

[PFFS models]  
[2024 ANOC model]

[Insert 2024 plan name] ([insert plan type]) offered by [insert MAO name] [insert DBA names in parentheses, as applicable, after listing required MAO names]

## Annual Notice of Changes for 2024

[Optional: insert member name]

[Optional: insert member address]

You are currently enrolled as a member of [insert 2023 plan name]. 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 [insert URL]. [Insert as applicable: You can also review the attached OR enclosed OR separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.] 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).
  - [Insert if offering Part D] 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. [MA Only plans delete Section 2.6 below]
- 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](http://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 *[insert plan name]*.
- 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 *[insert plan name]*.
- 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**

- *[Plans that meet the 5% alternative language threshold insert: This document is available for free in [insert languages that meet the 5% threshold].]*
- Please contact our Member Services number at *[insert member services phone number]* for additional information. (TTY users should call *[insert TTY number]*.) Hours are *[insert days and hours of operation]*. This call is free.
- *[Plans must insert language about availability of alternate formats (e.g., braille, large print, audio) as applicable.]*
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About *[insert 2024 plan name]***

- *[Insert Federal contracting statement.]*
- When this document says “we,” “us,” or “our,” it means *[insert MAO name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document]*. When it says “plan” or “our plan,” it means *[insert 2024 plan name]*.

*[Insert as applicable: [insert Material ID] CMS Approved [MMDDYYYY]  
OR [insert Material ID]]*

## Annual Notice of Changes for 2024 Table of Contents

*[Update table below after completing edits]*

<b>Summary of Important Costs for 2024 .....</b>	<b>4</b>
<b>SECTION 1     We Are Changing the Plan’s Name .....</b>	<b>6</b>
<b>SECTION 1     Unless You Choose Another Plan, You Will Be Automatically Enrolled in [insert 2024 plan name] in 2024 .....</b>	<b>6</b>
<b>SECTION 2     Changes to Benefits and Costs for Next Year .....</b>	<b>7</b>
Section 2.1 – Changes to the Monthly Premium .....	7
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....	8
Section 2.3 – Changes to the Provider and Pharmacy Networks.....	8
Section 2.4 – Changes to Benefits and Costs for Medical Services .....	9
Section 2.5 – Changes to Part D Prescription Drug Coverage .....	10
<b>SECTION 3     Administrative Changes .....</b>	<b>17</b>
<b>SECTION 4     Deciding Which Plan to Choose.....</b>	<b>18</b>
Section 4.1 – If you want to stay in [insert 2024 plan name] .....	18
Section 4.2 – If you want to change plans .....	18
<b>SECTION 5     Deadline for Changing Plans.....</b>	<b>19</b>
<b>SECTION 6     Programs That Offer Free Counseling about Medicare .....</b>	<b>19</b>
<b>SECTION 7     Programs That Help Pay for Prescription Drugs.....</b>	<b>20</b>
<b>SECTION 8     Questions? .....</b>	<b>21</b>
Section 8.1 – Getting Help from [insert 2024 plan name] .....	21
Section 8.2 – Getting Help from Medicare.....	21

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for [insert 2024 plan name] in several important areas. **Please note this is only a summary of costs.**

[If using Medicare FFS amounts (e.g., Inpatient and SNF cost sharing) the plan must insert the 2023 Medicare amounts and must insert: These are 2023 cost-sharing amounts and may change for 2024. [Insert plan name] will provide updated rates as soon as they are released. Member cost-sharing amounts may not be left blank.]

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b>                      *[MA-PD plans insert: Your premium may be higher [Plans with \$0 premium should not include: or lower] than this amount.] See Section [edit section number as needed] 2.1 for details.</p>	[Insert 2023 premium amount]	[Insert 2024 premium amount]
<p>[Plans with no deductible may delete this row.]  <b>Deductible</b></p>	[Insert 2023 deductible amount]	[Insert 2024 deductible amount] [If an amount other than \$0, add: except for insulin furnished through an item of durable medical equipment.]
<p><b>Maximum out-of-pocket amount</b>                      This is the <u>most</u> you will pay out-of-pocket for your covered [insert if applicable: Part A and Part B] services. (See Section [edit section number as needed] 2.2 for details.)</p>	[Insert 2023 MOOP amount]	[Insert 2024 MOOP amount]
<p><b>Doctor office visits</b></p>	Primary care visits: [insert 2023 cost sharing for PCPs] per visit Specialist visits: [insert 2023 cost sharing for specialists] per visit	Primary care visits: [insert 2024 cost sharing for PCPs] per visit Specialist visits: [insert 2024 cost sharing for specialists] per visit
<p><b>Inpatient hospital stays</b></p>	[Insert 2023 cost sharing]	[Insert 2024 cost sharing]

Cost	2023 (this year)	2024 (next year)
<p><b>[MA-only plans delete] Part D prescription drug coverage</b> (See [edit section number as needed] Section 2.5 for details.)</p>	<p>Deductible: [Insert 2023 deductible amount] [If an amount other than \$0, add: except for covered insulin products and most adult Part D vaccines.]</p> <p>[Copayment/Coinsurance as applicable] during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: [Insert 2023 cost sharing] [Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</li> <li>• [Repeat for all drug tiers.]</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• [When applicable, plans must insert a brief explanation of what the member pays during this stage. For example: For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for</li> </ul>	<p>Deductible: [Insert 2024 deductible amount] [If an amount other than \$0, add: except for covered insulin products and most adult Part D vaccines.]</p> <p>[Copayment/Coinsurance as applicable] during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: [Insert 2024 cost sharing] [Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</li> <li>• [Repeat for all drug tiers.]</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• [Plans that do not cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.]</li> <li>• [Plans that cover excluded drugs under</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<p>a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)/].</p>	<p><i>an enhanced benefit with cost sharing in this stage, insert the following 2 bullets:</i></p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> <li>• You may have cost sharing for drugs that are covered under our enhanced benefit./</li> </ul>

*If Section 1 does not apply, plans should omit it and renumber remaining sections as needed.]*

### **SECTION 1 We Are Changing the Plan’s Name**

*[Plans that are changing the plan name, as approved by CMS, include Section 1, using the section title above and the following text:*

*On January 1, 2024, our plan name will change from [insert 2023 plan name] to [insert 2024 plan name].*

*[Insert language to inform members if they will receive new ID cards and how, as well as if the name change will impact any other member communication.]*

### **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in [insert 2024 plan name] in 2024**

*[If the member is being enrolled into another plan due to a consolidation or due to a transition from a D-SNP look-alike plan under 42 CFR 422.514, include Section 1, using the section title above and the text below. It is additionally expected that, as applicable throughout the ANOC, every plan/sponsor that crosswalks a member from a non-renewed plan to a consolidated renewal plan or transitions a member from a D-SNP look-alike plan to a renewal plan meeting the criteria in 42 CFR 422.514(e) will compare benefits and costs, including cost sharing for drug tiers, from that member’s previous plan to the consolidated plan or the renewal plan. Every plan/sponsor that transitions a member from a D-SNP look-alike plan to a renewal plan, as*

indicated above, is encouraged to include language about the transition in a cover letter that accompanies the ANOC.]

On January 1, 2024, [insert MAO name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document] will be [insert as applicable: combining [insert 2023 plan name] with one of our plans, [insert 2024 plan name] or transitioning you from [insert 2023 D-SNP look-alike plan name] to [insert 2024 renewal plan name]. The information in this document tells you about the differences between your current benefits in [insert 2023 plan name] and the benefits you will have on January 1, 2024 as a member of [insert 2024 plan name].

**If you do nothing by December 7, 2023, we will automatically enroll you in our [insert 2024 plan name].** This means starting January 1, 2024, you will be getting your medical [insert if applicable: and prescription drug] coverage through [insert 2024 plan name]. If you want to change plans or switch to Original Medicare, you must, do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

[Plans offering the following premiums must list separately in the table below: (1) Plan premium; (2) optional supplemental benefit premiums (only plans offering optional supplemental benefits during one or both of the comparison years); and (3) Part B premium reduction (only plans with Part B premium reductions during one or both of the comparison years.)]

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly premium</b></p> <p>[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year. However, the premium must also be listed.]</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	<p>[Insert 2023 premium amount]</p>	<p>[Insert 2024 premium amount]</p>

- 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.
- *[Plans with \$0 premium should not include this bullet]* Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

*[Plans that include the costs of supplemental benefits (e.g., POS benefits) in the MOOP limit may revise this information as needed.]*

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 *[insert if applicable: Part A and Part B]* services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copays <i>[insert if plan has a deductible: and deductibles]</i>) count toward your maximum out-of-pocket amount. <i>[Plans with no premium and/or no Part D coverage may modify or delete the following sentence as needed]</i> Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p><i>[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year. However, the premium must also be listed.]</i></p>	<p><i>[Insert 2023 MOOP amount]</i></p>	<p><i>[Insert 2024 MOOP amount]</i></p> <p>Once you have paid <i>[insert 2024 MOOP amount]</i> out-of-pocket for covered <i>[insert if applicable: Part A and Part B]</i> services, you will pay nothing for your covered <i>[insert if applicable: Part A and Part B]</i> services for the rest of the calendar year.</p>

## Section 2.3 – Changes to the Provider and Pharmacy Networks

*[Plans with no provider network delete this section.]*

*[Insert if applicable: We included a copy of our current Provider and/or Pharmacy Directory in the envelope with this document.]* Updated directories are *[Insert if applicable: also]* located on our website at *[insert URL]*. 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.

*[Insert applicable section: For a plan that does not have changes in its provider network]* There are no changes to our network of providers for next year.

*[Insert applicable section: For a plan that has changes in its provider network]* 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.**

*[Insert applicable section: For a plan that does not have changes in its pharmacy network]* There are no changes to our network of pharmacies for next year. *[Insert applicable section: For a plan that has changes in its pharmacy 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.**

*[All plans must insert the following]* 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 2.4 – Changes to Benefits and Costs for Medical Services**

---

*[If there are no changes in benefits or in cost sharing, revise heading to “There are no changes to your benefits or amounts you pay for medical services” and replace the rest of this section with: Our benefits and what you pay for these covered medical services will be exactly the same in 2024 as they are in 2023.]*

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

*[The table must include: (1) all new benefits that will be added or 2023 benefits that will end for 2024, including any new optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium); (2) new/changing limitations or restrictions, including referrals, prior authorizations, and Part B step therapy for CY2024 Part C benefits; and (3) all changes in cost sharing for 2024 for covered medical services, including any changes to service category, out-of-pocket maximums, and cost sharing for optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium). Note that beginning July 2023 cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month’s supply of insulin.]*

*[If using Medicare FFS amounts (e.g. Inpatient and SNF cost sharing) the plan must insert the 2023 Medicare amounts and must insert: These are 2023 cost-sharing amounts and may change for 2024. [insert plan name] will provide updated rates as soon as they are released. Member cost-sharing amounts may not be left blank.]*

Cost	2023 (this year)	2024 (next year)
<p><i>[Insert benefit name]</i></p>	<p><i>[For benefits that were not covered in 2023 [insert benefit name] is <u>not</u> covered.]</i></p> <p><i>[For benefits with a copayment insert: You pay a \$[insert 2023 copayment amount] copay [insert language as needed to accurately describe the benefit, (e.g., per office visit)].]</i></p> <p><i>[For benefits with a coinsurance insert: You pay [insert 2023 coinsurance percentage] % of the total cost [insert language as needed to accurately describe the benefit, (e.g., for up to one visit per year)].]</i></p>	<p><i>[For benefits that are not covered in 2024 [insert benefit name] is <u>not</u> covered.]</i></p> <p><i>[For benefits with a copayment insert: You pay a \$[insert 2024 copayment amount] copay [insert language as needed to accurately describe the benefit, (e.g., per office visit)].]</i></p> <p><i>[For benefits with a coinsurance insert: You pay [insert 2024 coinsurance percentage] % of the total cost [insert language as needed to accurately describe the benefit, (e.g., for up to one visit per year)].]</i></p>
<p><i>[Insert benefit name]</i></p>	<p><i>[insert 2023 cost/coverage, using format described above]</i></p>	<p><i>[insert 2024 cost/coverage, using format described above]</i></p>

*[MA only plans delete Section 2.5 below]*

## Section 2.5 – 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 *[insert: in this envelope] OR [insert: provided electronically]. [If including an abridged formulary, add the following language: The Drug List includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (*[insert URL]*).]*

*[Plans with no changes to covered drugs, tier assignment, or restrictions may replace the rest of this section with: We have not made any changes to our Drug List for next year. However, during the year, we might make other changes that are allowed by Medicare rules. We can also immediately remove drugs considered unsafe by the Food and Drug Administration (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.]*

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

*[Plan sponsors implementing for the first time in 2024 have the option to immediately replace brand name drugs with their new generic equivalents, that otherwise meet the requirements, should insert the following: Starting in 2024, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.]*

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.]

## Changes to Prescription Drug Costs

*[Plans that enroll partial dual eligible beneficiaries should delete the following paragraph for QDWI beneficiaries.]* **Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs [insert as applicable: may OR does] not apply to you.** *[If not applicable, omit the following information about the LIS Rider]* We *[insert as appropriate: have included OR 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" *[if plan sends LIS Rider with ANOC, insert: and didn't receive this insert]*

with this packet,] [if plan sends LIS Rider separately from the ANOC, insert: and you haven't received this insert by [insert date],] 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><b>Stage 1: Yearly Deductible Stage</b>                      During this stage, you pay the full cost of your [insert as applicable: Part D OR brand name OR [insert tier name(s)]] drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines.</p> <p>[Plans with no deductible, omit text above.]</p>	<p>The deductible is \$[insert 2023 deductible].</p> <p>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage does not apply to you.]</p> <p>[Plans with tiers excluded from the deductible in 2023 and/or 2024 insert the following:] During this stage, you pay [insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible] cost sharing for drugs on [insert name of tier(s) excluded from the deductible] and the full cost of drugs on [insert name of tier(s) where copayments apply] until you have reached the yearly deductible.</p>	<p>The deductible is \$[insert 2024 deductible].</p> <p>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage does not apply to you.]</p> <p>[Plans with tiers excluded from the deductible in 2023 and/or 2024 insert the following:] During this stage, you pay [insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible] cost sharing for drugs on [insert name of tier(s) excluded from the deductible] and the full cost of drugs on [insert name of tier(s) where copayments apply] until you have reached the yearly deductible.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

[Plans that are changing the cost sharing from coinsurance to copayment or vice versa from 2023 to 2024 insert: For drugs on [insert name of tier(s)], your cost sharing in the initial coverage stage is changing from [insert whichever is appropriate: a copayment to coinsurance

OR coinsurance to a copayment.] Please see the following chart for the changes from 2023 to 2024.]

[Plans must list all drug tiers in the table below and show costs for a one-month supply filled at a network retail pharmacy. Plans that have pharmacies that provide preferred cost sharing must provide information on both standard and preferred cost sharing using the second alternate chart. Plans without drug tiers may revise the table as appropriate.]

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p><i>[Plans with no deductible delete the first sentence]</i> 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 <b>you pay your share of the cost.</b> <i>[Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2023 to 2024 insert for each applicable tier: For 2023 you paid [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance] for drugs on [insert tier name]. For 2024 you will pay [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance] for drugs on this tier.”]</i></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 (<i>[insert number of days in a one-month supply]</i>-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. <i>[Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert: The number of days in a one-month supply has changed from 2023 to 2024 as noted in the chart.]</i></p> <p>For information about the costs <i>[insert as applicable: for a long-term supply; at a network pharmacy</i></p>	<p>Your cost for a one-month <i>[Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert: ([xx]-day) rather than one-month]</i> supply filled at a network pharmacy with standard cost sharing:</p> <p><b><i>[Insert name of Tier 1]:</i></b> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i></p> <p><b><i>[Insert name of Tier 2]:</i></b> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i></p> <p><i>[Repeat for all tiers]</i></p> <hr/> <p>Once <i>[insert as applicable: your total drug costs have reached \$[insert 2023 initial coverage limit], you will move to the next stage (the Coverage Gap Stage) OR you have paid \$[insert 2023 out-of-pocket threshold]</i> out-of-pocket for Part D drugs, you will move to the next stage</p>	<p>Your cost for a one-month <i>[Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert: ([xx]-day) rather than one-month]</i> supply filled at a network pharmacy with standard cost sharing:</p> <p><b><i>[Insert name of Tier 1]:</i></b> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i> <i>[Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><b><i>[Insert name of Tier 2]:</i></b> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i> <i>[Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p>

Stage	2023 (this year)	2024 (next year)
<p>that offers preferred cost sharing; or for mail-order prescriptions], look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>(the Catastrophic Coverage Stage).]</p>	<p><i>[Repeat for all tiers]</i></p> <hr/> <p>Once <i>[insert as applicable]</i>: your total drug costs have reached \$<i>[insert 2024 initial coverage limit]</i>, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$<i>[insert 2024 out-of-pocket threshold]</i> out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</p>
<p><i>[Insert if applicable: 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.]</i></p>		

[Plans with pharmacies that offer standard and preferred cost sharing may replace the chart above with the one below to provide both cost-sharing rates.]

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>  <i>[Plans with no deductible delete the first sentence]</i> 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 <b>you pay your share of the cost.</b> <i>[Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2023 to 2024 insert for each applicable tier: For 2023 you paid [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance] for drugs on [insert tier name]. For 2024 you will pay [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance”] for drugs on this tier.]</i></p>	<p>Your cost for a one-month <i>[Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert: ([xx]-day) rather than one-month]</i> supply at a network pharmacy:  <b><i>[Insert name of Tier 1]:</i></b>  <i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i>  <i>Preferred cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p>	<p>Your cost for a one-month <i>[Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert: ([xx]-day) rather than one-month]</i> supply at a network pharmacy:  <b><i>[Insert name of Tier 1]:</i></b>  <i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i>  <i>[Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i>  <i>Preferred cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i>  <i>[Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>The costs in this row are for a one-month (<i>insert number of days in a one-month supply</i>)-day supply when you fill your prescription at a network pharmacy. <i>Plans that are changing the number of days in their one-month supply from 2023 to 2024 insert:</i> The number of days in a one-month supply has changed from 2023 to 2024 as noted in the chart.]</p> <p>For information about the costs <i>insert as applicable:</i> 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>Most adult Part D vaccines are covered at no cost to you</p> <p><i>Insert if applicable:</i> 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><b><i>Insert name of Tier 2:</i></b></p> <p><i>Standard cost sharing:</i> You pay <i>insert as applicable:</i> \$[xx] per prescription OR [xx]% of the total cost].</p> <p><i>Preferred cost sharing:</i> You pay <i>insert as applicable:</i> \$[xx] per prescription OR [xx]% of the total cost].</p> <p><i>Repeat for all tiers</i></p> <hr/> <p><i>Insert as applicable:</i> Once your total drug costs have reached \$<i>insert 2023 initial coverage limit</i>], you will move to the next stage (the Coverage Gap Stage). OR you have paid \$<i>insert 2023 out-of-pocket threshold</i>] out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</p>	<p><b><i>Insert name of Tier 2:</i></b></p> <p><i>Standard cost sharing:</i> You pay <i>insert as applicable:</i> \$[xx] per prescription OR [xx]% of the total cost].</p> <p><i>Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier:</i> You pay \$[xx] per month supply of each covered insulin product on this tier.]</p> <p><i>Preferred cost sharing:</i> You pay <i>insert as applicable:</i> \$[xx] per prescription OR [xx]% of the total cost].</p> <p><i>Insert if insulin cost sharing differs from cost sharing for other drugs on the same tier:</i> You pay \$[xx] per month supply of each covered insulin product on this tier.]</p> <p><i>Repeat for all tiers</i></p> <hr/> <p><i>Insert as applicable:</i> Once your total drug costs have reached \$<i>insert 2024 initial coverage limit</i>], you will move to the next stage (the Coverage Gap Stage). OR you have paid \$<i>insert 2024 out-of-pocket threshold</i>] out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage 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.**

*[Sponsors that are changing the cost sharing from coinsurance to copayment or vice versa from 2023 to 2024 insert the following sentence. If many changes are being made, the language may be repeated as necessary: For the Coverage Gap Stage for drugs on Tiers [xx] [insert tiers], your cost sharing is changing from [insert whichever is appropriate: a copayment to coinsurance OR coinsurance to a copayment].]*

*[Plans that do not cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following: **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**]*

*[Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following: **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing 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 3 Administrative Changes

*[Insert this section if applicable: Plans with administrative changes that impact members (e.g., changes in options for paying the monthly premium, changes in contract or PBP number) may insert this section and include an introductory sentence that explains the general nature of the administrative changes. Plans that choose to omit this section should renumber the remaining sections as needed.]*

Description	2023 (this year)	2024 (next year)
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2023 administrative description]</i>	<i>[Insert 2024 administrative description]</i>
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2023 administrative description]</i>	<i>[Insert 2024 administrative description]</i>

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in [insert 2024 plan name]

**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 [insert 2024 plan name].

### Section 4.2 – 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 2.1 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section [edit section number as needed] 6), or call Medicare (see Section [edit section number as needed] 8.2).

*[Plans may choose to insert if applicable: As a reminder, [insert MAO name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required MAO names throughout this document] offers other [insert as applicable: Medicare health plans AND/OR Medicare prescription drug 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 [insert 2024 plan name].
- *[MA-PD plans, insert: To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from [insert 2024 plan name].]*
- *[MA-only plans, insert: To **change to Original Medicare and add a Medicare prescription drug plan or change to a different drug plan**, you must:*
  - Send us a written request to disenroll from [insert 2024 plan name] 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. Contact Member Services if you need more information on how to disenroll (phone numbers are in Section [edit section number as needed] 8.1 of this document);

- – *and* – Contact the Medicare prescription drug plan that you want to enroll in and ask to be enrolled.]
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll [insert if organization has complied with CMS guidelines for online disenrollment: or visit our website to disenroll online]. 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 5 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 6 Programs That Offer Free Counseling about Medicare

*[Organizations offering plans in multiple states: Revise this section to use the generic name (State Health Insurance Assistance Program) when necessary, and include a list of names, phone numbers, and addresses for all SHIPs in your service area.]*

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In [insert state], the SHIP is called [insert state-specific SHIP name].

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. [Insert state-specific SHIP name] 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 [insert state-specific SHIP name] at [insert SHIP phone number]. [Plans may insert the following: You can learn more about [insert state-specific SHIP name] by visiting their website ([insert SHIP website]).]

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. [Plans in states without SPAPs, delete the next sentence.] 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).
- [Plans without an SPAP in their state(s), should delete this bullet.] [Organizations offering plans in multiple states: Revise this bullet to use the generic name (State Pharmaceutical Assistance Program) when necessary, and include a list of names for all SPAPs in your service area.] **Help from your state’s pharmaceutical assistance program.** [Insert state name] has a program called [insert state-specific SPAP name] that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- [Plans with an ADAP in their state(s) that do NOT provide Insurance Assistance should delete this bullet.] [Plans with no Part D drug cost sharing should delete this section.] **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 [insert

*State-specific ADAP name and information*. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call *[insert State-specific ADAP contact information]*.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *[insert 2024 plan name]*

Questions? We're here to help. Please call Member Services at *[insert member services phone number]*. (TTY only, call *[insert TTY number]*.) We are available for phone calls *[insert days and hours of operation]*. *[Insert if applicable: 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 *[insert 2024 plan name]*. 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 *[insert URL]*. *[Insert as applicable: You can also review the attached OR enclosed OR separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.]* 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 *[insert URL]*. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) *[MA-only plans, omit]* and our list of covered drugs (Formulary/Drug List).

### Section 8.2 – 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](http://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](http://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 (<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.