

StrideSM Choice Rx (HMO-POS) offered by Harvard Pilgrim Health Care of New England, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of StrideSM Choice Rx (HMO-POS). 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.harvardpilgrim.org/stridedocuments. (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 authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare 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 StrideSM Choice Rx (HMO-POS).
- 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 StrideSM Choice Rx (HMO-POS).
- 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 1-888-609-0692 for additional information. (TTY users should call 711.) Hours are October 1 - March 31, from 8 a.m. to 8 p.m., seven days a week, and from April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.
- This information is available in different formats, including large print.
- **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 StrideSM Choice Rx (HMO-POS)

- Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it says “plan” or “our plan,” it means StrideSM Choice Rx (HMO-POS).

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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 StrideSM Choice Rx (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p> | \$68 | \$60 |
| <p>Maximum out-of-pocket amount</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>In-Network and Out-of-Network</p> <p>\$6,700</p> | <p>In-Network and Out-of-Network</p> <p>\$6,700</p> |
| <p>Doctor office visits</p> | <p>In-Network and Out-of-Network</p> <p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$40 copayment per visit</p> | <p>In-Network</p> <p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$40 copayment per visit</p> <p>Out-of-Network</p> <p>Primary care visits: \$35 copayment per visit</p> <p>Specialist visits: \$65 copayment per visit</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Inpatient hospital stays</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 copayment per day after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 copayment per day after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network You pay 40% coinsurance for each Medicare-covered stay.</p> |
| <p>Part D prescription drug coverage (See Section 1.5 for details.)</p> <p>In 2024, Tier 1 and Tier 2 drugs will continue to include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.</p> | <p>Deductible: \$270 for Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$5 per prescription at a retail pharmacy for up to a 30-day supply.</p> <p>\$0-\$10 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$15 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> | <p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$5 per prescription at a retail pharmacy for up to a 30-day supply.</p> <p>\$0-\$10 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$15 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------|--|--|
| | <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> | <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> |
| | <p>Drug Tier 2: \$8-\$20 per prescription at a retail pharmacy for up to a 30-day supply.</p> | <p>Drug Tier 2: \$8-\$20 per prescription at a retail pharmacy for up to a 30-day supply.</p> |
| | <p>\$16-\$40 per prescription at a retail pharmacy for up to a 60-day supply.</p> | <p>\$16-\$40 per prescription at a retail pharmacy for up to a 60-day supply.</p> |
| | <p>\$24-\$60 per prescription at a retail pharmacy for up to a 90-day supply.</p> | <p>\$24-\$60 per prescription at a retail pharmacy for up to a 90-day supply.</p> |
| | <p>\$8 per prescription at a mail order pharmacy for up to a 30-day supply.</p> | <p>\$8 per prescription at a mail order pharmacy for up to a 30-day supply.</p> |
| | <p>\$16 per prescription at a mail order pharmacy for up to a 60-day supply.</p> | <p>\$16 per prescription at a mail order pharmacy for up to a 60-day supply.</p> |
| | <p>\$16 per prescription at a mail order pharmacy for up to a 90-day supply.</p> | <p>\$16 per prescription at a mail order pharmacy for up to a 90-day supply.</p> |
| | <p>Drug Tier 3: \$47 copayment per prescription at a retail pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p>Drug Tier 3: \$47 copayment per prescription at a retail pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------|---|---|
| | <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> | <p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> |
| | <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> | <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> |
| | <p>\$47 per prescription at a mail order pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p>\$47 per prescription at a mail order pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> |
| | <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> | <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> |
| | <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> | <p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------|---|---|
| | <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> |
| | <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> | <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> |
| | <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> | <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> |
| | <p>\$100 per prescription at a mail order pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p>\$100 per prescription at a mail order pharmacy for up to a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> |
| | <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> | <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> |
| | <p>\$250 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each</p> | <p>\$250 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------|---|---|
| | <p>covered insulin product on this tier.</p> <p>Drug Tier 5: 28% per prescription at a retail pharmacy for up to a 30-day supply.</p> <p>28% per prescription at a mail order pharmacy for up to a 30-day supply.</p> <p>Sixty-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6: \$0 per Tier 6 vaccine.</p> <p>Not available from Mail Order pharmacies.</p> <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. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance) or a copayment (\$4.15 for a generic drug, or a drug that is treated like a generic, and \$10.35 for all other drugs). • You pay \$0 per prescription for covered vaccines on | <p>covered insulin product on this tier.</p> <p>Drug Tier 5: 33% per prescription at a retail pharmacy for up to a 30-day supply.</p> <p>33% per prescription at a mail order pharmacy for up to a 30-day supply.</p> <p>Sixty-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6: \$0 per Tier 6 vaccine.</p> <p>Not available from Mail Order pharmacies.</p> <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) |
|-------------|--|-------------------------|
| | Tier 6 and \$35 for each one-month (30-day) supply of covered insulin drugs. | |

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.) | \$68 | \$60 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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) |
|--|---|---|
| Maximum out-of-pocket amount Your costs for covered medical services (such as copays) 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. | In-Network and Out-of-Network \$6,700 | In-Network and Out-of-Network \$6,700 Once you have paid \$6,700 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. |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.harvardpilgrim.org/strideproviders. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a *directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 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 | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Certain preventive services (Medicare-covered)</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing | <p>In-Network and Out-of-Network</p> <p>There is no coinsurance, copayment, or deductible when you are eligible for one or more of these preventive services.</p> | <p>In-Network</p> <p>There is no coinsurance, copayment, or deductible when you are eligible for one or more of these Medicare-covered preventive services.</p> <p>Out-of-Network</p> <p>When you are eligible for one or more of these Medicare-covered preventive services, you pay 40% coinsurance.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|------------------|------------------|
| <ul style="list-style-type: none"> • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy • Medicare diabetes prevention program • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening (Prostate Specific Antigen (PSA) test) • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare preventive visit | | |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| Acupuncture for chronic low back pain | <p>In-Network and Out-of-Network You pay \$20 copayment per visit.</p> | <p>In-Network You pay \$20 copayment per visit.</p> <p>Out-of-Network You pay 40% coinsurance per visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| Ambulance services | <p>In-Network and Out-of-Network You pay \$275 copayment per one-way trip for Medicare-covered ambulance services.</p> | <p>In-Network and Out-of-Network You pay \$300 copayment per one-way trip for Medicare-covered ambulance services.</p> |
| Annual physical exam | <p>In-Network You pay \$0 copayment for an annual physical exam.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$0 copayment for an annual physical exam.</p> <p>Out-of-Network You pay 40% coinsurance.</p> |
| Blood services | <p>In-Network and Out-of-Network You pay \$0 copayment for Medicare-covered blood services.</p> | <p>In-Network You pay \$0 copayment for Medicare-covered blood services.</p> <p>Out-of-Network You pay 40% coinsurance for Medicare-covered blood services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|--|
| <p>Cardiac rehabilitation services, including intensive cardiac rehabilitation programs.</p> | <p>In-Network and Out-of-Network You pay \$10 copayment per visit for Medicare-covered services.</p> | <p>In-Network You pay \$10 copayment per visit for Medicare-covered services.</p> <p>Out-of-Network You pay 40% coinsurance for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Chiropractic services (Medicare-covered)</p> | <p>In-Network and Out-of-Network You pay \$20 copayment per Medicare-covered visit.</p> | <p>In-Network You pay \$15 copayment per Medicare-covered visit.</p> <p>Out-of-Network You pay 40% coinsurance per Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Dental services (Medicare-covered)</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per Medicare-covered visit.</p> | <p>In-Network You pay \$40 copayment per Medicare-covered visit.</p> <p>Out-of-Network You pay \$65 copayment per Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| Diabetes self-management training | In-Network and Out-of-Network You pay \$0 copayment for each Medicare-covered visit. | In-Network You pay \$0 copayment for each Medicare-covered visit. Out-of-Network You pay 40% coinsurance for each Medicare-covered visit. Please refer to your <i>Evidence of Coverage</i> for more information. |
| Diabetic services and supplies | In-Network and Out-of-Network You pay 20% coinsurance for therapeutic shoes and inserts. | In-Network You pay 20% coinsurance for therapeutic shoes and inserts. Out-of-Network You pay 40% coinsurance for therapeutic shoes and inserts. Please refer to your <i>Evidence of Coverage</i> for more information. |
| Durable medical equipment and related supplies | In-Network and Out-of-Network You pay 20% coinsurance for Medicare-covered items. | In-Network You pay 20% coinsurance for Medicare-covered items. Out-of-Network You pay 40% coinsurance for Medicare-covered items. Please refer to your <i>Evidence of Coverage</i> for more information. |
| Emergency Care | In-Network and Out-of-Network You pay \$90 copayment per Medicare-covered visit. | In-Network and Out-of-Network You pay \$95 copayment per Medicare-covered visit. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Hearing exams - Diagnostic</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per visit.</p> | <p>In-Network You pay \$40 copayment per visit.</p> <p>Out-of-Network You pay \$65 copayment per visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Home health agency care</p> | <p>In-Network You pay \$0 copayment for Medicare-covered home health agency services.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$0 copayment for Medicare-covered home health agency services.</p> <p>Out-of-Network You pay 40% coinsurance for Medicare-covered home health agency services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---------------------------------------|--|--|
| <p>Home infusion therapy</p> | <p>In-Network and Out-of-Network You pay \$0 copayment for Medicare-covered services. You pay 20% coinsurance for the equipment, drug, and other supplies needed to perform home infusion therapy.</p> | <p>In-Network You pay \$0 copayment for Medicare-covered services. You pay 20% coinsurance for the equipment, drug, and other supplies needed to perform home infusion therapy.</p> <p>Out-of-Network You pay \$35 copayment for Medicare-covered services. You pay 40% coinsurance for the equipment, drug, and other supplies needed to perform home infusion therapy.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Inpatient hospital care</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network You pay 40% coinsurance for each Medicare-covered stay.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Inpatient rehabilitation</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network You pay 40% coinsurance for each Medicare-covered stay.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Inpatient services in a psychiatric hospital</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$370 copayment per day for Days 1-5, then \$0 after Day 5 for each Medicare-covered stay.</p> <p>Out-of-Network You pay 40% coinsurance for each Medicare-covered stay.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Medical supplies</p> | <p>In-Network and Out-of-Network You pay 20% coinsurance for Medicare-covered items.</p> | <p>In-Network You pay 20% coinsurance for Medicare-covered items.</p> <p>Out-of-Network You pay 40% coinsurance for Medicare-covered items.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Medicare Part B prescription drugs</p> | <p>In-Network and Out-of-Network You pay \$35 per month supply for insulin covered when used with an insulin pump.</p> <p>You pay 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay 20% coinsurance for all other Medicare Part B prescription drugs.</p> <p>Medicare Part B prescription drugs may be subject to Step Therapy requirements.</p> | <p>In-Network You pay \$35 per month supply for insulin covered when used with an insulin pump.</p> <p>You pay up to 20% coinsurance for Medicare Part B chemotherapy prescription drugs.*</p> <p>You pay up to 20% coinsurance for all other Medicare Part B prescription drugs.*</p> <p>Medicare Part B prescription drugs may be subject to Step Therapy requirements.</p> <p>*Your actual coinsurance may vary each quarter based on adjustments for applicable rebates supplied by Medicare. Your actual coinsurance will not exceed 20% for all non-insulin Medicare Part B prescription drugs.</p> <p>Out-of-Network You pay \$35 per month supply for insulin covered when used with an insulin pump.</p> <p>You pay 40% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| | | <p>You pay 40% coinsurance for all other Medicare Part B prescription drugs.</p> <p>Medicare Part B prescription drugs may be subject to Step Therapy requirements.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Opioid treatment program services</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per Medicare-covered visit.</p> | <p>In-Network You pay \$40 copayment per Medicare-covered visit.</p> <p>Out-of-Network You pay \$65 copayment per Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Outpatient diagnostic tests and therapeutic services</p> | <p>In-Network and Out-of-Network You pay \$15 copayment per visit for Medicare-covered labs, X-rays, and ultrasounds.</p> <p>You pay \$350 copayment per visit for other Medicare-covered diagnostic radiological services, like MRIs and CT scans.</p> <p>You pay \$60 copayment per visit for Medicare-covered sleep studies and radiation therapy.</p> <p>You pay \$15 copayment per visit for Medicare-covered barium enemas and digital rectal exams.</p> | <p>In-Network You pay \$15 copayment per visit for Medicare-covered labs, X-rays, and ultrasounds.</p> <p>You pay \$350 copayment per visit for other Medicare-covered diagnostic radiological services, like MRIs and CT scans.</p> <p>You pay \$60 copayment per visit for Medicare-covered sleep studies and radiation therapy.</p> <p>You pay \$15 copayment per visit for Medicare-covered barium enemas and digital rectal exams.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered diagnostic tests and therapeutic services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| <p>Outpatient hospital observation</p> | <p>In-Network and Out-of-Network You pay \$350 copayment per stay for Medicare-covered observation services.</p> | <p>In-Network You pay \$350 copayment per stay for Medicare-covered observation services.</p> <p>Out-of-Network You pay 40% coinsurance per stay for Medicare-covered observation services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Outpatient hospital services</p> | <p>In-Network and Out-of-Network You pay \$350 copayment per Medicare-covered visit for outpatient hospital services.</p> | <p>In-Network You pay \$350 copayment per Medicare-covered visit for outpatient hospital services.</p> <p>Out-of-Network You pay 40% coinsurance per Medicare-covered visit for outpatient hospital services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Outpatient mental health care</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per visit for Medicare-covered outpatient mental health services.</p> | <p>In-Network You pay \$40 copayment per visit for Medicare-covered outpatient mental health services.</p> <p>Out-of-Network You pay \$65 copayment per visit for Medicare-covered outpatient mental health services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Outpatient rehabilitation services</p> | <p>In-Network and Out-of-Network You pay \$10 copayment per visit for Medicare-covered occupational, physical, and speech-language therapy services.</p> | <p>In-Network You pay \$10 copayment per visit for Medicare-covered occupational, physical, and speech-language therapy services.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered occupational, physical, and speech-language therapy services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Outpatient substance abuse services</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per visit for Medicare-covered outpatient substance abuse services.</p> | <p>In-Network You pay \$40 copayment per visit for Medicare-covered outpatient substance abuse services.</p> <p>Out-of-Network You pay \$65 copayment per visit for Medicare-covered outpatient substance abuse services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers.</p> | <p>In-Network and Out-of-Network You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$300 copayment per visit for Medicare-covered services from an ambulatory surgical center.</p> <p>You pay \$350 copayment per visit for Medicare-covered services from an outpatient hospital surgical department.</p> | <p>In-Network You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$250 copayment per visit for Medicare-covered services from an ambulatory surgical center.</p> <p>You pay \$350 copayment per visit for Medicare-covered services from an outpatient hospital surgical department.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered services, including colonoscopies, and other outpatient surgical procedures.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Partial hospitalization and intensive outpatient services</p> | <p>In-Network and Out-of-Network You pay \$55 per day for Medicare-covered partial hospitalization services.</p> | <p>In-Network You pay \$55 per day for Medicare-covered partial hospitalization services.</p> <p>Out-of-Network You pay 40% coinsurance per day for Medicare-covered partial hospitalization services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Physician/practitioner services, including doctor’s office visits</p> | <p>In-Network and Out-of-Network You pay \$0 copayment for a Medicare-covered primary care visit. You pay \$40 copayment for a Medicare-covered specialist visit. You pay \$20 copayment for a Medicare-covered visit to a walk-in retail/convenience care clinic.</p> | <p>In-Network You pay \$0 copayment for a Medicare-covered primary care visit. You pay \$40 copayment for a Medicare-covered specialist visit. You pay \$20 copayment for a Medicare-covered visit to a walk-in retail/convenience care clinic.</p> <p>Out-of-Network You pay \$35 copayment for a Medicare-covered primary care visit. You pay \$65 copayment for a Medicare-covered specialist visit. You pay \$50 copayment for a Medicare-covered visit to a walk-in retail/convenience care clinic.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Podiatry services (Medicare-covered)</p> | <p>In-Network and Out-of-Network You pay \$40 copayment per visit for Medicare-covered services.</p> | <p>In-Network You pay \$40 copayment per visit for Medicare-covered services.</p> <p>Out-of-Network You pay \$65 copayment per visit for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Prosthetic devices and related supplies</p> | <p>In-Network and Out-of-Network You pay 20% coinsurance for Medicare-covered items.</p> | <p>In-Network You pay 20% coinsurance for Medicare-covered items.</p> <p>Out-of-Network You pay 40% coinsurance for Medicare-covered items.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Pulmonary rehabilitation services</p> | <p>In-Network and Out-of-Network You pay \$10 copayment per visit for Medicare-covered pulmonary rehabilitation services.</p> | <p>In-Network You pay \$10 copayment per visit for Medicare-covered pulmonary rehabilitation services.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered pulmonary rehabilitation services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Remote patient monitoring</p> | <p>In-Network You pay \$15 copayment for remote patient monitoring services rendered by your provider.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$0 copayment for remote patient monitoring services rendered by your PCP or Specialist.</p> <p>Out-of-Network Not covered.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Services to treat kidney disease</p> | <p>In-Network and Out-of-Network You pay \$0 copayment per visit for Medicare-covered kidney disease education services.</p> <p>You pay 20% coinsurance per visit for Medicare-covered dialysis services.</p> | <p>In-Network You pay \$0 copayment per visit for Medicare-covered kidney disease education services.</p> <p>You pay 20% coinsurance for Medicare-covered dialysis services.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered kidney disease education services and for Medicare-covered dialysis services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| <p>Skilled Nursing Facility (SNF) care</p> | <p>In-Network You pay \$0 per day for Days 1-20; then \$188 per day for Days 21-100 for each Medicare-covered stay.</p> <p>An inpatient hospital admission is not required prior to a SNF stay.</p> <p>Out-of-Network Not covered.</p> | <p>In-Network You pay \$0 per day for Days 1-20; then \$196 per day for Days 21-100 for each Medicare-covered stay.</p> <p>An inpatient hospital admission is not required prior to a SNF stay.</p> <p>Out-of-Network You pay 40% coinsurance for each Medicare-covered stay.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)</p> | <p>In-Network and Out-of-Network You pay \$10 per visit for Medicare-covered services.</p> | <p>In-Network You pay \$10 per visit for Medicare-covered services.</p> <p>Out-of-Network You pay 40% coinsurance per visit for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |
| <p>Urgently needed care</p> | <p>In-Network and Out-of-Network You pay \$60 copayment for each Medicare-covered urgent care visit.</p> | <p>In-Network and Out-of-Network You pay \$50 copayment for each Medicare-covered urgent care visit.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---------------------------|--|--|
| <p>Vision care</p> | <p>You may use your Wallet Benefit to reimburse for one pair of corrective eyeglasses or contact lenses every year, and/or upgrades, when medical coverage criteria are not met. The Wallet Benefit has no provider network.</p> <p>In-Network and Out-of-Network</p> <p>You pay \$40 copayment for each Medicare-covered visit to:</p> <ul style="list-style-type: none"> • Diagnose and treat diseases or conditions of the eye. • Screen annually for glaucoma if high risk. <p>You pay \$0 copayment for Medicare-covered:</p> <ul style="list-style-type: none"> • Annual diabetic retinopathy screening. • Pair of standard eyeglasses or contact lenses after each cataract surgery. <p>In addition, you pay \$0 copayment every year for one pair of standard therapeutic eyeglasses or contact lenses if certain medical criteria are met.</p> <p>In-Network</p> <p>You pay \$0 copayment for one routine eye exam each</p> | <p>You may use your Wallet Benefit to reimburse for one pair of corrective eyeglasses or contact lenses every year, and/or upgrades, when medical coverage criteria are not met. The Wallet Benefit has no provider network.</p> <p>In-Network</p> <p>You pay \$40 copayment for each Medicare-covered visit to:</p> <ul style="list-style-type: none"> • Diagnose and treat diseases or conditions of the eye. • Screen annually for glaucoma if high risk. <p>You pay \$0 copayment for Medicare-covered:</p> <ul style="list-style-type: none"> • Annual diabetic retinopathy screening. • Pair of standard eyeglasses or contact lenses after each cataract surgery. <p>In addition, you pay \$0 copayment every year for:</p> <ul style="list-style-type: none"> • One pair of standard therapeutic eyeglasses or contact lenses if certain medical criteria are met. • One routine eye exam each year to screen for diseases and conditions of the eye. |

| Cost | 2023 (this year) | 2024 (next year) |
|------|---|---|
| | <p>year to screen for diseases and conditions of the eye.</p> <p>Out-of-Network</p> <p>Routine eye exam not covered.</p> | <p>Out-of-Network</p> <p>You pay \$65 copayment for each Medicare-covered visit:</p> <ul style="list-style-type: none"> • To diagnose and treat diseases or conditions of the eye. • To screen annually for glaucoma if high risk. • To screen annually for diabetic retinopathy. • For one pair of standard eyeglasses or contact lenses after each cataract surgery. <p>In addition, you pay \$65 copayment every year for:</p> <ul style="list-style-type: none"> • One pair of standard therapeutic eyeglasses or contact lenses if certain medical criteria are met. • One routine eye exam each year to screen for diseases and conditions of the eye. <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| Worldwide emergency/urgent care | <p>You pay \$90 copayment per visit for emergency room and urgent care services outside the US.</p> <p>You pay \$275 copayment per one-way trip for emergency ambulance transportation outside the US.</p> | <p>You pay \$95 copayment per visit for emergency room and urgent care services outside the US.</p> <p>You pay \$300 copayment per one-way trip for emergency ambulance transportation outside the US.</p> |

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, 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>The deductible is \$270.</p> <p>During this stage, you pay the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p> <p>For other formulary drugs during this stage, you pay \$0 - \$5 for Tier 1, \$8 - \$20 for Tier 2, \$35 for each insulin product on Tier 3 and Tier 4, and \$0 for Tier 6 Vaccine drugs.</p> | <p>The deductible is \$0.</p> <p>Because we have no deductible, this payment stage does not apply to you.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|---|---|
| <p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</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>We changed the tier for some of the drugs on our “Drug List”. To see if your drugs will be in a different tier, look them up on the “Drug List”.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Standard cost sharing:</i> You pay \$5 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 copayment per prescription.</p> <p>Tier 2: <i>Standard cost sharing:</i> You pay \$20 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 copayment per prescription.</p> <p>Tier 3: <i>Standard and preferred cost sharing:</i> You pay \$35 per month for each covered insulin product on this tier. Otherwise, you pay \$47 copayment per prescription.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Standard cost sharing:</i> You pay \$5 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 copayment per prescription.</p> <p>Tier 2: <i>Standard cost sharing:</i> You pay \$20 copayment per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 copayment per prescription.</p> <p>Tier 3: <i>Standard and preferred cost sharing:</i> You pay \$35 per month for each covered insulin product on this tier. Otherwise, you pay \$47 copayment per prescription.</p> |

| Stage | 2023 (this year) | 2024 (next year) |
|-------|--|--|
| | <p>Tier 4: <i>Standard and preferred cost sharing:</i> You pay \$35 per month for each covered insulin product on this tier. Otherwise, you pay \$100 copayment per prescription.</p> <p>Tier 5: <i>Standard and preferred cost sharing:</i> You pay 28% of the total cost per prescription.</p> <p>Tier 6: <i>Standard and preferred cost sharing:</i> You pay \$0 copayment per prescription.</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>Tier 4: <i>Standard and preferred cost sharing:</i> You pay \$35 per month for each covered insulin product on this tier. Otherwise, you pay \$100 copayment per prescription.</p> <p>Tier 5: <i>Standard and preferred cost sharing:</i> You pay 33% of the total cost per prescription.</p> <p>Tier 6: <i>Standard and preferred cost sharing:</i> You pay \$0 copayment per prescription.</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 and for excluded drugs that are covered under our enhanced benefit.

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) |
|--|---|---|
| <p>Additional telehealth services (not covered by Medicare)</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> | <p>Cost sharing for virtual services ranges from \$0 copayments for virtual check-ins and e-visits to the standard amount for telehealth visits, which is the same as what you pay when you go into your provider's office. Covered physician/practitioner services are:</p> <ul style="list-style-type: none"> • Diabetes self-management training • Kidney disease education • Mental health specialty (individual or group sessions) • Opioid treatment programs • Outpatient hospital observation • Outpatient substance abuse (individual or group sessions) | <p>Cost sharing for virtual services ranges from \$0 copayments for virtual check-ins and e-visits to the standard amount for telehealth visits, which is the same as what you pay when you go into your provider's office. Covered physician/practitioner services are:</p> <ul style="list-style-type: none"> • Diabetes self-management training • Kidney disease education • Mental health specialty (individual or group sessions) • Opioid treatment programs • Outpatient hospital observation • Outpatient substance abuse (individual or group sessions) |

| Description | 2023 (this year) | 2024 (next year) |
|--|--|---|
| | <ul style="list-style-type: none"> • Primary care • Psychiatric care (individual or group sessions) • Specialty care • Urgent care • Walk-in retail/ convenience care clinics • Care from non-physician health care professionals, like Physician Assistants and Nurse Practitioners | <ul style="list-style-type: none"> • Physical therapy and speech-language pathology • Primary care • Psychiatric care (individual or group sessions) • Specialty care • Urgent care • Walk-in retail/ convenience care clinics • Care from non-physician health care professionals, like Physician Assistants and Nurse Practitioners |
| <p>Medicare Part B Step Therapy Drug Categories</p> | <p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements | <p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements • Botulinum Toxins • Endocrine Disorders <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> |

| Description | 2023 (this year) | 2024 (next year) |
|--|--|--|
| Over-the-Counter (OTC) Items | At-home COVID test kits and OTC naloxone are not covered items. | At-home COVID test kits and OTC naloxone are covered items. |
| <p>Therapeutic Continuous Glucose Monitors (Therapeutic CGMs)</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p> | <p>The preferred brand for purchase from network pharmacies is Freestyle Libre by Abbott.</p> <p>You pay \$0 copayment for FreeStyle Libre products that are considered durable medical equipment by Medicare.</p> <p>Prior authorization is required.</p> | <p>The preferred brands for purchase from network pharmacies are Dexcom and Freestyle Libre by Abbott.</p> <p>You pay \$0 copayment for Dexcom and Freestyle Libre products that are considered durable medical equipment by Medicare.</p> <p>Prior authorization is required.</p> |
| Wallet Benefit | Coverage includes weight loss programs such as Weight Watchers, Jenny Craig, and NutriSystem. | Coverage includes weight loss programs such as Weight Watchers and NutriSystem. |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in StrideSM Choice Rx (HMO-POS)

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 StrideSM Choice Rx (HMO-POS).

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. 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Harvard Pilgrim Health Care of New England, Inc. 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 StrideSM Choice Rx (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from StrideSM Choice Rx (HMO-POS).
- 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, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare

prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Hampshire, the SHIP is called New Hampshire ServiceLink Resource Center.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Hampshire ServiceLink Resource Center 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 New Hampshire ServiceLink Resource Center at 1-866-634-9412. You can learn more about New Hampshire ServiceLink Resource Center by visiting their website (www.servicelink.nh.gov/medicare/index.htm).

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, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the NH

CARE Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-852-3345, ext. 4502. TDD 1-800-735-2964.

SECTION 7 Questions?

Section 7.1 – Getting Help from StrideSM Choice Rx (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-888-609-0692. (TTY only, call 711.) We are available for phone calls October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week and April 1 - September 30, from 8 a.m. to 8 p.m., 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 StrideSM Choice Rx (HMO-POS). 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.harvardpilgrim.org/stridedocuments. 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.harvardpilgrim.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

Read the *Medicare & You* 2024 handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<http://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.