Mount Carmel MediGold Cash Back No Premium (HMO) offered by Mount Carmel Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of MediGold Mount Carmel Cash Back No Premium (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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.mountcarmelhealth.com/medicare/for-members/view-coverage-benefits. 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 Mount Carmel MediGold Cash Back No Premium (HMO).
- 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 MediGold Mount Carmel Cash Back No Premium (HMO).
- 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 1-800-240-3851 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. This call is free.
- This document may be available in alternate formats such as braille, large print or audio.
- **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 Mount Carmel MediGold Cash Back No Premium (HMO)

- Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Mount Carmel Health Plan, Inc.. When it says “plan” or “our plan,” it means Mount Carmel MediGold Cash Back No Premium (HMO).

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Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Mount Carmel MediGold Cash Back No Premium (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$5,900	$5,900
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $40 per visit	Primary care visits: $0 per visit Specialist visits: $40 per visit
Inpatient hospital stays	$425 copay per day for days 1-4 $0 copay per day after day 4	$450 copay per day for days 1-4 $0 copay per day after day 4
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $150 (for drugs in Tier 3, Tier 4 and Tier 5), except for covered insulin products and most adult Part D vaccines. Copays/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $10	Deductible: $150 (for drugs in Tier 3, Tier 4 and Tier 5), except for covered insulin products and most adult Part D vaccines. Copays/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 • Drug Tier 2: $10

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 3: $47 You pay $35 per month supply of each covered insulin product on this tier.	• Drug Tier 3: $47 You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 4: $100	• Drug Tier 4: $100 You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 5: 30% You pay $35 per month supply of each covered insulin product on this tier.	• Drug Tier 5: 30% You pay $35 per month supply of each covered insulin product on this tier.
	Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For example: For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from MediGold Mount Carmel Cash Back No Premium (HMO) to Mount Carmel MediGold Cash Back No Premium (HMO).

You will receive new ID cards reflecting the plan name change in late November. All additional communications about your plan going forward will reflect your new plan name.

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 (You must also continue to pay your Medicare Part B premium.)	$0	No change: $0
Medicare Part B Premium Reduction	Your Medicare Part B Premium will be reduced by $50 per month	Your Medicare Part B Premium will be reduced by $150 per month

- 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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$5,900	No change: $5,900 Once you have paid $5,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.mountcarmelhealth.com/medicare/find-a-provider. 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)
Inpatient Acute Medicare-covered stay	**In-Network:** You pay a $425 copayment for days 1-4. You pay a $0 copayment for days 5-90.	**In-Network:** You pay a $450 copayment for days 1-4. You pay a $0 copayment for days 5-90.
Inpatient Psychiatric Medicare-covered	**In-Network:** You pay a $425 copayment for days 1-4. You pay a $0 copayment for days 5-90.	**In-Network:** You pay a $450 copayment for days 1-4. You pay a $0 copayment for days 5-90.
Medicare-covered Cardiac Rehabilitation Services	**In-Network:** You pay $40 copay for this benefit.	**In-Network:** You pay $35 copay for this benefit.
Medicare-covered Diagnostic Procedures Tests	**In-Network:** You pay $0 minimum copay for this benefit. You pay $50 maximum copay for this benefit.	**In-Network:** You pay $50 copay for this benefit.
Medicare-covered Diagnostic Radiological Services	**In-Network:** You pay $250 minimum copay for this benefit.	**In-Network:** You pay $295 minimum copay for this benefit.
Medicare-covered Intensive Cardiac Rehabilitation Services	**In-Network:** You pay $40 copay for this benefit.	**In-Network:** You pay $35 copay for this benefit.
Medicare-covered Pulmonary Rehabilitation Services	**In-Network:** You pay $20 copay for this benefit.	**In-Network:** You pay $15 copay for this benefit.

Cost	2023 (this year)	2024 (next year)
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	**In-Network:** You pay $20 copay for this benefit.	**In-Network:** You pay $15 copay for this benefit.
Outpatient Hospital Services	Prior authorization required.	Prior authorization not required.
Skilled Nursing Facility (SNF) Medicare-covered stay	Prior authorization required. **In-Network:** You pay a $0 copayment for days 1-20. You pay a $196 copayment for days 21-58. You pay a $0 copayment for days 59-100.	Prior authorization not required. **In-Network:** You pay a $0 copayment for days 1-20. You pay a $203 copayment for days 21-56. You pay a $0 copayment for days 57-100.
Supplemental Vision/Hearing Allowance	**In-Network:** Supplemental Vision/Hearing Allowance is not covered.	**In-Network:** You receive $1,000/year on your Flex Card to apply towards out-of-pocket costs for covered Vision/Hearing services. For a complete description of covered Vision/Hearing services, please refer to Chapter 4, Section 2.1 of your *Evidence of Coverage*.

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. You can get the complete "Drug List" by calling Member Services or visiting our website at www.mountcarmelhealth.com/medicare/pharmacy-and-drug-benefits/formulary.

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 During this stage, **you pay the full cost** of your 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 $150 During this stage, you pay $0 cost sharing for drugs on Tier 1, $10 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.	The deductible is $150 During this stage, you pay $0 cost sharing for drugs on Tier 1, $10 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4 and Tier 5 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 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.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic):** You pay $0 per prescription. **Tier 2 (Generic):** You pay $10 per prescription. **Tier 3 (Preferred Brand):** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred Brand):** You pay $100 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 (Preferred Generic):** You pay $0 per prescription. **Tier 2 (Generic):** You pay $10 per prescription. **Tier 3 (Preferred Brand):** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 (Non-Preferred Brand):** You pay $100 per prescription.

Stage	2023 (this year)	2024 (next year)
your *Evidence of Coverage*. 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. Most adult Part D vaccines are covered at no cost to you.	**Tier 5 (Specialty Tier):** You pay 30% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 (Specialty Tier):** You pay 30% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. _____ 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. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

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

SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
Diabetic Testing Supplies	Available through designated network providers. No specified meters or test strips.	Available through all network pharmacies. Members must utilize Accu-Chek or

Description	2023 (this year)	2024 (next year)
		OneTouch meters and test strips.
Flex Card	No Supplemental Vision/Hearing Allowance	The $1,000 Supplemental Vision/Hearing Allowance is administered through a Flex Card. Call (800) 240-3851 (TTY 771) for details.
Member Rewards	Member Rewards on a prepaid MasterCard	Our Member Rewards program is administered through a Flex Card and allows you to earn rewards for completing healthy activities, and is offered to all new and existing members. Notification of personalized reward offerings will be received via mail. Call (800) 240-3851 (TTY 711) for details.
Plan Name	The plan name is MediGold Mount Carmel Cash Back No Premium (HMO).	The plan name is Mount Carmel MediGold Cash Back No Premium (HMO).
Service Area	Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Crawford, Darke, Defiance, Delaware, Fairfield, Fayette, Franklin, Fulton, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Lucas, Madison, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa,	Adams, Allen, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Crawford, Darke, Defiance, Delaware, Fairfield, Fayette, Franklin, Fulton, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Lucas, Madison, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan,

Description	2023 (this year)	2024 (next year)
	Paulding, Perry, Pickaway, Pike, Preble, Putnam, Ross, Seneca, Shelby, Union, Vinton, Warren, Washington, Wood, Wyandot Counties in Ohio	Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Preble, Putnam, Ross, Seneca, Shelby, Union, Van Wert, Vinton, Warren, Washington, Wood, Wyandot Counties in Ohio

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Mount Carmel MediGold Cash Back No Premium (HMO)

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 Mount Carmel MediGold Cash Back No Premium (HMO).

Section 4.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare 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 6), or call Medicare (see Section 8.2). As a reminder, Mount Carmel Health Plan, Inc. offers other Medicare health plans *AND/OR* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Mount Carmel MediGold Cash Back No Premium (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Mount Carmel MediGold Cash Back No Premium (HMO).
- 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 5 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 6 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.

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 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 at 1-800-686-1578. You can learn more about Ohio Senior Health Insurance Information Program by visiting their website (insurance.ohio.gov/about-us/divisions/oshiip).

SECTION 7 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 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - The Ohio Department of Medicaid at 1-800-324-8680 (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 Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call OHDAP at 1-800-777-4775.

SECTION 8 Questions?

Section 8.1 – Getting Help from Mount Carmel MediGold Cash Back No Premium (HMO)

Questions? We're here to help. Please call Member Services at (800) 240-3851. (TTY only, call 711). We are available for phone calls 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. 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 Mount Carmel MediGold Cash Back No Premium (HMO). 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.mountcarmelhealth.com/medicare/for-members/view-coverage-benefits. 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.mountcarmelhealth.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 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare 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.

Notice of Nondiscrimination

Mount Carmel MediGold complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (which includes gender identity, gender expression and/or pregnancy). Mount Carmel MediGold does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, sex or gender. Mount Carmel MediGold:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
    - Provides free language services to people whose primary language is not English, such as:
        - Qualified interpreters
        - Information written in other languages

If you need these services, contact Member Services.

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, sex or gender, you can file a grievance with: Daniel Hayes, Member Services Manager, 3100 Easton Square Place, Third Floor - Health Plan, Columbus, OH 43219, 1-800-240-3851 (TTY 711), 1-833-802-2200 fax, HealthPlanAppeals@trinity-health.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Daniel Hayes, Member Services Manager, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at *www.hhs.gov/ocr/complaints/index.html*.

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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711)。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 1-800-240-3851 (TTY 711)。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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 quí vị cần thông dịch viên xin gọi 1-800-240-3851 (TTY 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). **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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711). 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 1-800-240-3851 (TTY 711).. 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 ますございます。通訳をご用命になるには、1-800-240-3851 (TTY 711).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。

Somali: Waxaan leenahay adeegyo turjumaan oo lacag la'aan ah si aan uga jawaabno su'aalo kasta oo aad ka qabtid caafimaadkayaga ama qorshahayaga daawo ahaaneed. Si aad u hesho turjumaan, kaliya naga soo wac 1-800-240-3851 (TTY 711). Qof ku hadla luuqada Soomaliga ayaa ku caawin kara. Adeegani waa lacag la'aan.

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