



Perennial Advantage Freedom (HMO-POS) *offered by Perennial Advantage of Ohio, Inc.*

Annual Notice of Changes for 2024

You are currently enrolled as a member of Perennial Advantage Freedom (HMO). 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 PerennialAdvantage.com. 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 Perennial Advantage Freedom (HMO-POS).
- 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 Perennial Advantage Freedom (HMO-POS).
- 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 1-844-788-6986 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. This call is free.
- This document is also available in braille and in large print.
- **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 Perennial Advantage Freedom (HMO-POS)

- Perennial Advantage is an HMO-POS plan with a Medicare contract. Enrollment in Perennial Advantage depends on contract renewal. Perennial Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- When this document says "we," "us," or "our", it means Perennial Advantage of Ohio, Inc. When it says "plan" or "our plan," it means Perennial Advantage Freedom (HMO-POS).

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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 Perennial Advantage Freedom (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p> | \$0 | \$0 |
| <p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(See Section 2.2 for details.)</p> | \$3,900 | From network and out-of-network providers combined: \$3,900 |
| <p>Doctor office visits</p> | <p>Primary care visits: In-Network: \$0 copayment per visit</p> <p>Out-of-Network: Not applicable</p> <p>Specialist visits: In-Network: \$20 copayment per visit</p> <p>Out-of-Network: Not Applicable</p> | <p>Primary care visits: In-Network: \$0 copayment per visit</p> <p>Out-of-Network: \$0 copayment per visit</p> <p>Specialist visits: In-Network: \$20 copayment per visit</p> <p>Out-of-Network: \$20 copayment per visit</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---------------------------------|---|--|
| Inpatient hospital stays | <p>You pay a \$310 copayment each day for days 1 to 7 and \$0 copayment each day for days 8 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.</p> | <p>You pay a \$310 copayment each day for days 1 to 7 and \$0 copayment each day for days 8 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days. \$0 copayment for lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|--|
| <p>Part D prescription drug coverage (See Section 2.5 for details.)</p> | <p>Deductible: \$505 for your Tier 2, Tier 3, Tier 4, and Tier 5 drugs except for covered insulin products and most adult Part D vaccines</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$2 copayment • Drug Tier 2: \$15 copayment • Drug Tier 3: \$45 copayment • Drug Tier 4: \$95 copayment • Drug Tier 5: 25% coinsurance <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. • Beginning in 2024, there will be a \$0 cost share for members in the catastrophic stage. | <p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2: \$15 copayment • Drug Tier 3: \$45 copayment • You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: \$95 copayment • Drug Tier 5: 25% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from Perennial Advantage Freedom (HMO) to Perennial Advantage Freedom (HMO-POS).

We will mail you a new member ID card. If you have questions, or if your member ID card is damaged, lost, or stolen, call Member Services at 1-844-788-6986 (TTY users should call 711) and we will send you a new card.

You will see the new plan name reflected on future communications where the plan name is referenced.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|--|------------------|------------------|
| Monthly premium There is no change for the upcoming benefit year. (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |

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

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|---|
| <p>Combined maximum out-of-pocket amount</p> <p>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.</p> | <p>\$3,900</p> | <p style="text-align: center;">\$3,900</p> <p>Once you have paid \$3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p> |

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at PerennialAdvantage.com. 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 2.4 – 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) |
|----------------------------|---|--|
| Prior Authorization | <p>POS was not offered in 2023.</p> <p>Prior authorization is required for Physician Specialist Services.</p> <p>Prior authorization is required for Ground Ambulance Services.</p> | <p>Prior authorization is not required for Primary Care Physician Services or Physician Specialist Services using the POS benefit.</p> <p>Prior authorization is no longer required for Physician Specialist Services.</p> <p>Prior authorization is no longer required for Ground Ambulance Services.</p> |
| Point-of-Service | <p>POS is <u>not</u> covered.</p> | <p>POS is covered for the following benefit categories:</p> <ul style="list-style-type: none"> • Physician Specialist Services • Primary Care Providers <p>These services are covered out-of-network. See the Chapter 4 Medical Benefits Chart in your <i>Evidence of Coverage</i> for more information.</p> |
| Companion Care | <p><u>Not</u> covered.</p> | <p>\$0 copayment</p> <p>Our plan provides up to 60 hours of Companion Care annually. This benefit is available only to members with certain chronic conditions.</p> <p>See the list of conditions below to find out if you qualify: Dementia, Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer, Cardiovascular disorders, Chronic heart failure, Diabetes, End-stage liver disease, End-stage renal disease (ESRD), Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurological disorders, Stroke, Osteoarthritis, Hypertension, and Hyperlipidemia.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------------------------|---|--|
| Dental services | <p>Up to a \$1,000 credit every year for all additional preventive and comprehensive dental services.</p> <p><u>Not</u> covered for fluoride treatment(s).</p> <p>Limited to 1 x-ray(s) every year.</p> <p>Unlimited endodontic services every year.</p> <p>Unlimited extractions every year.</p> <p>Unlimited non-routine services every year.</p> | <p>Up to a \$1,600 credit every year for all additional preventive and comprehensive dental services.</p> <p>Limited to 2 fluoride treatment(s) every year.</p> <p>Limited to 1 preventive x-ray(s). One bitewing radiograph is covered annually. One panoramic radiograph or one complete series is covered every 3 years. Intraoral occlusal radiographs are covered twice a year.</p> <p>Limited to 1 endodontic service(s). Endodontic services are covered once per tooth per lifetime.</p> <p>Limited to 1 extraction(s). Simple and Surgical extractions are a covered benefit once per tooth per lifetime. The extraction of an impacted tooth is a covered benefit. Alveoloplasty services are covered once per site/quad per lifetime.</p> <p>Limited to 1 non-routine service(s). Palliative treatment of dental pain; 2 every calendar year. Occlusal guard, analysis, and adjustments are covered once every three (3) years. Teledentistry covered two (2) every calendar years.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|------|---|---|
| | <p>Unlimited periodontic services every year.</p> <p>Unlimited services every year.</p> | <p>Limited to 1 periodontic service(s). Scaling and root planing once per quadrant every two (2) years. Periodontal maintenance is a covered benefit two (2) per year. Gingival irrigation is a covered benefit once per quadrant every two (2) years. Covered periodontal services include gingivectomy one (1) per quadrant every three (3) years; osseous surgery once per site/quadrant every five (5) years; full mouth debridement once every two (2) years. Periodontal grafting services one (1) per site/quadrant every three (3) years.</p> <p>Limited to 1 service(s). Prosthodontic services include complete and partial dentures once per arch every five (5) years. Denture adjustments and repairs are a covered benefit once per arch every year. Denture relines are a covered benefit once per arch every two (2) years.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| Flex Card | <u>Not covered</u> | <p>\$0 copayment</p> <p>Members will receive a flex card with a \$125 quarterly credit to spend on over-the-counter (OTC) items and fitness and wellness products at preferred online and retail locations.</p> |
| Healthy Foods Box | <p>\$0 copayment</p> <p>Our plan will provide a Healthy Foods Box shipped directly to the member quarterly via Farmbox Rx.</p> | <p><u>Not covered.</u></p> |
| <p>This benefit is available only to members with certain chronic conditions. See the list of conditions below to find out if you qualify: Chronic alcohol and other drug dependence, Autoimmune disorders, Cancer, Cardiovascular disorders, Chronic heart failure, Dementia, Diabetes, End-stage liver disease, End-stage renal disease (ESRD), Severe hematologic disorders, HIV/AIDS, Chronic lung disorders, Chronic and disabling mental health conditions, Neurological disorders, and Stroke.</p> | | |
| Inpatient hospital care | <p>You pay a \$310 copayment each day for days 1 to 7 and \$0 copayment each day for days 8 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.</p> | <p>You pay a \$310 copayment each day for days 1 to 7 and \$0 copayment each day for days 8 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days.</p> <p>\$0 copayment for lifetime reserve days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| Medicare Part B prescription drugs - Chemotherapy/Radiation drugs | You pay a 20% coinsurance for each Medicare-covered service. | You pay a 0% - 20% coinsurance depending on the Medicare-covered service. |
| Medicare Part B prescription drugs- Part B drugs | You pay a 20% coinsurance for each Medicare-covered service. The plan offers step therapy for Part B to Part B. | You pay a 0% - 20% coinsurance depending on the Medicare-covered service. The plan offers step therapy for Part B to Part B. |
| Medicare Part B prescription drugs - Insulin drugs | You pay a 20% coinsurance for each Medicare-covered service. | You pay a 0% - 20% coinsurance depending on the Medicare-covered service. You pay a maximum of \$35. |
| Over-the-counter benefit | You are eligible for a \$100 credit per quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products selected from a plan provided health catalog. Credits carry forward to the next period if unused. | Members will receive a Flex Card of \$125 per quarter combined to be used on OTC catalog items and fitness and wellness products. Credits carry forward to the next period if unused. |
| Physician/Practitioner services, including doctor’s office visits - Specialist | You pay a \$20 copayment for each Medicare-covered service. Out-of-Network Not applicable | You pay a \$20 copayment for each Medicare-covered service. Out-of-Network You pay a \$20 copayment for each Medicare-covered service. |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| Skilled nursing facility (SNF) care | <p>You pay the 2023 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$200 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Medicare hospital benefit periods apply.</p> | <p>You pay the 2024 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$204 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay. Medicare hospital benefit periods apply.</p> |
| Additional telehealth services | <p>You pay a \$0 - \$20 copayment depending on the Medicare-covered service.</p> <p>Primary Care Physician Services, Kidney Disease Education Services, Diabetes Self-Management Training, and Physician Specialist services are covered telehealth benefits.</p> | <p>You pay a \$0 - \$35 copayment depending on the Medicare-covered service.</p> <p>Primary Care Physician Services, Kidney Disease Education Services, and Diabetes Self-Management Training, Physician Specialist Services, and Mental Health Specialty Services are covered telehealth benefits.</p> |
| Transportation (additional routine) | <p>\$0 copayment</p> <p>Members have a credit of \$550 every year to use towards routine transportation costs. Unlimited routine transportation trips. Coverage to a plan approved health-related location.</p> | <p>\$0 copayment</p> <p>Members have a credit of \$550 every year to use towards routine transportation costs. Unlimited routine transportation trips. Coverage to any health-related location</p> |

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our "Drug List" is 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 30th, 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) |
|--|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D 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.</p> | <p>The deductible is \$505.</p> <p>During this stage, you pay \$2 cost sharing for drugs on Tier 1: Preferred Generic and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Stage 2: Initial Coverage Stage 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.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic: You pay \$2 per prescription.</p> <p>Tier 2: Generic: You pay \$15 per prescription.</p> <p>Tier 3: Preferred Brand: You pay \$45 per prescription.</p> <p>Tier 4: Non-Preferred Brand: You pay \$95 per prescription.</p> <p>Tier 5: Specialty Tier: You pay 25% of the total cost.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2: Generic: You pay \$15 per prescription.</p> <p>Tier 3: Preferred Brand: You pay \$45 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Brand: You pay \$95 per prescription.</p> <p>Tier 5: Specialty Tier: You pay 25% of the total cost.</p> |

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| <p>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 <i>Evidence of Coverage</i>.</p> | <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> |

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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*.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Perennial Advantage Freedom (HMO-POS)

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 Perennial Advantage Freedom (HMO-POS).

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Perennial Advantage of Ohio, 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 Perennial Advantage Freedom (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Perennial Advantage Freedom (HMO-POS).
- 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 4 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 5 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 Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Ohio Senior Health Insurance Information Program (OSHIIP) 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 Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578. You can learn more about Ohio Senior Health Insurance Information Program (OSHIIP) by visiting their website (<https://insurance.ohio.gov/about-us/divisions/oshiip>).

SECTION 6 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 Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-777-4775.

SECTION 7 Questions?

Section 7.1 – Getting Help from Perennial Advantage Freedom (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-844-788-6986. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 Perennial Advantage Freedom (HMO-POS). 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 PerennialAdvantage.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 PerennialAdvantage.com. 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 7.2 – 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.

Multi-Language Insert

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 1-844-788-6986. 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 1-844-788-6986. 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 1-844-788-6986。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 1-844-788-6986。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-788-6986. 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 1-844-788-6986. 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 1-844-788-6986 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 1-844-788-6986. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-788-6986 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 1-844-788-6986. 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 سيقوم شخص ما يتحدث العربية 1-844-788-6986 على مترجم فوري، ليس عليك سوى الاتصال بنا على 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 1-844-788-6986 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 1-844-788-6986. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-844-788-6986. 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 1-844-788-6986. 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 1-844-788-6986. 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に、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、1-844-788-6986 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。