

[PDP models]
[2024 ANOC model]

[Insert 2024 plan name] ([insert plan type]) offered by [insert Part D sponsor name] [insert DBA names in parentheses, as applicable, after listing required Part D sponsor 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 3 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 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.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in *[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]*.

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.]*

About *[insert 2024 plan name]*

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

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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.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *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.	[Insert 2023 premium amount]	[Insert 2024 premium amount]

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section [edit section number as needed] 2.3 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.] [Copayment/Coinsurance as applicable] during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • 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.] • [Repeat for all drug tiers.] <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • [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 coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)]. 	<p>Deductible: [Insert 2024 deductible amount.] [If an amount other than \$0, add: except for covered insulin products and most adult Part D vaccines.] [Copayment/Coinsurance as applicable] during the Initial Coverage Stage:</p> <p>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.]</p> <ul style="list-style-type: none"> • [Repeat for all drug tiers.] <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • [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.] • [Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following 2 bullets: • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.]

[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 Part D sponsor name]* *[insert Plan/Part D sponsor in parentheses, as applicable, after listing required Part D sponsor names throughout this document]* will be combining *[insert 2023 plan name]* with one of our plans, *[insert 2024 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 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>Monthly premium</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>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<i>[Insert 2023 premium amount]</i>	<i>[Insert 2024 premium amount]</i>

- 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 the Pharmacy Network

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. *[Insert if applicable: Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.]*

[Insert applicable section: For a plan that has changes in its pharmacy network] There are changes to our network of pharmacies for next year. *[Insert if applicable: We included a copy of*

[our Pharmacy Directory in the envelope with this document.] An updated *Pharmacy Directory* is located on our website at *[insert URL]*. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

OR

[For a plan that will have a higher than normal number of pharmacies leaving its pharmacy network] Our network has changed more than usual for 2024. *[Insert if applicable: We included a copy of our Pharmacy Directory in the envelope with this document.]* An updated *Pharmacy Directory* is located on our website at *[insert URL]*. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

[All plans must insert the following] It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Member Services so we may assist.

Section 2.3 – 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 7 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 higher 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 are VBID Model participants and offer \$0 cost sharing for Part D drugs across all phases for all levels of LIS may delete the following paragraph.] [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 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>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your <i>[insert as applicable: Part D OR brand name OR [tier name(s)]]</i> 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><i>[Plans with no deductible, omit text above.]</i></p>	<p>The deductible is \$<i>[insert 2023 deductible]</i>.</p> <p><i>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage does not apply to you.]</i></p> <p><i>[Plans with tiers excluded from the deductible in 2023 and/or 2024 insert the following:]</i> During this stage, you pay <i>[insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible]</i> cost sharing for drugs on <i>[insert name of tier(s) excluded from the deductible]</i> and the full cost of drugs on <i>[insert name of tier(s) where copayments apply]</i> until you have reached the yearly deductible.</p>	<p>The deductible is \$<i>[insert 2024 deductible]</i>.</p> <p><i>[Plans with no deductible replace the text above with: Because we have no deductible, this payment stage does not apply to you.]</i></p> <p><i>[Plans with tiers excluded from the deductible in 2023 and/or 2024 insert the following:]</i> During this stage, you pay <i>[insert cost-sharing amount that a member would pay in a tier(s) that is exempted from the deductible]</i> cost sharing for drugs on <i>[insert name of tier(s) excluded from the deductible]</i> and the full cost of drugs on <i>[insert name of tier(s) where copayments apply]</i> 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>Stage 2: Initial Coverage Stage <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 you pay your share of the cost. <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> Most adult Part D vaccines are covered at no cost to you.</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: <i>[Insert name of Tier 1]:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i> <i>[Insert name of Tier 2]:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost.]</i> <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],</i> you will move to the next stage (the Coverage Gap Stage). <i>OR</i> 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>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: <i>[Insert name of Tier 1]:</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>[Insert name of Tier 2]:</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>[Repeat for all tiers]</i></p> <hr/> <p>Once <i>[insert as applicable: your total drug costs have reached \$[insert 2024 initial coverage limit],</i> you will move to the next stage (the Coverage Gap Stage). <i>OR</i> 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>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</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> For information about the costs <i>[insert as applicable: for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions]</i>, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</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>Stage 2: Initial Coverage Stage <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 you pay your share of the cost <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>The costs in this row are for a one-month <i>[insert number of days in a one-month supply]-day</i> supply when you fill your prescription at a network pharmacy. <i>[Plans that are changing the number of days in their one-</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: <i>[Insert name of Tier 1]:</i> <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>. <i>[Insert name of Tier 2]:</i> <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>. <i>[Repeat for all tiers]</i></p> <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] out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</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: <i>[Insert name of Tier 1]:</i> <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 other drugs on the same tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i> <i>[Insert name of Tier 2]:</i> <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</i></p>

Stage	2023 (this year)	2024 (next year)
<p><i>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.] For information about the costs [insert as applicable: for a long-term supply or for mail-order prescriptions], look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>. Most adult Part D vaccines are covered at no cost to you</p>		<p><i>same tier:</i> You pay \$[xx] per month supply of each covered insulin product on this tier.] <i>[Repeat for all tiers]</i></p> <hr/> <p>Once [insert as applicable: your total drug costs have reached \$[insert 2024 initial coverage limit], you will move to the next stage (the Coverage Gap Stage). OR you have paid \$[insert 2024 out-of-pocket threshold] out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</p>
<p>Stage 2: Initial Coverage Stage (continued) <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>		

[Insert section below if offering VBID Model Part D cost-sharing reduction or elimination and there are changes for CY2024.]

Changes to your VBID Part D Benefit

[VBID Model participating plans approved to offer Part D reduced or eliminated cost sharing should update this section to reflect coverage for any new VBID Model Part D cost sharing reduction or elimination that will be added for CY 2024 benefits, and all Part D changes in cost-sharing reduction or elimination for all VBID Model benefits for 2024.]

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 4, 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., a change in options for paying the monthly premium, change 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 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 prescription drug plan,
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section *[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 Part D sponsor name] [insert Plan/Part D sponsor in parentheses, as applicable, after listing required Part D sponsor 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 prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from [insert 2024 plan name].
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from [insert 2024 plan name].
 - You will automatically be disenrolled from [insert 2024 plan name] if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep [insert 2024 plan name] for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from [insert 2024 plan name]. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from [insert 2024 plan name]. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- 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 prescription drug plan or to a Medicare health plan 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 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 pharmacy network (*Pharmacy Directory*) 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). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

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