

The Health Plan SecureCare SNP (HMO D-SNP) offered by The Health Plan of West Virginia, Inc.

Annual Notice of Changes for 2025

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

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

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including 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 SecureCare SNP (HMO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with The Health Plan SecureCare SNP (HMO D-SNP).
- Look in section 3.2, page 14 to learn more about your choices.
- 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 am to 8:00 pm Monday through Friday. This call is free.
- This document may be available in other formats such as braille, large print or other alternate formats. Please call Member Services at 1-877-847-7907 (TTY users should call 711) if you need this document in another format.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About The Health Plan SecureCare SNP (HMO D-SNP)

- The Health Plan SecureCare SNP (HMO D-SNP) is a HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal.
- The Health Plan SecureCare SNP (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) through 2026 based on a review of The Health Plan SecureCare SNP (HMO D-SNP) Model of Care.
- When this document says "we," "us," or "our," it means The Health Plan of West Virginia, Inc (The Health Plan). When it says "plan" or "our plan," it means The Health Plan SecureCare SNP (HMO D-SNP).

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for The Health Plan SecureCare SNP (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2024 (this year) | 2025 (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> | \$0-\$40.20 | \$0-\$35.40 |
| Deductible | <p>In 2024, the amount is:</p> <p>\$0 to \$240 per year for in-network services, except for insulin furnished through an item of durable medical equipment, depending on your level of Medicaid eligibility.</p> | <p>In 2024, the amount is:</p> <p>\$0 to \$240 per year for in-network services, except for insulin furnished through an item of durable medical equipment, depending on your level of Medicaid eligibility.</p> <p>These are 2024 cost-sharing amounts and may change for 2025. The Health Plan SecureCare SNP (HMO D-SNP) will provide updated rates as soon as they are released.</p> |
| Doctor office visits | <p>Primary care visits: \$0 - 20% per visit</p> <p>Specialist visits: \$0 - 20% per visit</p> | <p>Primary care visits: \$0 - 20% per visit</p> <p>Specialist visits: \$0 - 20% per visit</p> |
| Inpatient hospital stays | <p>Our plan covers 90 days each benefit period.</p> <p>A per admission deductible is applied once during a benefit period.</p> | <p>Our plan covers 90 days each benefit period.</p> <p>A per admission deductible is applied once during a benefit period.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|---|
| | <p>In 2024 the amounts you pay for each benefit period are \$0 or:</p> <p>\$1,632 deductible for days 1-60</p> <p>\$408 copay per day for days 61-90</p> <p>\$816 copay per day for 60 lifetime reserve days.</p> | <p>In 2024 the amounts you pay for each benefit period are \$0 or:</p> <p>\$1,632 deductible for days 1-60</p> <p>\$408 copay per day for days 61-90</p> <p>\$816 copay per day for 60 lifetime reserve days.</p> <p>These are 2024 cost-sharing amounts and may change for 2025. The Health Plan SecureCare SNP (HMO D-SNP) will provide updated rates as soon as they are released.</p> |
| <p>Part D prescription drug coverage (See Section 1.5 for details.)</p> | <p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% • You pay \$35 per month supply of each covered insulin product. <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. | <p>Deductible: \$590 except for insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% • You pay \$35 per month supply of each covered insulin product. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs. |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|---|
| <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>\$8,850</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> | <p>\$9,350</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> |

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 unless it is paid for you by Medicaid.) | \$0-\$40.20 | \$0-\$35.40 |

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 | 2024 (this year) | 2025 (next year) |
|--|------------------|---|
| Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your | \$8,850 | \$9,350 Once you have paid \$9,350 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. |

| Cost | 2024 (this year) | 2025 (next year) |
|---|------------------|------------------|
| costs for prescription drugs do not count toward your maximum out-of-pocket amount. | | |

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.

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* 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* 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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

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

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Emergency Care | \$0 to 20% of the cost for Medicare-covered emergency room visits not to exceed \$100. | \$0 to 20% of the cost for Medicare-covered emergency room visits not to exceed \$110. |
| Urgently needed services | \$0 to 20% of the cost for urgently needed care not to exceed \$55. | \$0 to 20% of the cost for urgently needed care not to exceed \$45. |
| Transportation | Limited to a max number of 35 round trips to any qualifying Location per year. \$1,000 PLAN COVERAGE MAXIMUM PER YEAR | Limited to a max number of 25 round trips to any qualifying Location per year. \$850 PLAN COVERAGE MAXIMUM PER YEAR |
| Flexible Spending Card Over-the-Counter Items (OTC) Healthy Food ◀ Utility Bill Assistance ◀ | \$165 per month combined limit provided on a flexible spending card. Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year. | \$153 per month combined limit provided on a flexible spending card. Any unused amounts will not carry over to the next month. Unused amounts will also not carry over to the next calendar year. ◀ For VBID eligible members, funds can be used for Over-the-Counter items, Healthy Food purchases, and Utility Bill Assistance. For non-VBID eligible members, funds can be used for Over-the-Counter items only. |
| Dental (Routine Comprehensive) | \$4,000 plan coverage limit each year for preventive and most dental services. | \$3,000 plan coverage limit each year for preventive and most dental services. |

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

Services marked with ◀ are VBID Model Benefits. Medicare approved The Health Plan of West Virginia to provide these benefits as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans. Eligibility for the Additional Benefits under the VBID Model is not assured and will be determined by The Health Plan after enrollment, based on relevant criteria (e.g., eligibility criteria based on Low Income Subsidy status). All applicable eligibility requirements must be met before the benefit is provided. For details, or for assistance determining eligibility, please contact our Member Services at 1-877-847-7907 (TTY users should call 711).

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

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section 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.”

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) |
|---|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p> | <p>The deductible is \$545.</p> <p>Your deductible amount is \$0-\$545, depending on the level of "Extra Help" you receive.</p> | <p>The deductible is \$590.</p> <p>Your deductible amount is \$0-\$590, depending on the level of "Extra Help" you receive.</p> |

Changes Your Cost Sharing in the Initial Coverage Stage

| Stage | 2024 (this year) | 2025 (next year) |
|---|---|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>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, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product.</p> <hr/> <p>Once your total drug costs have reached \$2,000, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

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) |
|--|-----------------------|---|
| <p>Medicare Prescription Payment Plan</p> | <p>Not applicable</p> | <p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 1-866-845-1803, TTY 1-800-716-3231, or visit Medicare.gov.</p> |

SECTION 3 Deciding Which Plan to Choose

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

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read *Medicare & You 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 SecureCare SNP (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from The Health Plan SecureCare SNP (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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

SECTION 4 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.

Because you have The Health Plan SecureCare SNP (HMO D-SNP), you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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 and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Ohio, the SHIP is called OSHIIP. In West Virginia, the SHIP is called WV SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call OSHIIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website (www.insurance.ohio.gov). You can call WV SHIP at 1-877-987-4463. You can learn more about WV SHIP by visiting their website (www.wvship.org).

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

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

WV Bureau for Medical Services at 1-877-716-1212, TTY: 1-800-982-8771 (711), between 8:00 am and 4:00 pm, Monday through Friday.

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

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **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 SecureCare SNP (HMO D-SNP)

Questions? We’re here to help. Please call Member Services at 1-877-847-7907. (TTY only, call 711.) We are available for phone calls October 1 to March 31: 8:00 am to 8:00 pm 7 days a week and April 1 to September 30: 8:00 am to 8:00 pm Monday through Friday. Calls to these numbers are free.

Read your 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 SecureCare SNP (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.healthplan.org/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call:

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

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



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

Call us at 1.877.847.7907, TTY: 711.

Hours of operation:

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

| Benefit Type | Vendor Name | Contact Information |
|-------------------|--------------------------|--|
| Dental Services | Liberty Dental | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday https://client.libertydentalplan.com/thp/findadentist |
| Fitness | Silver Sneakers (Tivity) | 1.888.423.4632, TTY 711 <ul style="list-style-type: none"> • 8 am-8 pm Monday-Friday www.silversneakers.com |
| Hearing Services* | TruHearing | DSNP MEMBERS ONLY: 1.855.694.4279, TTY 711 ALL OTHER MEMBERS: 1.855.693.8205, TTY 711 <ul style="list-style-type: none"> • 8 am-8 pm Monday-Friday www.truhearing.com |

| | | |
|---|-----------------------|---|
| Mail Order | Express Scripts, Inc. | 1.800.592.4465, TTY 711 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 24 hours a day, 7 days a week |
| Meals Benefit* | GA Foods | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday |
| Medicare Prescription Payment Plan (MPP/M3P) | Express Scripts, Inc. | 1.866.883.3177 For hard of hearing, please call 1.800.716.3231 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 10 am-8pm EDT Monday-Friday |
| Over-the-Counter (OTC) Healthy Food Benefit* Utility Benefit* Personal supplies* | InComm | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.mybenefitscenter.com |
| Personal Emergency Response System (PERS)* | LifeStation | 1.800.944.9707, TTY 711 <ul style="list-style-type: none"> • 8 am-9 pm Monday-Friday • 9 am-8 pm Saturday |



| | | |
|---------------------------|-----------------|--|
| Pharmacy Quality Programs | Magellan Rx | 1.888.223.0658, TTY 711 <ul style="list-style-type: none"> • 9 am-4:30 pm Monday-Friday |
| Transportation Services* | Kaizen | 1.888.450.6026, TTY 711 <ul style="list-style-type: none"> • 8 am-5 pm Monday-Friday |
| Vision Services (Routine) | Superior Vision | 1.877.847.7907, TTY 711 <ul style="list-style-type: none"> • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.superiorvision.com/locator/ |

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

Use network providers, pharmacies, and contracted vendors.

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

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



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商。

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 Sprachassistentendienste 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 taalhelpdiensten 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.

