## *HealthPartners Journey Pace (PPO) offered by HealthPartners, Inc. (HPI)*

# Annual Notice of Changes for 2024

You are currently enrolled as a member of HealthPartners Journey Pace. 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 **healthpartners.com/medicare**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

### What to do now

**1. ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

   - If you don't join another plan by December 7, 2023, you will stay in HealthPartners Journey Pace.
   - 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 HealthPartners Journey Pace.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## Additional Resources

- Please contact our Member Services number at 952-883-6655 or 866-233-8734 for additional information. (TTY users should call 711.) Hours are:

  From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

  From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

  This call is free.
- This information is available in a different format, including large print. Please call Member Services if you need plan information 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 HealthPartners Journey Pace

- HealthPartners is a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.
- When this document says "we," "us," or "our", it means HealthPartners, Inc. When it says "plan" or "our plan," it means HealthPartners Journey Pace.

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# *Annual Notice of Changes* for 2024
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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for HealthPartners Journey Pace in several important areas. **Please note this is only a summary of costs**.

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Maximum out-of-pocket amounts** <br> This is the most you will pay out-of-pocket for your covered services. <br> (See Section 1.2 for details.) | From network providers: $6,000 <br> From network and out-of-network providers combined: $8,950 | From network providers: $6,000 <br> From network and out-of-network providers combined: $8,950 |
| **Doctor office visits** | Primary care visits: <br> In-Network: <br> $0 copay per visit <br> Out-of-Network: <br> 30% of the total cost <br><br> Specialist visits: <br> In-Network: <br> $40 copay per visit <br> Out-of-Network: <br> 30% of the total cost | Primary care visits: <br> In-Network: <br> $0 copay per visit <br> Out-of-Network: <br> 30% of the total cost <br><br> Specialist visits: <br> In-Network: <br> $40 copay per visit <br> Out-of-Network: <br> 30% of the total cost |
| **Inpatient hospital stays** | In-Network: <br> $300 copay per day for days 1-5; nothing for additional days per stay <br> Out-of-Network: <br> 30% of the total cost | In-Network: <br> $300 copay per day for days 1-5; nothing for additional days per stay <br> Out-of-Network: <br> 30% of the total cost |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible: $300 except for covered insulin products and most adult Part D vaccines.<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0 per prescription<br>• Drug Tier 2: $14 per prescription<br>• Drug Tier 3: $47 per prescription<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: 35% of the total cost<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 27% of the total cost<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays most of the cost for your covered drugs.<br>• For each prescription, you pay whichever of these is larger: either a coinsurance equal to 5% of the cost of the drug 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.). | Deductible: $300 except for covered insulin products and most adult Part D vaccines.<br><br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $0 per prescription<br>• Drug Tier 2: $14 per prescription<br>• Drug Tier 3: $47 per prescription<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 4: 35% of the total cost<br>You pay $35 per month supply of each covered insulin product on this tier.<br>• Drug Tier 5: 27% of the total cost<br><br>Catastrophic Coverage:<br>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must also continue to pay your Medicare Part B premium.) | $0 | $0 |
| **Optional supplemental benefit: Journey Comprehensive Dental Benefit** | $26.80 | $30.00 |

- 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.

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $6,000 | $6,000<br>Once you have paid $6,000 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Combined maximum out-of-pocket amount**<br>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services. | $8,950 | $8,950<br>Once you have paid $8,950 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year. |

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at **healthpartners.com/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 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

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

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

## Section 1.4 – Changes to Benefits and Costs for Medical Services

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

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Ambulance services (In-Network and Out-of-Network)** | You pay 20% of the total cost for air ambulance one-way trips. | You pay a $300 copay for air ambulance one-way trips. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Dental services (In-Network and Out-of-Network)** | | |
| • Preventive and Comprehensive Dental Services | The combined In-Network and Out-of-Network calendar year maximum benefit for covered preventive dental services is $2,000. | The combined In-Network and Out-of-Network calendar year maximum benefit for covered preventive and comprehensive dental services is $2,000. |
| o Cleanings (prophylaxis or periodontal maintenance recall) | Limited to twice per year | Limited to three per year. |
| o Full-mouth (panoramic) x-rays | Full-mouth (panoramic) x-rays are <u>not</u> covered. | You pay a $0 copay In-Network and 50% of the total cost Out-of-Network. Limited to once every three years. |
| o Comprehensive dental services | Comprehensive dental services are <u>not</u> covered. | You pay 50% of the total cost In-Network and Out-of-Network for the following services:<br>• Fillings<br>• Non-surgical periodontics (gum disease) – Limited to once every two years<br><br>*These services do not apply to your In-Network or Combined Out-of-Pocket Maximum amount for medical services.* |
| **Emergency care – inside the United States (In-Network and Out-of-Network)** | You pay a $110 copay per visit. | You pay a $120 copay per visit. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **HealthPartners Choice Card**<br><br>The HealthPartners Choice Card is a prepaid MasterCard® that includes an annual benefit maximum that you may use toward coverage of the non-Medicare covered items and services described below. You may choose to use for any one item or service or a combination of these items and services.<br><br>• Routine chiropractic services for the conservative management of neuromusculoskeletal disorders and related functional clinical conditions.<br>• Prescription eyewear, including eyeglasses (frames and lenses), upgrades, and/or contact lenses.<br>• TruHearing brand hearing aids through the plan's hearing aid benefit.<br>• Meal benefit through Mom's Meals® - Up to 21 meals for up to 28 days after each inpatient hospital or skilled nursing facility stay.<br><br>See the *Evidence of Coverage* for further details and limitations.<br><br>You will automatically be mailed the Choice Card in January. If you do not receive your card, please contact Member Services. | The Choice Card is not covered. | You pay a $0 copay for covered Choice Card items and services up to the annual benefit maximum of $300. Keep your card and it will be reloaded each January with the benefit maximum.<br><br>You pay all costs over $300. Once the card is exhausted, you will be responsible for the entire cost of items and services not otherwise covered.<br><br>To be covered, items and services must be provided by practitioners and facilities who are not excluded from or have not opted out of receiving payment from Medicare and who are licensed (when applicable) in the state where they perform services.<br><br>*Please note that this service does not apply to your In-Network or Combined Out-of-Pocket Maximum.* |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Outpatient diagnostic tests and therapeutic services and supplies (In-Network)**<br><br>• Radiation (radium and isotope) therapy including technician materials and supplies | You pay 20% of the total cost. | You pay a $75 copay. |
| **Partial hospitalization services and Intensive outpatient services (In-Network and Out-of-Network)** | You pay a $0 copay for partial hospitalization services received from In-Network providers.<br><br>You pay 30% of the total cost for partial hospitalization services received from Out-of-Network providers.<br><br>Intensive outpatient services are not covered. | You pay a $0 copay for partial hospitalization services and intensive outpatient services received from In-Network providers.<br><br>You pay 30% of the total cost for partial hospitalization services and intensive outpatient services received from Out-of-Network providers. |
| **Skilled nursing facility (SNF) care (In-Network)** | You pay a $0 copay per day for days 1-20.<br><br>You pay a $196 copay per day for days 21-80.<br><br>You pay a $0 copay per day for days 81-100. | You pay a $0 copay per day for days 1-20.<br><br>You pay a $203 copay per day for days 21-80.<br><br>You pay a $0 copay per day for days 81-100. |
| **Vision care (In-Network and Out-of-Network)**<br><br>• Non-Medicare covered prescription eyewear | You pay a $0 copay and all charges over $100 per calendar year.<br><br>The calendar year maximum benefit is combined for In-Network and Out-of-Network benefits. | Coverage is under the HealthPartners Choice Card benefit.<br><br>See HealthPartners Choice Card for more information. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Services Requiring Prior Authorization**<br><br>Outpatient diagnostic tests and therapeutic services and supplies | | |
| • Radiation (radium and isotope) therapy including technician materials and supplies | Services do not require prior authorization. | Services may require prior authorization. |
| • Other outpatient diagnostic tests - Diagnostic Radiology, including MRI and CT | Services do not require prior authorization. | Services may require prior authorization. |

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our "Drug List"

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

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

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

## Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, 2023, 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) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is $300.<br><br>During this stage, you pay $0 cost sharing for drugs on Tier 1 (Preferred Generic Drugs), $14 cost sharing for drugs on Tier 2 (Generic Drugs), and the full cost of drugs on Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) until you have reached the yearly deductible. | The deductible is $300.<br><br>During this stage, you pay $0 cost sharing for drugs on Tier 1 (Preferred Generic Drugs), $14 cost sharing for drugs on Tier 2 (Generic Drugs), and the full cost of drugs on Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) until you have reached the yearly deductible. |

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

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>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.** Most adult Part D vaccines are covered at no cost to you. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>**Tier 1 (Preferred Generic Drugs):** You pay $0 per prescription.<br>**Tier 2 (Generic Drugs):** You pay $14 per prescription.<br>**Tier 3 (Preferred Brand Drugs):** You pay $47 per prescription.<br>You pay $35 per month supply of each covered insulin product on this tier.<br>**Tier 4 (Non-preferred Drugs):** You pay 35% of the total cost.<br>You pay $35 per month supply of each covered insulin product on this tier.<br>**Tier 5 (Specialty Drugs):** You pay 27% of the total cost. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>**Tier 1 (Preferred Generic Drugs):** You pay $0 per prescription.<br>**Tier 2 (Generic Drugs):** You pay $14 per prescription.<br>**Tier 3 (Preferred Brand Drugs):** You pay $47 per prescription.<br>You pay $35 per month supply of each covered insulin product on this tier.<br>**Tier 4 (Non-preferred Drugs):** You pay 35% of the total cost.<br>You pay $35 per month supply of each covered insulin product on this tier.<br>**Tier 5 (Specialty Drugs):** You pay 27% of the total cost. |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)**<br>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.<br>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." | Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage). |

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs**.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

## Section 2.1 – If you want to stay in HealthPartners Journey Pace

**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 plan.

## Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, HealthPartners, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
    - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 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 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Senior LinkAge Line®.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line 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 Senior LinkAge Line at 1-800-333-2433. You can learn more about Senior LinkAge Line by visiting their website (https://mn.gov/senior-linkage-line/).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Minnesota Department of Human Services at 651-431-2414 or 800-657-3761.

# SECTION 6 Questions?

## Section 6.1 – Getting Help from our plan

Questions? We're here to help. Please call Member Services at 952-883-6655 or 866-233-8734. (TTY only, call 711.) We are available for phone calls **Oct. 1 through March 31** from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. 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 our plan. 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 **healthpartners.com/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 **healthpartners.com/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 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

### Visit the Medicare Website

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

### Read *Medicare & You 2024*

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