



Cooperative Advantage (HMO D-SNP) offered by Group Health Cooperative of Eau Claire

Annual Notice of Changes for 2024

You are currently enrolled as a member of Cooperative Advantage (HMO D-SNP). 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 you 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 <https://group-health.com/cooperative-advantage>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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.

Cooperative Advantage (HMO D-SNP) Annual Notice of Changes for 2024

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 Cooperative Advantage (HMO-DSNP).
- 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 Cooperative Advantage (HMO-DSNP).
- 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 1-800-460-4641 for additional information. (TTY users should call 711). Hours of operation from April 1 - September 30 are Monday through Friday, 8:00 A.M. to 8:00 P.M. From October 1 - March 31, hours of operation are 8:00 A.M. to 8:00 P.M., seven days a week. This call is free.
- Our plan has free interpreter services available to answer questions from non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services.
- **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 Cooperative Advantage (HMO D-SNP)

- Cooperative Advantage is run by Group Health Cooperative of Eau Claire, a private, community-based, non-profit health plan. Like all Medicare Advantage Plans, this Medicare Special Needs Plan is approved by Medicare.

Cooperative Advantage (HMO D-SNP) Annual Notice of Changes for 2024

The plan also has a contract with the Wisconsin Medicaid program to coordinate your Medicaid benefits. We are pleased to be providing your Medicare and Medicaid health care coverage, including your prescription drug coverage.

- When this document says “we,” “us,” or “our,” it means Group Health of Eau Claire. When it says “plan” or “our plan,” it means Cooperative Advantage (HMO D-SNP).

Annual Notice of Changes for 2024

Table of Contents

Summary of Important Costs for 2024.....	5
SECTION 1 Changes to Benefits and Costs for Next Year.....	7
Section 1.1 - Changes to the Monthly Premium	7
Section 1.2 - Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 1.3 - Changes to the Provider and Pharmacy Networks.....	8
Section 1.4 - Changes to Benefits and Costs for Medical Services.....	8
Section 1.5 - Changes to Part D Prescription Drug Coverage.....	11
SECTION 2 Deciding Which Plan to Choose.....	14
Section 2.1 - If you want to stay in Cooperative Advantage (HMO D-SNP)	14
Section 2.2 - If you want to change plans.....	14
SECTION 3 Changing Plans.....	15
SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid	16
SECTION 5 Programs That Help Pay for Prescription Drugs	16
SECTION 6 Questions?.....	17
Section 6.1 - Getting Help from Cooperative Advantage (HMO D-SNP)	17
Section 6.2 - Getting Help from Medicare.....	17
Section 6.3 - Getting Help from Medicaid.....	18

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Cooperative Advantage (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

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
Doctor office visits	Primary care visits: \$0 per visit. Specialist visits: \$0 per visit.	Primary care visits: \$0 per visit. Specialist visits: \$0 per visit
Inpatient Hospital Care	In 2023, the Original Medicare-defined cost-sharing amounts for each benefit period were: <ul style="list-style-type: none"> • \$1,556 deductible for days 1-60; • \$389 copayment each day for days 61-90; • \$778 copayment each day for days 91-150 (lifetime reserve days) 	\$0 copayment
Part D prescription drug coverage (See Section 1.5 for details.)	\$0 deductible \$0 copayment	\$0 deductible \$0 copayment

Cooperative Advantage (HMO D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$8,300	\$8,850

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 - Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.	\$0	\$0

Section 1.2 - 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 Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,300	\$8,850

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at <https://group-health.com/cooperative-advantage>. 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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

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)
Fitness Program	<u>Not</u> covered.	\$0.00 copayment The plan covers 32 monthly credits available to use towards a contracted network of gyms, local fitness studio or community center.
Over-the-Counter Drugs	<u>Not</u> covered.	\$0.00 copayment The plan covers up to \$55.00 each month for specific Over-the-Counter (OTC) drugs or health-related items.

Cooperative Advantage (HMO D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
Meals - Post-discharge	<u>Not</u> covered.	\$0.00 copayment. The plan covers 28 home-delivered meals after qualifying discharge from hospital.
Special Supplemental Benefits for Chronically Ill Food Program	<u>Not</u> covered.	\$100.00 allowance for food each month. Members with one or more of the chronic conditions as listed in the Evidence of Coverage qualify for the food allowance each month.
Podiatry services¹ Supplemental	<u>Not</u> covered.	20% coinsurance. Unlimited routine foot care visits each year. This plan covers additional foot care services not covered by Original Medicare: Removal or cutting of corns or calluses, trimming nails and other hygienic and preventive care in the absence of localized illness, injury, or symptoms involving the feet.
Transportation	<u>Not</u> covered.	\$0.00 copayment This plan offers coverage for 40, one-way trips to plan-approved location every year. Trips limited to 60 miles.

Cooperative Advantage (HMO D-SNP) Annual Notice of Changes for 2024

Cost	2023 (this year)	2024 (next year)
Vision Services	\$0 copayment for Medicare-covered services.	<p>\$0 copayment for Medicare-covered services</p> <p>\$0 copayment for one (1) routine eye exam, including refraction, every calendar year.</p> <p>Plan pays up to \$500 for eyeglasses or contact lenses every year.</p>
Hearing Services	<p>Hearing exam: One routine exam per year.</p> <p>Hearing aids: One set hearing aids per year.</p> <p>20% coinsurance for Medicare covered services.</p>	<p>\$0 copayment for Medicare-covered exams.</p> <p>\$0 copayment, one (1) per year routine hearing exam.</p> <p>Plan pays up to \$2,000 for hearing aids every 3 years. Plan covers up to two (2) covered hearing aids (one (1) hearing aid for \$0 copayment out of pocket per ear).</p>
Dental Services	\$0 copayment for Medicare-covered services.	<p>\$0 copayment for Medicare-covered services.</p> <p>\$0 copayment for exams, cleanings, X-rays and fluoride treatments every year for up to 2 visits.</p> <p>Maximum benefit of \$1,000 per year.</p> <p>Plan covers non-routine diagnostic, and restorative services, endodontics, periodontics, and extractions.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically at <https://group-health.com/cooperative-advantage>.

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

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

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.**

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>The deductible is \$0.</p>	<p>The deductible is \$0. 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</p> <p>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. The costs in this row are for a one-month (up to 31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions], look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>\$0 copayment.</p>	<p>\$0 copayment.</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.**

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Cooperative Advantage (HMO D-SNP)

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 Cooperative Advantage (HMO D-SNP).

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.

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 [\[edit section number as needed\]](#) 6), or call Medicare (see Section [\[edit section number as needed\]](#) 8.2).

Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Cooperative Advantage (HMO D-SNP).
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Cooperative Advantage (HMO D-SNP).
- **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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 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.

Because you have Cooperative Advantage (HMO D-SNP) you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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 SHIP at 800-242-106. You can learn more about SHIP by visiting their website <https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>

For questions about your Wisconsin benefits, contact Forward Health at 800-362-3002, *TTY, and days and hours of operation.* <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm> . Ask how joining another plan or returning to Original Medicare affects how you get your BadgerCare coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 Wisconsin AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 800-991-5532.

SECTION 6 Questions?

Section 6.1 – Getting Help from Cooperative Advantage (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-800-460-4641. (TTY only, call 711) We are available for phone calls: October 1 – March 31, 8 AM to 8 PM, 7 days a week and April 1 – September 30, 8 AM to 8 PM, Monday through Friday. 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 Cooperative Advantage (HMO D-SNP). 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 <https://group-health.com/cooperative-advantage>. 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 <https://group-health.com/cooperative-advantage>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 - Getting Help from Medicaid

To get information from Medicaid you can call 800-362-3002 Monday-Friday, 8 a.m-6 p.m. TTY users should call 711.