



## Medical Associates Freedom Plan (Cost) offered by Medical Associates Clinic Health Plan of Wisconsin (MAHP)

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Medical Associates Freedom Plan. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

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

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meets your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information see Section 2.2 of this document.**

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#### 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).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

- Check to see if your primary care doctors, specialists, hospitals, and other providers 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 the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Medical Associates Freedom Plan.
- To change to a Medicare Advantage health plan, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Medical Associates Freedom Plan.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Please contact our Member Services number at 1-866-821-1365 for additional information. (TTY users should call 1-800-735-2942.) Hours are 8:00 am to 8:00 pm CST, 7 days a week. This call is free.
- This document is available in other formats such as large print or alternate formats.

**About Medical Associates Freedom Plan**

- MAHP is a Cost Plan with a Medicare contract. Enrollment in MAHP depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Medical Associates Clinic Health Plan of Wisconsin (MAHP). When it says “plan” or “our plan,” it means Medical Associates Freedom Plan.

***Annual Notice of Changes for 2025***  
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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Medical Associates Freedom Plan in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b> See Section 1.1 for details.</p>	<p>\$203.00</p>	<p>\$213.00</p>
<p><b>Doctor office visits</b></p>	<p><b><u>Primary care visits:</u></b>                      \$0 copay per visit with a network provider                      \$15 copay per visit with an out of network provider                      (Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p> <p><b><u>Specialist visits:</u></b>                      \$0 copay per visit with a network provider                      \$15 copay per visit with an out of network provider                      (Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p>	<p><b><u>Primary care visits:</u></b>                      \$0 copay per visit with a network provider                      \$25 copay per visit with an out of network provider                      (Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p> <p><b><u>Specialist visits:</u></b>                      \$0 copay per visit with a network provider                      \$25 copay per visit with an out of network provider                      (Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p>

Cost	2024 (this year)	2025 (next year)
<b>Inpatient hospital stays</b>	<p>\$0 copay per benefit period with a network hospital/provider</p> <p>\$100 copay per day, up to maximum of 5 days, per benefit period with an out of network hospital/provider</p> <p>(Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p>	<p>\$0 copay per benefit period with a network hospital/provider</p> <p>\$500 copay per admission per benefit period with an out of network hospital/provider</p> <p>(Out of Network/non-contracted providers are under no obligation to treat Plan Members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out of network services).</p>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$203.00	\$213.00

**Section 1.2 – Changes to the Provider Network**

An updated directory is located on our website at [www.mahealthplans.com](http://www.mahealthplans.com). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

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 1.3 – 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.

Benefit	2024 (this year)	2025 (next year)
<p><b>Out of Network Benefits</b></p>	<p>Out of Network: You pay:</p> <ul style="list-style-type: none"> <li>• \$15 copay per office visit</li> <li>• \$15 copay per outpatient rehabilitation visit (physical, speech, occupational)</li> <li>• 20% coinsurance per same day surgery, maximum of \$500 per surgery (applicable on facility charges)</li> <li>• \$100 copay per inpatient day, maximum of \$500 per benefit period</li> </ul> <p>Out of Network Medicare eligible services covered up to Medicare allowable.</p> <p>Certain Medicare eligible services obtained out of network require a prior authorization before getting the care/treatment and can be reviewed at <a href="http://www.mahealthcare.com/insurance/products-and-services/managed-care/health-care-services/utilization-management">www.mahealthcare.com/insurance/products-and-services/managed-care/health-care-services/utilization-management</a> or call Member Services to find out if a prior authorization is required for the out of network care/treatment.</p>	<p>Out of Network: You pay:</p> <ul style="list-style-type: none"> <li>• \$25 copay per physician office visit</li> <li>• \$25 copay per outpatient rehabilitation visit (physical, speech, occupational)</li> <li>• Lesser of Medicare allowable charge or \$500 copay per outpatient surgery (same day surgery) done at an Ambulatory Surgical Center or Outpatient Hospital. Cost sharing applicable to facility charges.</li> <li>• \$500 copay per inpatient admission per benefit period</li> <li>• \$100 copay per test/image in an outpatient setting (infusion, CT scan, PET scan and MRI/MRA)</li> </ul> <p>Out of Network Medicare eligible services covered up to Medicare allowable.</p> <p>Certain Medicare eligible services obtained out of network require a prior authorization regardless of referral status before getting the care/treatment and can be reviewed at <a href="http://www.mahealthcare.com/insurance/products-and-services/managed-care/health-care-services/utilization-management">www.mahealthcare.com/insurance/products-and-services/managed-care/health-care-services/utilization-management</a> or call Member Services to find out if a prior authorization is required for the out of network care/treatment.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Medical Associates Freedom Plan

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different Medicare health plan or change to Original Medicare by December 7, you will automatically be enrolled in our Medical Associates Freedom 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 2025 follow these steps:

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

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan, if you don't already have one.

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 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Medical Associates Clinic Health Plan of Wisconsin 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 Medical Associates Freedom Plan.
- **To add a Medicare prescription drug plan or change to a different drug plan**, enroll in the new drug plan. You will continue to receive your medical benefits from Medical Associates Freedom Plan.
- **To change to Original Medicare with a prescription drug plan**, you must enroll in the new drug plan and ask to be disenrolled from Medical Associates Freedom Plan. Enrolling in the new drug plan will not automatically disenroll you from Medical Associates Freedom Plan. To disenroll from Medical Associates Freedom 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.
- 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 type of plan, like a Medicare Advantage plan, or make a change to your prescription drug coverage for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

If you want to change to a different Cost plan, you can do so anytime the plan is accepting members. The new plan will let you know when the change will take effect.

If you want to disenroll from our plan and have Original Medicare for next year, you can make the change up to December 31. The change will take effect on January 1, 2025.

#### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### SECTION 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 Wisconsin, the SHIP is called The Board on Aging and Long Term Care (BOALTC).

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. BOALTC 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 BOALTC at 1-800-242-1060. You can learn more about BOALTC by visiting their website [www.longtermcare.wi.gov](http://www.longtermcare.wi.gov).

## 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Medical Associates Freedom Plan

Questions? We’re here to help. Please call Member Services at 1-866-821-1365. (TTY only, call 1-800-735-2942.) We are available for phone calls 8:00 am to 8:00 pm CST, 7 days a week. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Medical Associates Freedom 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 [www.mahealthplans.com](http://www.mahealthplans.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

## Visit our Website

You can also visit our website at [www.mahealthplans.com](http://www.mahealthplans.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – Getting Help from Medicare

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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 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.