:

Wann du (Deutsch (Pennsylvania German / Dutch)) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.847.7907 (TTY: 711).

Ukranian:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (1.877.847.7907) (TTY: 711).

Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (1.877.847.7907) (TTY: 711).

Cushite:

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (1.877.847.7907) (TTY: 711).

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 1-877-847-7915. 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 1-877-847-7915. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-847-7915。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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 1-877-847-7915。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 1-877-847-7915. 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 1-877-847-7915. 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 1-877-847-7915 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 1-877-847-7915. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-847-7915번으로 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 1-877-847-7915. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-847-7915 سيقوم شخص ما يتحدث العربية بهذه خدمة مجانية.

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 1-877-847-7915 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 1-877-847-7915. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-877-847-7915. 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 1-877-847-7915. 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 1-877-847-7915. 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、1-877-847-7915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。

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