

The Health Plan SecureChoice - Option II (PPO) offered by THP Insurance Company (The Health Plan)

Annual Notice of Changes for 2025

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

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.healthplan.org/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **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 The Health Plan SecureChoice - Option II (PPO).
- 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 The Health Plan SecureChoice - Option II (PPO).
- 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 1-877-847-7907 for additional information. (TTY users should call 711). Hours are October 1 to March 31: 8:00 am to 8:00 pm 7 days a week and April 1 to September 30: 8:00 a.m. to 8:00 p.m. Monday through Friday. This call is free.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This document may be available in other formats such as braille, large print or other alternate formats. Please call Member Services at 1-877-847-7907 (TTY users should call the state relay number: 711) if you need this document in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About The Health Plan SecureChoice - Option II (PPO)

- The Health Plan SecureChoice (PPO) is a PPO plan with a Medicare contract. Enrollment in The Health Plan SecureChoice (PPO) depends on contract renewal.
 - When this document says "we," "us," or "our," it means THP Insurance Company (The Health Plan). When it says "plan" or "our plan," it means The Health Plan SecureChoice - Option II (PPO).
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Annual Notice of Changes for 2025
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for The Health Plan SecureChoice - Option II (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$153.40	\$109.00
Deductible	You pay a \$1500 deductible for all Out-of-Network covered services except: Emergency care, Urgently needed services, Emergency Ambulance Transports	You pay a \$1500 deductible for all Out-of-Network covered services except: Emergency care, Urgently needed services, Emergency Ambulance Transports
Maximum out-of-pocket amounts 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.)	From network providers: \$6,700 From network and out-of-network providers combined: \$10,000	From network providers: \$6,700 From network and out-of-network providers combined: \$10,000
Doctor office visits	In-Network: Primary care visits: \$10 per visit Specialist visits: \$45 per visit Out-of-Network: Primary care visits: \$25 per visit Specialist visits: \$60 per visit	In-Network: Primary care visits: \$10 per visit Specialist visits: \$45 per visit Out-of-Network: Primary care visits: \$25 per visit Specialist visits: \$60 per visit
Inpatient hospital stays	In-Network: Days 1-6: \$295 copay per day (per admission)	In-Network: Days 1-6: \$295 copay per day (per admission)

Cost	2024 (this year)	2025 (next year)
	Days 7 - 90: \$0 copay per day Days 91 and beyond: \$0 copay per day. Out-of-Network: 30% per admission	Days 7 - 90: \$0 copay per day Days 91 and beyond: \$0 copay per day. Out-of-Network: 30% per admission
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$100 except for covered insulin products and most adult Part D vaccines. Applies to drug Tiers 3, 4 and 5 only. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$3 or \$13 • Drug Tier 2: \$10 or \$20 • Drug Tier 3: \$47 or \$47. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 or \$100. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 31% Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Deductible: \$100 except for covered insulin products and most adult Part D vaccines. Applies to drug Tiers 3, 4 and 5 only. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: \$3 or \$13 • Drug Tier 2: \$10 or \$20 • Drug Tier 3: \$47 or \$47. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$100 or \$100. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 31% Catastrophic Coverage: • 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.)	\$153.40	\$109.00
Monthly Optional Supplemental Dental Premium	\$17.50	\$35.40

- 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 Amounts

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

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription	\$6,700	\$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 from network providers for

Cost	2024 (this year)	2025 (next year)
drugs do not count toward your maximum out-of-pocket amount.		the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$10,000	\$10,000 Once you have paid \$10,000 out-of-pocket for Part A and Part B covered 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.

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 www.healthplan.org/medicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at www.healthplan.org/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 at www.healthplan.org/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)
Skilled Nursing Facility (SNF) care	In-Network: \$0 copay per day for days 1-20. \$150 copay per day for days 21-100. Out-of-Network: 20%	In-Network: \$0 copay per day for days 1-20. \$214 copay per day for days 21-100. Out-of-Network: 20%
Emergency Care	In-Network AND Out-of-Network: \$100 copay for each Medicare-covered emergency room visit. Copay is waived if you are admitted to the hospital within 24 hours.	In-Network AND Out-of-Network: \$125 copay for each Medicare-covered emergency room visit. Copay is waived if you are admitted to the hospital within 24 hours.

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

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

We made changes to our Drug List, 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.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or 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 the drug types that are discussed throughout this chapter, 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 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 30th, 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 During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is \$100. Applies to Tier 3, 4 and 5 drugs only. During this stage, you pay: Preferred Generic Drugs (Tier 1): Standard cost-sharing: You pay \$13 per prescription. Your cost for a one-month mail-order prescription is \$13. Preferred cost-sharing: You pay \$3 per prescription. Your cost for a one-month mail-order prescription is \$3. Generic Drugs (Tier 2): Standard cost-sharing: You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. Preferred cost-sharing: You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. And the full cost of drugs on Preferred Brand Drugs (Tier 3), Non-Preferred Drugs (Tier 4), and Specialty Drugs (Tier 5) until you have reached the yearly deductible.	The deductible is \$100. Applies to Tier 3, 4 and 5 drugs only. During this stage, you pay: Preferred Generic Drugs (Tier 1): Standard cost-sharing: You pay \$13 per prescription. Your cost for a one-month mail-order prescription is \$13. Preferred cost-sharing: You pay \$3 per prescription. Your cost for a one-month mail-order prescription is \$3. Generic Drugs (Tier 2): Standard cost-sharing: You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. Preferred cost-sharing: You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. And the full cost of drugs on Preferred Brand Drugs (Tier 3), Non-Preferred Drugs (Tier 4), and Specialty Drugs (Tier 5) until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. 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. Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply is: Preferred Generic Drugs (Tier 1): Standard cost-sharing: You pay \$13 per prescription. Your cost for a one-month mail-order prescription is \$13. Preferred cost-sharing: You pay \$3 per prescription. Your cost for a one-month mail-order prescription is \$3. Generic Drugs (Tier 2): Standard cost-sharing: You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. Preferred cost-sharing: You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. Preferred Brand Drugs (Tier 3): Standard cost-sharing: You pay \$47 per prescription. Preferred cost-sharing: You pay \$47 per prescription.	Your cost for a one-month supply is: Preferred Generic Drugs (Tier 1): Standard cost-sharing: You pay \$13 per prescription. Your cost for a one-month mail-order prescription is \$13. Preferred cost-sharing: You pay \$3 per prescription. Your cost for a one-month mail-order prescription is \$3. Generic Drugs (Tier 2): Standard cost-sharing: You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. Preferred cost-sharing: You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. Preferred Brand Drugs (Tier 3): Standard cost-sharing: You pay \$47 per prescription. Preferred cost-sharing: You pay \$47 per prescription.

Stage	2024 (this year)	2025 (next year)
	You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$47. Non-Preferred Drugs (Tier 4): Standard cost-sharing: You pay \$100 per prescription. Preferred cost-sharing: You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$100. Specialty Drugs (Tier 5): Standard cost-sharing: You pay 31% of the total cost. Preferred cost-sharing: You pay 31% of the total cost. Your cost for a one-month mail order prescription is 31% of the total cost. Once your total drug costs have reached \$5,030, you will move to the next stage stage (the Coverage Gap Stage).	You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$47. Non-Preferred Drugs (Tier 4): Standard cost-sharing: You pay \$100 per prescription. Preferred cost-sharing: You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$100. Specialty Drugs (Tier 5): Standard cost-sharing: You pay 31% of the total cost. Preferred cost-sharing: You pay 31% of the total cost. Your cost for a one-month mail order prescription is 31% of the total cost. Once your total drug costs have reached \$2,000, you will move to the next stage 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	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). To learn more about this payment option, please contact us at 1-866-845-1803, TTY 1-800-716-3231, or visit Medicare.gov.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in The Health Plan SecureChoice - Option II (PPO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our The Health Plan SecureChoice - Option II (PPO).

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, The Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from The Health Plan SecureChoice - Option II (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from The Health Plan SecureChoice - Option II (PPO).
- 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. In Ohio, the SHIP is called OSHIIP. In West Virginia, the SHIP is called WV SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program (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 OSHIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website (www.insurance.ohio.gov). You can call WV SHIP at 1-877-987-4463. You can learn more about WV SHIP by visiting their website (www.wvship.org).

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 Ohio HIV Drug Assistance Program (OHDAP) for Ohio residents and the West Virginia AIDS Drug Assistance Program (ADAP) for West Virginia residents. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call OHDAP 1-800-777-4775 if you reside in Ohio and ADAP 1-304-232-6822 if you reside in West Virginia. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
 - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-845-1803 (TTY 1-800-716-3231) or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from The Health Plan SecureChoice - Option II (PPO)

Questions? We're here to help. Please call Member Services at 1-877-847-7907. (TTY only, call 711). We are available for phone calls October 1 to March 31: 8:00 am to 8:00 pm 7 days a week

and April 1 to September 30: 8:00 a.m. to 8:00 p.m. Monday through 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 The Health Plan SecureChoice - Option II (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.healthplan.org/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read Medicare & You 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.



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

Call us at 1.877.847.7907, TTY: 711.

Hours of operation:

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

Benefit Type	Vendor Name	Contact Information
Dental Services	Liberty Dental	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday https://client.libertydentalplan.com/thp/findadentist
Fitness	Silver Sneakers (Tivity)	1.888.423.4632, TTY 711 • 8 am-8 pm Monday-Friday www.silversneakers.com
Hearing Services*	TruHearing	DSNP MEMBERS ONLY: 1.855.694.4279, TTY 711 ALL OTHER MEMBERS: 1.855.693.8205, TTY 711 • 8 am-8 pm Monday-Friday www.truhearing.com

Mail Order	Express Scripts, Inc.	1.800.592.4465, TTY 711 • 24 hours a day, 7 days a week www.express-scripts.com *For all other pharmacy questions contact Pharmacy Services at 1.800.624.6961, TTY 711 • 24 hours a day, 7 days a week
Meals Benefit*	GA Foods	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday
Medicare Prescription Payment Plan (MPP/M3P)	Express Scripts, Inc.	1.866.883.3177 For hard of hearing, please call 1.800.716.3231 • 24 hours a day, 7 days a week Visit www.express-scripts.com/mppp Mail general questions to: Express Scripts Medicare Prescription Payment Plan PO Box 2 Saint Louis, MO 63166
Medication Therapy Management	Sinfonia Rx	1.844.866.3730, TTY/TDD 1.800.367.8939 • 10 am-8pm EDT Monday-Friday
Over-the-Counter (OTC) Healthy Food Benefit* Utility Benefit* Personal supplies*	InComm	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.mybenefitscenter.com
Personal Emergency Response System (PERS)*	LifeStation	1.800.944.9707, TTY 711 • 8 am-9 pm Monday-Friday • 9 am-8 pm Saturday



Pharmacy Quality Programs	Magellan Rx	1.888.223.0658, TTY 711 9 am-4:30 pm Monday-Friday
Transportation Services*	Kaizen	1.888.450.6026, TTY 711 8 am-5 pm Monday-Friday
Vision Services (Routine)	Superior Vision	1.877.847.7907, TTY 711 - Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week - Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.superiorvision.com/locator/

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

Use network providers, pharmacies, and contracted vendors.

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

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



Discrimination is Against the Law

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).

The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, civilrightscoordinator@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

This notice is available at The Health Plan's website: healthplan.org.



1110 Main Street, Wheeling, WV 26003-2704 | healthplan.org

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

Spanish

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

Chinese (Simplified)

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供者。

Chinese (Traditional)

中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

German

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Pennsylvania Dutch

Hinweis: Wenn du Pennsylvania Deitsch redst, kannst du kostenlose Sprachhilfe-Dienste nutzen. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu geben, sind auch kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

Russian

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

French

Français

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite (Oromo)

HUBACHIISA: Afaan Oromoo dubbattu yoo ta’eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta’a. Gargaarsi walqabataa fi tajaajilli sirrii ta’ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta’aaniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa’aa.

Japanese

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

Dutch

Nederlands

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

Ukrainian

українська мова

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.

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