

Cooperative Advantage (HMO D-SNP)

offered by Group Health Cooperative of Eau Claire

Annual Notice of Changes for 2025

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>. To request a copy be mailed to you, call our Member Services number at 1-800-460-4641. (TTY users should call 711). Our 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.

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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

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

Additional Resources

- Please contact our Member Services number at 1-800-460-4641 for additional information. (TTY users should call 711). Our 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

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. 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 Cooperative of Eau Claire. When it says “plan” or “our plan,” it means Cooperative Advantage (HMO D-SNP).

**Annual Notice of Changes for 2025
Table of Contents**

Summary of Important Costs for 2025 5

SECTION 1 Changes to Benefits and Costs for Next Year 6

Section 1.1 – Changes to the Monthly Premium 6

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount..... 6

Section 1.3 – Changes to the Provider and Pharmacy Networks..... 6

Section 1.4 – Changes to Benefits and Costs for Medical Services 7

Section 1.5 – Changes to Part D Prescription Drug Coverage 8

SECTION 2 Deciding Which Plan to Choose..... 10

Section 2.1 – If you want to stay in Cooperative Advantage 10

Section 2.2 – If you want to change plans 11

SECTION 3 Deadline for Changing Plans..... 11

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid 12

SECTION 5 Programs That Help Pay for Prescription Drugs 12

SECTION 6 Questions?..... 13

Section 6.1 – Getting Help from Cooperative Advantage 13

Section 6.2 – Getting Help from Medicare 14

Section 6.3 – Getting Help from Medicaid 14

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for the Cooperative 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 | 2024 (this year) | 2025 (next year) |
|--|---|---|
| Monthly plan premium* * Your premium may be higher than this amount. (See Section 1.1 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 stays | \$0 copayment | \$0 copayment |
| Part D prescription drug coverage (See Section 1.5 for details.) | \$0 deductible \$0 copayment | \$0 deductible \$0 copayment |
| 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. services. (See Section 1.2 for details.) | \$8,850 | \$9,350 |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2024 (this year) | 2025 (next year) |
|---|------------------|------------------|
| Monthly premium | \$0 | \$0 |
| <p>There is no change for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p> | | |

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 | 2024 (this year) | 2025 (next year) |
|--|------------------|------------------|
| Maximum out-of-pocket amount | \$8,850 | \$9,350 |
| <p>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.</p> <p>Once you have paid \$9,350 out of pocket for covered services, you will pay nothing for your services for the rest of the calendar year.</p> | | |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also 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 no changes to our network of providers for next year.

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 | 2024 (this year) | 2025 (next year) |
|---|--|---|
| Cardiac and Pulmonary Rehab services | \$0 copayment | <u>Not</u> covered as a supplemental benefit |
| Over-the-Counter Drugs | \$0 copayment The plan covers up to \$55 each month for specific Over-the-Counter (OTC) drugs or health-related items. | \$0 copayment The plan covers up to \$70 each month for specific Over-the-Counter (OTC) drugs or health-related items. |
| Podiatry services | 20% coinsurance | <u>Not</u> covered |
| Supplemental | 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. | |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|--|
| Special Supplemental Benefits for Chronically Ill Food Program | \$100 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. | \$125 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. |
| Over-the-Counter Drugs | \$55 allowance for OTC drugs or health related items. | \$70 allowance for OTC drugs or health related items. |

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 have not made any changes to our Drug List at this time for next year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change

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.)

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|---|
| <p>Stage 1: Yearly Deductible Stage</p> | <p>\$0 deductible</p> <p>Because we have no deductible, this payment stage does not apply to you.</p> | <p>\$0 deductible</p> <p>Because we have no deductible, this payment stage does not apply to you.</p> |
| <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 Evidence of Coverage.</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> | <p>\$0 copayment</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2024 (this year) | 2025 (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>\$0 copayment</p> | <p>\$0 copayment</p> |

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

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

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.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Cooperative Advantage.
- 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 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, 2025.

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

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

Because you have Cooperative Advantage you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

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

SECTION 4 Programs That Offer Free Counseling about Medicare 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 888-701-1251, and 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. Below, we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your

prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” 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.
- 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. To be eligible for the ADAP operating in your State, 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 800-991-5532. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 6 Questions?

Section 6.1 – Getting Help from Cooperative Advantage

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Cooperative. 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 2025*

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

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.