

Medica Advantage® with SSM Value (HMO-POS) offered by Medica Central Health Plan

Annual Notice of Changes for 2025

You are currently enrolled as a member of Medica Advantage with SSM Value. Next year, 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 <https://central.medica.com/medicare>. 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.**

What to do now

1. **ASK:** Which changes apply to you
 - Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
 - Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
 - Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
 - Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2024, you will stay in our plan.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with our plan.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at 1 (877) 301-3326 (toll-free) for additional information. (TTY users should call 711.) Hours are from Oct. 1 – March 31, 8 a.m. – 8 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 8 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 7.1 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 for more information.

About our plan

- Medica Central Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in Medica Central Health Plan depends on contract renewal. Medica Central Health Plan markets under the name Medica.
- When this document says “we,” “us,” or “our,” it means Medica Central Health Plan. When it says “plan” or “our plan,” it means Medica Advantage with SSM Value.

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 **1-877-317-2410 (TTY: 711)**. 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 **1-877-317-2410**. 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 **1-877-317-2410**。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 **1-877-317-2410**。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-877-317-2410**. 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 **1-877-317-2410**. 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 **1-877-317-2410** 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 **1-877-317-2410**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form CMS-10802
(Expires 12/31/25)

H9096_2024MLIVI_C
H8019_2024MLIVI_C
H5264_2024MLIVI_C

H5264_H8019_H9096_2024_MLI_C

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-317-2410**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 **1-877-317-2410**. 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 على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 877 317-2410**. 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 **1-877-317-2410** 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 **1-877-317-2410**. 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 **1-877-317-2410**. 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 **1-877-317-2410**. 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 **1-877-317-2410**. 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、**1-877-317-2410**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。

Form CMS-10802
(Expires 12/31/25)

H9096_2024MLIVI_C
H8019_2024MLIVI_C
H5264_2024MLIVI_C

H5264_H8019_H9096_2024_MLI_C

Discrimination is Against the Law

The Health Plan 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. The Health Plan:

- 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 we have 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.

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 2025

The table below compares the 2024 costs and 2025 costs for our plan in several important areas. **Please note this is only a summary of costs.**

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|--|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p> | \$0 | \$0 |
| <p>Maximum out-of-pocket amounts</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 1.2 for details.)</p> | <p>From network providers: \$4,500</p> <p>From network and out-of-network providers combined: \$8,200</p> | <p>From network providers: \$4,000</p> <p>From network and out-of-network providers combined: \$8,000</p> |
| <p>Doctor office visits</p> | <p>Primary care visits: In-Network: \$0 copay per visit.</p> <p>Out-of-Network: 40% of the total cost per visit.</p> <p>Specialist visits: In-Network: \$35 copay per visit.</p> <p>Out-of-Network: 40% of the total cost per visit.</p> | <p>Primary care visits: In-Network: \$0 copay per visit.</p> <p>Out-of-Network: 50% of the total cost per visit.</p> <p>Specialist visits: In-Network: \$35 copay per visit.</p> <p>Out-of-Network: 50% of the total cost per visit.</p> |
| <p>Inpatient hospital stays</p> | <p>In-Network: \$325 copay each day for days 1 through 7 and \$0 copay for days 8 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p> | <p>In-Network: \$325 copay each day for days 1 through 7 and \$0 copay for days 8 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|---|
| <p>Inpatient hospital stays (continued)</p> | <p>Out-of-Network: 40% of the total cost for days 1 through 7 and \$0 copay for days 8 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p> | <p>Out-of-Network: 50% of the total cost for days 1 through 7 and \$0 copay for days 8 through 90 for Medicare-covered hospital care.</p> <p>\$0 copay for additional Medicare-covered days.</p> |
| <p>Part D prescription drug coverage (See Section 1.5 for details.)</p> | <p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Pharmacy cost sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$8 • Drug Tier 3: \$42 You pay \$30 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$95 You pay \$30 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% • Drug Tier 6: \$0 <p>Standard cost sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$7 • Drug Tier 2: \$13 • Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier | <p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p>Preferred Pharmacy cost sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$8 • Drug Tier 3: 20% You pay \$30 per month supply of each covered insulin product on this tier. • Drug Tier 4: 45% You pay \$30 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% • Drug Tier 6: \$0 <p>Standard cost sharing:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$7 • Drug Tier 2: \$13 • Drug Tier 3: 25% You pay \$35 per month supply of each covered insulin product on this tier. |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|--|
| Part D prescription drug coverage (continued) | <ul style="list-style-type: none"> • Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% • Drug Tier 6: \$0 <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. | <ul style="list-style-type: none"> • Drug Tier 4: 50% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% • Drug Tier 6: \$0 <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs. |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2024 (this year) | 2025 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |
| Monthly Part B premium reduction | \$15 | \$35 |

- 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.

Section 1.2 – 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. 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 | 2024 (this year) | 2025 (next year) |
|---|------------------|--|
| In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$4,500 | \$4,000 Once you have paid \$4,000 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. |

| Cost | 2024 (this year) | 2025 (next year) |
|--|------------------|---|
| <p>Combined maximum out-of-pocket amount</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 costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p> | <p>\$8,200</p> | <p>\$8,000</p> <p>Once you have paid \$8,000 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 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at <https://central.medica.com/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 2025 *Provider Directory* <https://central.medica.com/medicare> 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 2025 *Pharmacy Directory* <https://central.medica.com/medicare> 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 1.4 – 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 | 2024 (this year) | 2025 (next year) |
|--|--|---|
| <p>Acupuncture for chronic low back pain: Medicare-covered</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered acupuncture service.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered acupuncture services.</p> | <p>In-Network: You pay a \$0 copay for Medicare-covered acupuncture services received from a primary care provider.</p> <p>You pay a \$35 copay for each Medicare-covered acupuncture service received during a specialist visit.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered acupuncture services.</p> |
| <p>Annual physical exam</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Cardiac rehabilitation services</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: You pay a \$40 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Cardiac rehabilitation services: Intensive cardiac rehab</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Chiropractic services: Medicare-covered</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|--|
| Chiropractic services: Non-Medicare-covered | Out-of-Network: You pay 40% of the total cost per visit. | Out-of-Network: You pay 50% of the total cost per visit. |
| Dental services: Comprehensive Medicare-covered | <p>In-Network: You pay a \$35 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: You pay a \$40 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| Diabetes self-management training, diabetic services and supplies | <p>In-Network: You pay a \$0 copay for Dexcom or Freestyle Continuous Glucose Monitor (CGM) products obtained at a Retail Pharmacy or Durable Medical Equipment Supply.</p> <p>You pay 20% coinsurance for all other CGM products.</p> <p>Prior authorization is required for continuous glucose monitors (CGMs).</p> | <p>In-Network: You pay a \$0 copay for Dexcom or Freestyle Continuous Glucose Monitor (CGM) products obtained at a Retail Pharmacy.</p> <p>You pay 20% coinsurance for Dexcom or Freestyle Continuous Glucose Monitor (CGM) products obtained at Durable Medical Equipment Supply.</p> <p>You pay 20% coinsurance for all other CGM products.</p> <p>Prior authorization is <u>not</u> required for continuous glucose monitors (CGMs) purchased from a retail pharmacy with a history of insulin use.</p> <p>Prior authorization is required with for continuous glucose monitors (CGMs)</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|--|
| <p>Diabetes self-management training, diabetic services and supplies (continued)</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services and supplies.</p> | <p>purchased from a medical supplier or from a retail pharmacy with no history of insulin use.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services and supplies.</p> |
| <p>Durable medical equipment (DME) and related supplies</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Emergency care</p> | <p>In-Network: You pay a \$120 copay for each Medicare-covered service.</p> | <p>In-Network: You pay a \$140 copay for each Medicare-covered service.</p> |
| <p>Emergency care: Worldwide</p> | <p>You pay a \$120 copay for each Medicare-covered service.</p> | <p>You pay a \$140 copay for each Medicare-covered service.</p> |
| <p>FlexSpend Benefit</p> | <p>We cover \$500 yearly on the Health+ by Medica card (a prepaid debit card).</p> | <p>We cover \$750 yearly on the Health+ by Medica card (a prepaid debit card).</p> |
| <p>Hearing services: Medicare-covered exam</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered hearing exams.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered hearing exams.</p> |
| <p>Home health agency care</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Home infusion therapy</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|--|
| <p>Inpatient hospital care</p> | <p>Out-of-Network: You pay 40% of the total cost for days 1 through 7 and a \$0 copay for days 8 through 90 for Medicare-covered hospital care. You pay a \$0 copay for additional Medicare-covered hospital days.</p> | <p>Out-of-Network: You pay 50% of the total cost for days 1 through 7 and a \$0 copay for days 8 through 90 for Medicare-covered hospital care. You pay a \$0 copay for additional Medicare-covered hospital days.</p> |
| <p>Inpatient services in a psychiatric hospital</p> | <p>Out-of-Network: You pay 40% of the total cost for days 1 through 7 and a \$0 copay for days 8 through 90 for Medicare-covered hospital care. You pay a \$0 copay for up to an additional 60 Medicare-covered lifetime reserve days.</p> | <p>Out-of-Network: You pay 50% of the total cost for days 1 through 7 and a \$0 copay for days 8 through 90 for Medicare-covered hospital care. You pay a \$0 copay for up to an additional 60 Medicare-covered lifetime reserve days.</p> |
| <p>Living Healthy Rewards powered by WebMD health services</p> | <p>All rewards must be earned by December 31 and rewards do not expire. Reward balances cannot be redeemed for cash.</p> | <p>All rewards must be earned by December 31st and rewards will expire December 31st of the next calendar year. Reward balances cannot be redeemed for cash.</p> |
| <p>Medicare-covered preventive services</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Medicare-covered preventive services includes: 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</p> | | |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|---|
| <p>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, Services to treat kidney disease – kidney disease education services or self-dialysis training, 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>Medicare Part B prescription drugs</p> | <p>In-Network: You pay a \$47 copay for Medicare-covered Part B drugs received in the pharmacy (including chemotherapy).</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered Part B chemotherapy drugs and other Part B drugs.</p> | <p>In-Network: You pay 20% of the total cost Medicare-covered Part B drugs received in the pharmacy (including chemotherapy).</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered Part B chemotherapy drugs and other Part B drugs.</p> |
| <p>Opioid treatment program services</p> | <p>In-Network: You pay a \$0 copay for Medicare-covered services.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Outpatient diagnostic tests and therapeutic services and supplies</p> | <p>In-Network: You pay a \$65 copay for each Medicare-covered therapeutic radiological service.</p> <p>You pay a \$150 copay for each Medicare-covered diagnostic radiological service.</p> | <p>In-Network: You pay a \$75 copay for each Medicare-covered therapeutic radiological service.</p> <p>You pay a \$200 copay for each Medicare-covered diagnostic radiological service.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|---|
| <p>Outpatient diagnostic tests and therapeutic services and supplies (continued)</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Outpatient hospital observation</p> | <p>Out-of-Network: You pay 40% of the total cost for each Medicare-covered stay.</p> | <p>Out-of-Network: You pay 50% of the total cost for each Medicare-covered stay.</p> |
| <p>Outpatient mental health care</p> | <p>In-Network: You pay a \$0 copay for Medicare-covered individual or group therapy sessions.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered individual or group therapy sessions.</p> | <p>In-Network: You pay a \$25 copay for each Medicare-covered group therapy session. You pay a \$35 copay for each Medicare-covered individual therapy session.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered individual or group therapy sessions.</p> |
| <p>Outpatient rehabilitation services</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered occupational therapy, physical therapy or speech therapy visit.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered occupational therapy, physical therapy or speech therapy visits.</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered occupational therapy visit. You pay a \$40 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered occupational therapy, physical therapy or speech therapy visits.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| <p>Outpatient substance use disorder services</p> | <p>In-Network: You pay a \$0 copay for Medicare-covered individual or group sessions.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered individual or group therapy sessions.</p> | <p>In-Network: You pay a \$25 copay for each Medicare-covered group therapy session. You pay a \$35 copay for each Medicare-covered individual therapy session.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered individual or group therapy sessions.</p> |
| <p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Over-the-counter (OTC) drugs and supplies</p> | <p>You are eligible for a \$55 allowance every quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products.</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.</p> |
| <p>Partial hospitalization services and Intensive outpatient services</p> | <p>In-Network: You pay a \$75 copay each day for Medicare-covered services. Prior authorization is required.</p> <p>Out-of-Network: You pay 40% of the total</p> | <p>In-Network: You pay a \$100 copay each day for Medicare-covered services. Prior authorization is required for partial hospitalization. Prior authorization is <u>not</u> required for intensive outpatient services.</p> <p>Out-of-Network: You pay 50% of the total</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|---|
| <p>Partial hospitalization services and Intensive outpatient services (continued)</p> | <p>cost for Medicare-covered services.</p> <p>Prior authorization is required.</p> | <p>cost for Medicare-covered services.</p> <p>Prior authorization is required for partial hospitalization.</p> <p>Prior authorization is <u>not</u> required for intensive outpatient services.</p> |
| <p>Physician/Practitioner services, including doctor’s office visits</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Podiatry services: Medicare-covered</p> | <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Podiatry services: Routine footcare</p> | <p>Out-of-Network: You pay 40% of the total cost for non-Medicare-covered services.</p> | <p>Out-of-Network: You pay 50% of the total cost for non-Medicare-covered services.</p> |
| <p>Prosthetic devices and related supplies</p> | <p>In-Network: Prior authorization is required for medical supplies.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: Prior authorization is <u>not</u> required for medical supplies.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Pulmonary rehabilitation services</p> | <p>In-Network: You pay a \$15 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|--|
| <p>Skilled nursing facility (SNF) care</p> | <p>In-Network: You pay a \$10 copay each day for days 1 through 20, and a \$203 copay each day for days 21 through 100 for Medicare-covered skilled nursing facility care.</p> <p>Out-of-Network: You pay 40% of the total cost for each Medicare-covered skilled nursing facility stay.</p> | <p>In-Network: You pay a \$10 copay each day for days 1 through 20, and a \$214 copay each day for days 21 through 100 for Medicare-covered skilled nursing facility care.</p> <p>Out-of-Network: You pay 50% of the total cost for each Medicare-covered skilled nursing facility stay.</p> |
| <p>Supervised Exercise Therapy (SET)</p> | <p>In-Network: You pay a \$25 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 40% of the total cost for Medicare-covered services.</p> | <p>In-Network: You pay a \$30 copay for each Medicare-covered service.</p> <p>Out-of-Network: You pay 50% of the total cost for Medicare-covered services.</p> |
| <p>Urgently needed services</p> | <p>In-Network: You pay a \$35 copay for each Medicare-covered service received from an urgent care provider.</p> <p>Out-of-Network: You pay a \$35 copay for each Medicare-covered service.</p> | <p>In-Network: You pay a \$40 copay for each Medicare-covered service received from an urgent care provider.</p> <p>Out-of-Network: You pay a \$40 copay for each Medicare-covered service.</p> |
| <p>Urgently needed services: Worldwide</p> | <p>You pay a \$120 copay for each visit.</p> | <p>You pay a \$140 copay for each visit.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|--|
| Vision care: Medicare-covered exam | In-Network: You pay a \$35 copay for each Medicare-covered diagnostic exam. Out-of-Network: You pay 40% of the total cost for Medicare-covered diagnostic exams. | In-Network: You pay a \$0 copay for Medicare-covered diagnostic exams. Out-of-Network: You pay 50% of the total cost for Medicare-covered diagnostic exams. |

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

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

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is

being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Member Services and ask for the *LIS Rider*.

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

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

Changes to the Deductible Stage

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

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 and Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

| Stage | 2024 (this year) | 2025 (next year) |
|---|---|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>For 2024 you paid a \$42 copayment for preferred retail pharmacies and a \$47 copayment for standard retail pharmacies for drugs on Tier 3. For 2025 you will pay 20% coinsurance for preferred retail pharmacies and 25% coinsurance for standard retail pharmacies for drugs on this tier.</p> <p>For 2024 you paid a \$95 copayment for preferred retail pharmacies and a \$100 copayment for standard retail pharmacies for drugs on Tier 4. For 2025 you will pay 45% coinsurance for preferred retail pharmacies and 50% coinsurance for standard retail pharmacies for drugs on this tier.</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>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply is:</p> <p>Tier 1 (Preferred Generic):</p> <p><i>Standard cost sharing:</i> You pay \$7 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 (Generic):</p> <p><i>Standard cost sharing:</i> You pay \$13 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 per prescription.</p> <p>Tier 3 (Preferred Brand):</p> <p><i>Standard cost sharing:</i> You pay \$47 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$42.</p> <p><i>Preferred cost sharing:</i> You pay \$42 per prescription.</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> | <p>Your cost for a one-month supply is:</p> <p>Tier 1 (Preferred Generic):</p> <p><i>Standard cost sharing:</i> You pay \$7 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Tier 2 (Generic):</p> <p><i>Standard cost sharing:</i> You pay \$13 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 per prescription.</p> <p>Tier 3 (Preferred Brand):</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 20% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 20% of the total cost.</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> |

| Stage | 2024 (this year) | 2025 (next year) |
|---|--|--|
| <p>Stage 2: Initial Coverage Stage (continued)</p> | <p>Tier 4 (Non-Preferred Drug):</p> <p><i>Standard cost sharing:</i> You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is \$95.</p> <p><i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty):</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6 (Part D Vaccines):</p> <p><i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> | <p>Tier 4 (Non-Preferred Drug):</p> <p><i>Standard cost sharing:</i> You pay 50% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month mail-order prescription is 45% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 45% of the total cost.</p> <p>You pay \$30 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty):</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6 (Part D Vaccines):</p> <p><i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> |

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|---|
| Stage 2: Initial Coverage Stage (continued) | Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). | Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). |

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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

SECTION 2 Administrative Changes

| Description | 2024 (this year) | 2025 (next year) |
|---|------------------|---|
| Medicare Prescription Payment Plan | Not applicable | <p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1 (877) 301-3326 (toll-free) or visit Medicare.gov.</p> |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Medica Advantage with SSM 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 with SSM Value.

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 2025 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 1.1 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Medica Central 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 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 4 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. 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.

Illinois Senior Health Insurance Information Program:

1 (800) 252-8966 (toll-free) (TTY: 1 (866) 206-1327)

<https://ilaging.illinois.gov/ship.html>

Missouri State Health Insurance Assistance Program:

1 (800) 390-3330 (toll-free) (TTY: 711)

www.missouriship.org

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call your state's ADAP at the number below. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

Illinois ADAP:

(800) 825-3518 (toll-free) (TTY: 711)

Missouri ADAP:

(573) 751-6439 (local) (TTY: 711)

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

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1 (877) 301-3326 (toll-free) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 7 Questions?

Section 7.1 – Getting Help from our plan

Questions? We're here to help. Please call Member Services at 1 (877) 301-3326. (TTY only, call 711.) We are available for phone calls from Oct. 1 – March 31, 8 a.m. – 8 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 8 p.m. CT, Monday – Friday. Calls to these numbers are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for 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 <https://central.medica.com/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 <https://central.medica.com/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 2025*

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

Health+ by Medica Card: Card can only be used for Qualified Purchases indicated by your plan provider everywhere Visa® debit cards are accepted. Card is issued by Sutton Bank, pursuant to a license from Visa U.S.A. Inc. Please contact your Program Sponsor directly for a full list of Qualified Purchases. Visa is a registered trademark of Visa, U.S.A. Inc. All other trademarks and service marks belong to their respective owners. No Cash or ATM Access. Terms and conditions apply, contact your Plan Provider for details.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.