



Medical Associates Freedom Plan (Cost) offered by Medical Associates Health Plan, Inc. (MAHP)

Annual Notice of Changes for 2024

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. 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.**

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 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 Medical Associates Freedom Plan.
- To change to a Medicare Advantage health plan or Medicare prescription drug 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 Medical Associates Freedom Plan.
- 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 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 Health Plan, Inc. (MAHP). When it says “plan” or “our plan,” it means Medical Associates Freedom Plan.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Medical Associates Freedom Plan in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* See Section 1.1 for details.	\$188.00	\$193.00

Cost	2023 (this year)	2024 (next year)
Doctor office visits	<p><u>Primary care visits:</u> \$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><u>Specialist visits:</u> \$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><u>Primary care visits:</u> \$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><u>Specialist visits:</u> \$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>

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	<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>\$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>

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)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$188.00	\$193.00

Section 1.2 – Changes to the Provider Network

An updated directory is located on our website at 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 benefits and costs for certain medical services next year. The information below describes these changes.

Benefit Change	2023 (this year)	2024 (next year)
Prior Authorization Out of Network	Not required	Certain Medicare eligible services obtained out of network require a prior authorization before getting the care/treatment and can be reviewed at https://www.mahealthcare.com/insurance/products-and-services/managed-care/health-care-services/utilization-management . You may also call Member Services to find out if a prior authorization is required for the out of network care/treatment.

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 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 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), 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, Medical Associates Health Plan, Inc. (MAHP) 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, 2024.

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, 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, 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 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 Illinois, the SHIP is called Senior Health Insurance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Program (SHIP) at 1-800-252-8966. You can learn more about Senior Health Insurance Program (SHIP) by visiting their website www.state.il.us/aging/ship.

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).

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 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 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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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.



Provider Directory/Evidence of Coverage/Notice of Privacy Practice Notice

PROVIDER DIRECTORY:

There are 2 ways to access the MAHP Provider Directory (currently available):

- A. You can access the most current Provider Directory on our website at www.mahealthplans.com.
 1. Click on **Find A Provider** along the top
 2. Under the "I Want to" heading, click on "Find a Provider in My Plan Network"
 3. Enter Group Number or Member Number (found on your MAHP ID card). This may be all numbers or a combination of letters and numbers **OR** you can click on Medicare under the heading "I'm shopping for a plan" and select your plan.
 4. Search any of the following ways:
 - a. Search by Provider
 - b. Search by Hospital
 - c. View Entire Directory

- B. Contact MAHP Member Services for a current printed Provider Directory at 1-866-821-1365 or 563-584-4885, 8:00 am to 8:00 pm, CST, 7 days a week (TTY: 1-800-735-2942), request one at the website link provided above or memberservices@mahealthcare.com.

If you need help finding a network provider, please call MAHP Member Services at 563-584-4885 or 1-866-821-1365 or visit www.mahealthplans.com to access our online searchable directory.

EVIDENCE OF COVERAGE:

There are 2 ways to access the 2024 MAHP Evidence of Coverage (EOC) on or after October 15, 2023

- A. You can access the EOC on our website at www.mahealthplans.com.
 1. Click on **Products & Services** along the top
 2. Under the "Shop" heading, Click on "Medicare Plans"
 3. Under on Medicare Plan Options
 - a. Find your plan, click on View Plan Details
 - b. Click link under the 2024 Evidence of Coverage Heading

- B. Contact MAHP Member Services for a print copy of the 2024 Evidence of Coverage at 1-866-821-1365 or 563-584-4885, 8:00 am to 8:00 pm, CST, 7 days a week (TTY: 1-800-735-2942).

NOTICE OF PRIVACY PRACTICE:

The Notice of Privacy Practice may be viewed on our website at www.mahealthplans.com.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-821-1365. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-821-1365. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-821-1365。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-821-1365。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-821-1365. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-821-1365. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-821-1365 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-821-1365. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-821-1365 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-821-1365. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-821-1365. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-821-1365 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-821-1365. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-821-1365. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-821-1365. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-821-1365. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-866-821-1365にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。