



The Catholic Diocese of Cleveland
Group Number – 815903

2021 Annual Notice of Changes

MedMutual Advantage PPO Plan

MedMutual Advantage PPO offered by Medical Mutual of Ohio (Medical Mutual)

Annual Notice of Changes for 2021

You are currently enrolled as a member of MedMutual Advantage PPO. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You can make changes to your Medicare coverage for next year during your group's open enrollment period.**

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.**
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.**
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost-sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your doctors and other providers will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

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

- If you don't join another plan during your group's open enrollment, you will be enrolled in MedMutual Advantage PPO.
- To change to a **different plan** that may better meet your needs, you can switch plans during your group's open enrollment period.

3. ENROLL: To change plans, join a plan during your group's open enrollment period.

- If you **don't join another plan during open enrollment**, you will be enrolled in MedMutual Advantage PPO.
- If you **join another plan during open enrollment**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Care number at 1-800-801-4823 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options.
- This booklet is available in alternate formats (e.g., braille, large print, audio tapes).
- **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 MedMutual Advantage PPO

- MedMutual Advantage PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage PPO plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage PPO.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for MedMutual Advantage PPO in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at MedMutual.com/MAGroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p>Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.</p>	<p>Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.</p>
<p>Deductible</p>	<p>\$125</p>	<p>\$125</p>
<p>Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$1,000 From network and out-of-network providers combined: \$1,000</p>	<p>From network providers: \$1,000 From network and out-of-network providers combined: \$1,000</p>
<p>Doctor office visits</p>	<p><u>In Network and Out of Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit</p>	<p><u>In Network and Out of Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit</p>
<p>Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p><u>In Network and Out of Network</u> Day 1 and thereafter: \$0 copay</p>	<p><u>In Network and Out of Network</u> Day 1 and thereafter: \$0 copay</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Preferred retail and mail-order pharmacies: • \$0 copay per prescription</p>	<p>Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Preferred retail and mail-order pharmacies: • \$0 copay per prescription</p>

Cost	2020 (this year)	2021 (next year)
	<p>for up to a 30-day supply</p> <ul style="list-style-type: none"> • \$0 copay per prescription for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$5 copay per prescription for up to a 30-day supply • \$10 copay per prescription for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 15% of the total cost (\$20 min./\$70 max. per prescription) for up to a 30-day supply • 15% of the total cost (\$60 min./\$150 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 20% of the total cost (\$25 min./\$75 max. per prescription) for up to a 30-day supply • 20% of the total cost (\$65 min./\$155 max. per prescription) for up to a 90-day supply <p><u>Drug Tier 4:</u></p> <p>Preferred retail and mail-order pharmacies:</p>	<p>for up to a 30-day supply</p> <ul style="list-style-type: none"> • \$0 copay per prescription for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$5 copay per prescription for up to a 30-day supply • \$10 copay per prescription for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 15% of the total cost (\$20 min./\$70 max. per prescription) for up to a 30-day supply • 15% of the total cost (\$60 min./\$150 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 20% of the total cost (\$25 min./\$75 max. per prescription) for up to a 30-day supply • 20% of the total cost (\$65 min./\$155 max. per prescription) for up to a 90-day supply <p><u>Drug Tier 4:</u></p> <p>Preferred retail and mail-order pharmacies:</p>

Cost	2020 (this year)	2021 (next year)
	<ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply <p><u>Drug Tier 5:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply 	<ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply <p><u>Drug Tier 5:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply
<p>Pharmacy maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered prescription drugs.</p>	<p>\$1,000</p>	<p>\$1,000</p>

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	<p>Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.</p>	<p>Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group's benefit administrator will let you know the amount you owe and how to pay.</p>

Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
<p>In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$1,000</p>	<p>\$1,000 (No change from 2020) Once you have paid \$1,000 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 providers for the rest of the calendar year.</p>
<p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$1,000</p>	<p>\$1,000 (No change from 2020) Once you have paid \$1,000 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 1.3 Changes to the Provider Network

Our network has changed more than usual for 2021. An updated Provider Directory is located on our website at MedMutual.com/MAGroup. You may also call Customer Care for updated provider information or to ask us to mail you a Provider Directory. **We strongly suggest that you review our current Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are still in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2021. An updated *Pharmacy Directory* is located on our website at MedMutual.com/MAGroup. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

Section 1.5 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p>Prior authorization requirements – see Chapter 4, Section 2.1 of your Evidence of Coverage for details</p>	<p>Prior approval is required for certain services in these categories:</p> <ul style="list-style-type: none"> • Ambulance services • Cardiac rehabilitation services • Durable medical equipment (DME) and related supplies • Home health agency care • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic tests and therapeutic services and supplies • Outpatient hospital services • Outpatient rehabilitation services • Outpatient surgery • Physician/practitioner services • Prosthetic devices and related supplies • Pulmonary rehabilitation • Skilled nursing facility (SNF) care • Supervised Exercise Therapy (SET) 	<p>Prior authorization rules may apply for certain services in these categories – contact the plan for details:</p> <ul style="list-style-type: none"> • Ambulance services • Cardiac rehabilitation services • Durable medical equipment (DME) and related supplies • Home health agency care • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic tests and therapeutic services and supplies • Outpatient hospital services • Outpatient rehabilitation services • Outpatient surgery • Physician/practitioner services • Prosthetic devices and related supplies • Pulmonary rehabilitation • Skilled nursing facility (SNF) care • Supervised Exercise Therapy (SET) • Acupuncture for chronic low back pain • Home Meals Program • Opioid treatment program services • Podiatry services
<p>Pulmonary rehabilitation services</p>	<p>The benefit description does not reference hyperbaric or respiratory therapy.</p>	<p>The benefit description notes that hyperbaric and respiratory rehabilitation services are included in this benefit.</p>

Section 1.6 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If after review of the Drug List you determine your drug(s) are restricted in some way (example: we have placed a prior authorization, step therapy, or quantity limit on it, or it doesn't appear at all), you may receive a temporary supply of your medication in the qualifying transition period.

We will continue to cover your approved exception request through the documented approval period. You will have to submit a new request upon the expiration date of your approved exception.

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.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

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 does 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 haven't received this insert by your group's open enrollment period, please call Customer Care and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year 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. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at MedMutual.com/MAGroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (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>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 <i>Evidence of Coverage</i>.</p> <p>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</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1 (Preferred Generic Drugs): Standard cost-sharing: You pay \$10 copay per prescription (retail). Preferred cost-sharing: You pay \$0 copay per prescription (retail or mail order).</p> <p>Tier 2 (Generic Drugs): Standard cost-sharing: You pay \$10 copay per prescription (retail). Preferred cost-sharing: You pay \$5 copay per prescription (retail or mail order).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1 (Preferred Generic Drugs): Standard cost-sharing: You pay \$10 copay per prescription (retail). Preferred cost-sharing: You pay \$0 copay per prescription (retail or mail order).</p> <p>Tier 2 (Generic Drugs): Standard cost-sharing: You pay \$10 copay per prescription (retail). Preferred cost-sharing: You pay \$5 copay per prescription (retail or mail order).</p>

Stage	2020 (this year)	2021 (next year)
the Drug List.	<p>Tier 3 (Preferred Brand Drugs): <i>Standard cost-sharing:</i> You pay 20% of the total cost (\$25 min./\$75 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 15% of the total cost (\$20 min./\$70 max. per prescription) (retail or mail order).</p> <p>Tier 4 (Non-Preferred Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Tier 3 (Preferred Brand and Generic Drugs): <i>Standard cost-sharing:</i> You pay 20% of the total cost (\$25 min./\$75 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 15% of the total cost (\$20 min./\$70 max. per prescription) (retail or mail order).</p> <p>Tier 4 (Non-Preferred Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$6,550 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage 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 information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

The chart below shows some additional changes.

Description	2020 (this year)	2021 (next year)
Customer Care hours	Customer care hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).	Customer Care hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays).
Disease Management Program name change	The Disease Management Program is listed under the health and wellness programs in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .	The Chronic Condition Management Program is listed under the health and wellness programs in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .
Drug Assistance Program listings	Drug assistance program information is provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> .	Drug assistance program information provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> has been updated.
Medicaid Agency listings	Medicaid agency information is provided in Appendix 2 of your <i>Evidence of Coverage</i> .	Medicaid agency information provided in Appendix 2 of your <i>Evidence of Coverage</i> has been updated.
Part D Prescription Drugs – Contact information	The phone number for coverage decisions and appeals is 1-800-935-6103.	The phone number for coverage decisions and appeals is 1-844-374-7377 (1-844-ESI-PDPS).
Part D Prescription Drug Tiers	Cost sharing Tier 3 : includes preferred brand drugs.	Cost sharing Tier 3 : includes preferred brand and generic drugs.
State Health Insurance Assistance Program listings	State health insurance assistance program information is provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> .	State health insurance assistance program information provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> has been updated.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in MedMutual Advantage PPO

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 during your group's open enrollment period, you will automatically be enrolled in our MedMutual Advantage PPO.

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 for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --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, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Medical Mutual offers other Medicare health plans and 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 MedMutual Advantage PPO.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from MedMutual Advantage PPO.
- To change to Original Medicare without a prescription drug plan, you must either:
 - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - - 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 during your group's open enrollment period. The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Each SHIP is independent (not connected with any insurance company or health plan), and 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. Please see Appendix 1 to find the SHIP for your state.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"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. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Some states have programs that help pay for prescription drugs based on their financial aid, need, age, or medical condition. To learn more about these programs, check with your local State Health Insurance Assistance Program (the name and phone numbers for these organizations are in Appendix 1 of this booklet).
- **Prescription Cost Sharing Assistance for Persons with HIV/AIDS.** Some states also have an AIDS Drug Assistance Program (ADAP). These programs help 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 ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state. This information is listed in Appendix 2.

SECTION 7 Questions?

Section 7.1 Getting Help from MedMutual Advantage PPO

Questions? We're here to help. Please call Customer Care at 1-800-801-4823. (TTY only, call 711). We are available for calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. Calls to these numbers are free.

Read your 2021 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 2021. For details, look in the 2021 *Evidence of Coverage* for MedMutual Advantage PPO. 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 MedMutual.com/MAGroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at MedMutual.com/MAGroup. 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

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read Medicare & You 2021

You can read *Medicare & You 2021 Handbook*. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (www.medicare.gov) 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.

APPENDIX 1 State Health Insurance Assistance Programs (SHIPs)

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Alabama	State Health Insurance Assistance Program (SHIP) Alabama Department of Senior Services 201 Monroe St., Suite 350 Montgomery, AL 36104 www.alabamaageline.gov/	1-800-243-5463 Monday through Friday, 8 a.m. – 5 p.m.
Alaska	State Health Insurance Assistance Program (SHIP) Alaska Medicare Information Office 550 W. 7th Ave., Suite 1230 Anchorage, AK 99501 www.medicare.alaska.gov	1-800-478-6065 TTY: 1-800-770-8973 Monday through Friday, 9 a.m. – 5 p.m.
Arizona	State Health Insurance Assistance Program (SHIP) Arizona Department of Economic Security DES Division of Aging and Adult Services 1789 West Jefferson St., Site Code 950A Phoenix, AZ 85007 https://des.az.gov/services/aging-and-adult/state-health-insurance-assistance-program-ship	1-800-432-4040 Monday through Friday, 8 a.m. – 5 p.m.
Arkansas	Senior Health Insurance Information Program Arkansas Insurance Department One Commerce Way Little Rock, AR 72202 https://insurance.arkansas.gov/pages/consumer-services/senior-health/	1-800-224-6330 Monday through Friday, 8 a.m. – 4:30 p.m.
California	State Health Insurance Assistance Program (SHIP) California Health Insurance Counseling and Advocacy Program (HICAP) 1300 National Dr., Suite 200 Sacramento, CA 95834-1992 www.aging.ca.gov/HICAP	1-800-434-0222
Colorado	Senior Health Insurance Assistance Program (SHIP) Division of Insurance Colorado Department of Regulatory Agencies 1560 Broadway, Suite 850 Denver, CO 80202 https://www.colorado.gov/pacific/dora/senior-healthcare-medicare	1-888-696-7213 TTY: 1-303-894-7880 Monday through Friday, 7 a.m. – 4 p.m.
Connecticut	Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES) 55 Farmington Ave. Hartford, CT 06105-3730 www.ct.gov/agingservices	1-800-994-9422 Monday through Friday, 8 a.m. – 4:30 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Delaware	Delaware Medicare Assistance Bureau (DMAB) 841 Silver Lake Boulevard Dover, DE 19904-2465 https://insurance.delaware.gov/divisions/dmab/	1-800-336-9500 Monday through Friday, 8 a.m. – 4:30 p.m.
District of Columbia	Health Insurance Counseling Project (HICP) 500 K St., NE Washington, D.C. 20002 https://dcoa.dc.gov/service/dc-state-health-insurance-assistance-program-ship	Local: 1-202-727-8370
Florida	Serving Health Insurance Needs of Elders (SHINE) Program Florida Department of Elder Affairs 4040 Esplanade Way, Suite 270 Tallahassee, FL 32399-7000 http://www.floridashine.org/	1-800-963-5337 TTY: 1-800-955-8770 Monday through Friday, 8 a.m. – 5 p.m.
Georgia	GeorgiaCares Georgia DHS Division of Aging Services 2 Peachtree St., NW, 33rd Floor Atlanta, GA 30303-3142 http://www.mygeorgiacares.org/	1-866-552-4464 (option #4) Monday through Friday, 8:30 a.m. – 5 p.m.
Hawaii	Hawaii State Health Insurance Assistance Program (SHIP) Executive Office on Aging – No. 1 Capitol District 250 South Hotel St., Suite 406 Honolulu, HI 96813-2831 www.hawaiiship.org	1-888-875-9229 TTY: 1-866-810-4379
Idaho	Senior Health Insurance Benefits Advisors (SHIBA) – Idaho Department of Insurance 700 West State St., 3rd Floor P.O. Box 83720 Boise, ID 83720-0043 https://doi.idaho.gov/SHIBA/default	1-800-247-4422 Monday through Friday, 8 a.m. – 5 p.m.
Illinois	Senior Health Insurance Program (SHIP) Illinois Department on Aging Michael A. Bilandic Building 160 North LaSalle St., 7th Floor Chicago, IL 60601-3117 https://www2.illinois.gov/aging/ship/Pages/default.aspx	1-800-252-8966 TTY: 1-888-206-1327 Monday through Friday, 8:30 a.m. – 5 p.m.
Indiana	State Health Insurance Assistance Program (SHIP) Indiana Department of Insurance 311 W. Washington St., Ste 300 Indianapolis, IN 46204-2787 https://www.in.gov/ship/index.htm	1-800-452-4800 TTY: 1-866-846-0139 Monday through Friday, 8 a.m. – 4:30 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Iowa	Senior Health Insurance Information Program (SHIIP) 601 Locust St., 4th Floor Des Moines, IA 50309-3738 https://shiip.iowa.gov	1-800-351-4664 TTY: 1-800-735-2942 Monday through Friday, 8 a.m. – 4 p.m.
Kansas	Senior Health Insurance Counseling for Kansas (SHICK) Kansas Department for Aging and Disability Services New England Building 503 South Kansas Ave. Topeka, KS 66603-3404 http://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick	1-800-860-5260 TTY: 1-800-766-3777
Kentucky	State Health Insurance Assistance Program (SHIP) Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living Office of the Secretary 275 East Main St. Frankfort, KY 40621 https://chfs.ky.gov/agencies/dail/Pages/ship.aspx	1-877-293-7447 (option #2) TTY: 1-888-642-1137 Monday through Friday, 8 a.m. – 4:30 p.m.
Louisiana	Senior Health Insurance Information Program (SHIIP) Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804 http://www.lidi.la.gov/consumers/senior-health-shiip	1-800-259-5300 or 1-800-259-5301
Maine	Maine State Health Insurance Assistance Program (SHIP) Maine Department of Health and Human Services 109 Capitol St. 11 State House Station Augusta, ME 04333 http://www.maine.gov/dhhs/oads/community-support/ship.html	1-800-262-2232 Monday through Friday, 8 a.m. – 5 p.m.
Maryland	State Health Insurance Assistance Program (SHIP) Maryland Department of Aging 301 West Preston St., Suite 1007 Baltimore, MD 21201 http://www.aging.maryland.gov/Pages/StateHealthInsuranceProgram.aspx	1-800-243-3425 Monday through Friday, 8:30 a.m. – 5 p.m.
Massachusetts	Serving Health Information Needs of Elders (SHINE) Executive Office of Elder Affairs One Ashburton Place Boston, MA 02108-1618 http://www.mass.gov/health-insurance-counseling	1-800-243-4636 TTY: 1-877-610-0241 Monday through Friday, 8:45 a.m. – 5 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Michigan	Michigan Medicare Assistance Program (MMAP, Inc.) 6105 West St. Joseph Highway, Suite 204 Lansing, MI 48917 www.mmapinc.org	1-800-803-7174 Monday through Friday, 8 a.m. – 5 p.m.
Minnesota	Minnesota Senior LinkAge Line P.O. Box 64976 St. Paul, MN 55164-0976 https://mn.gov/board-on-aging/direct-services/senior-linkage-line/	1-800-882-6262 TTY:1-800-627-3529 Monday through Friday, 8 a.m. – 4:30 p.m.
Mississippi	State Health Insurance Assistance Program (SHIP) Mississippi Department of Human Services Division of Aging & Adult Services 750 North State St. Jackson, MS 39202 www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program	Local: 1-601-359-4500
Missouri	Missouri CLAIM 4216 Philips Farm Rd., Suite 101-A Columbia, MO 65201 www.missouricclaim.org	1-800-390-3330 Monday through Friday, 9 a.m. – 4 p.m.
Montana	Montana State Health Insurance Assistance Program (SHIP) Senior and Long Term Care Division 1100 N. Last Chance Gulch, 4th Floor Helena, MT 59601 https://dphhs.mt.gov/SLTC/aging/SHIP.aspx	1-800-551-3191 TTY: 1-800-253-4091 Monday through Friday, 8 a.m. – 5 p.m.
Nebraska	Nebraska Senior Health Insurance Information Program (SHIIP) Nebraska Department of Insurance 1135 M St., Suite 300 Lincoln, NE 68508 https://doi.nebraska.gov/consumer/senior-health	1-800-234-7119 TTY: 1-800-833-7352 Monday through Friday, 8 a.m. – 5 p.m.
Nevada	State Health Insurance Assistance Program (SHIP) 3416 Goni Rd., Suite D-132 Carson City, NV 89706 http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/	1-800-307-4444
New Hampshire	ServiceLink Aging and Disability Resource Center New Hampshire Department of Health and Human Services 129 Pleasant St. Concord, NH 03301-3857 http://www.state.nj.us/humanservices/doas/services/ship/index.html	1-866-634-9412 TTY: 1-800-735-2964 Monday through Friday, 8:30 a.m. – 4:30 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
New Jersey	State Health Insurance Assistance Program (SHIP) New Jersey Department of Human Services Division of Aging Services P.O. Box 715 Trenton, NJ 08625-0715 www.state.nj.us/humanservices/doas/services/ship/	1-800-792-8820 Monday through Friday, 8:30 a.m. – 4:30 p.m.
New Mexico	Benefits Counseling Program New Mexico Aging and Long-Term Services Department P.O. Box 27118 Santa Fe, NM 87502-7118 http://www.nmaging.state.nm.us/	1-800-432-2080 TTY: 1-505-476-4937 Monday through Friday, 7:45 a.m. – 5 p.m.
New York	Health Insurance Information Counseling and Assistance Program (HIICAP) New York State Office for the Aging 2 Empire State Plaza Agency Building # 2, 4th Floor Albany, NY 12223-1251 https://aging.ny.gov/health-insurance-information-counseling-and-assistance	1-800-701-0501 1-800-342-9871 Monday through Friday, 9 a.m. – 4:30 p.m.
North Carolina	Seniors' Health Insurance Information Program (SHIIP) North Carolina Department of Insurance 325 N. Salisbury St. Raleigh, NC 27603 http://www.ncshiip.com	1-855-408-1212 TTY: 1-800-735-2962 Monday through Friday, 8 a.m. – 5 p.m.
North Dakota	State Health Insurance Counseling Program (SHIC) North Dakota Insurance Department 600 East Boulevard Ave. Bismarck, ND 58505-0320 www.nd.gov/ndins/shic	1-888-575-6611 TTY: 1-800-366-6888 Monday through Friday, 8 a.m. – 5 p.m.
Ohio	Ohio Senior Health Insurance Information Program (OSHIIP) Ohio Department of Insurance 50 West Town St., 3rd Floor, Suite 300 Columbus, OH 43215 https://insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/ohio-senior-health-insurance-information-program	1-800-686-1578 TTY: 1-614-644-3745 Monday through Friday, 7:30 a.m. – 5 p.m.
Oklahoma	Senior Health Insurance Counseling Program (SHIP) Oklahoma Insurance Department 400 NE 50th St. Oklahoma City, OK 73105 https://www.oid.ok.gov/consumers/information-for-seniors/	1-800-763-2828 Monday through Friday, 8 a.m. – 5 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Oregon	Senior Health Insurance Benefits Assistance (SHIBA) 350 Winter St. NE Salem, OR 97309-0405 www.oregonshiba.org	1-800-722-4134 TTY: 1-800-735-2900 Monday through Friday, 8 a.m. – 5 p.m.
Pennsylvania	APPRISE Commonwealth of Pennsylvania Department of Aging 555 Walnut St., 5th Floor Harrisburg, PA 17101-1919 www.aging.pa.gov	1-800-783-7067 Monday through Friday, 8:30 a.m. – 5 p.m.
Rhode Island	Senior Health Insurance Program (SHIP) Rhode Island Department of Human Services Office of Healthy Aging 25 Howard Ave. Building 57 Cranston, RI 02920 http://oha.ri.gov/	Local: 1-401-462-3000 TTY: 1-401-462-0740 Monday through Friday, 8:30 a.m. – 4 p.m.
South Carolina	Insurance Counseling Assistance and Referrals for Elders (I-CARE) Lieutenant Governor's Office on Aging 1301 Gervais St., Suite 350 Columbia, SC 29201 https://aging.sc.gov/	1-800-868-9095 Monday through Friday, 8:30 a.m. – 5 p.m.
South Dakota	Senior Health Information and Insurance Education (SHIINE) South Dakota Department of Social Services 700 Governors Dr. Pierre, SD 57501 www.shiine.net	1-800-536-8197 Monday through Friday, 8 a.m. – 4:30 p.m.
Tennessee	Tennessee State Health Insurance Information Program (SHIP) Tennessee Commission on Aging and Disability Andrew Jackson Building 502 Deaderick St., 9th Floor Nashville, TN 37243-0860 https://www.tn.gov/aging.html	1-866-836-6678 TTY: 1-800-848-0299 Monday through Friday, 8 a.m. – 4:30 p.m.
Texas	Health Information Counseling and Advocacy Program (HICAP) – Texas Department of Aging and Disability Services (DADS) P.O. Box 149030 Austin, TX 78714-9030 https://hhs.texas.gov/services/health/medicare	1-800-252-9240 TTY: 1-800-735-2989 Monday through Friday, 8 a.m. – 5 p.m.
Utah	Senior Health Insurance Information Program (SHIIP) Aging and Adult Services of Utah 195 North 1950 West Salt Lake City, UT 84116 https://daas.utah.gov/seniors	1-877-424-4640 or 1-800-541-7735 Monday through Friday, 8 a.m. – 5 p.m.

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Vermont	State Health Insurance Assistance Program (SHIP) 76 Pearl St., Suite 201 Essex Junction, VT 05452 http://asd.vermont.gov/services/ship	1-800-642-5119 Monday through Friday, 8:30 a.m. – 4:30 p.m.
Virginia	Virginia Insurance Counseling and Assistance Program (VICAP) Virginia Division for the Aging 1610 Forest Ave., Suite 100 Henrico, VA 23229 https://www.vda.virginia.gov/vicap.htm	1-800-552-3402
Washington	Statewide Health Insurance Benefits Advisors (SHIBA) Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA 98504-0255 www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/	1-800-562-6900 TTY: 1-360-586-0241 Monday through Friday, 8:30 a.m. – 5 p.m.
West Virginia	West Virginia State Health Insurance Assistance Program (WV SHIP) West Virginia Bureau of Senior Services 1900 Kanawha Boulevard East Charleston, WV 25305 www.wvship.org	1-877-987-4463 Monday through Friday, 8 a.m. – 4 p.m.
Wisconsin	State Health Insurance Assistance Program (SHIP) Department of Health Services Board on Aging and Long Term Care 1 West Wilson St. Madison, WI 53703 https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm	1-800-242-1060 TTY: 1-888-701-1251 Monday through Friday, 8 a.m. – 5:30 p.m.
Wyoming	Wyoming State Health Insurance Information Program (WSHIIP) 106 West Adams Ave. Riverton, WY 82501 www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program	1-800-856-4398 Monday through Friday, 7 a.m. – 4 p.m.

APPENDIX 2 AIDS Drug Assistance Programs (ADAPs)

AIDS Drug Assistance Programs (ADAPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Alabama	Alabama AIDS Drug Assistance Program Alabama Department of Public Health HIV/AIDS Division, The RSA Tower 201 Monroe St., Suite 1400 Montgomery, AL 36104 http://www.alabamapublichealth.gov/hiv/adap.html	1-866-574-9964 Monday through Friday, 8 a.m. – 5 p.m.
Alaska	Alaskan Aids Assistance Association 1057 W. Fireweed Ln., Suite 102 Anchorage, AK 99503 http://www.alaskanids.org/	1-907-263-2050 Monday through Friday, 9 a.m. – 5 p.m.
Arizona	Arizona Department of Health Services 150 N. 18th Ave., Suite 130 Phoenix, AZ 85007 http://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php	1-800-334-1540 Monday through Friday, 8 a.m. – 5 p.m.
Arkansas	Arkansas Department of Health HIV/STD/Hepatitis C section – ADAP Division 4815 W. Markham St., Slot 33 Little Rock, AR 72205 http://adap.directory/arkansas	1-888-499-6544 Monday through Friday, 8 a.m. – 4:30 p.m.
California	Office of AIDS California Department of Public Health MS 0500, P.O. Box 997377 Sacramento, CA 95899-7377 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_Main.aspx	Local: 1-916-558-1784 Monday through Friday, 8 a.m. – 5 p.m.
Colorado	Colorado Department of Public Health & Environment DCEED-STD-A3 4300 Cherry Creek Dr. South Denver, CO 80246 https://www.colorado.gov/pacific/cdphe/colorado-aids-drug-assistance-program-adap	Local: 1-303-692-2716 Monday through Friday, 9 a.m. – 5 p.m.
Connecticut	State of Connecticut Department of Public Health c/o Magellan Rx P.O. Box 13001 Albany, NY 12212-3001 https://ctdph.magellanrx.com/	1-800-424-3310 Monday through Friday, 8 a.m. – 4 p.m.
Delaware	Division of Public Health, Ryan White Program Thomas Collins Building 540 S. DuPont Highway Dover, DE 19901 http://dhss.delaware.gov/dph/dpc/hivtreatment.html	Local: 1-302-744-1050 Monday through Friday, 8 a.m. – 4:30 p.m.

AIDS Drug Assistance Programs (ADAPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
District of Columbia	DC ADAP DC Department of Health 899 North Capitol St., NE Washington, DC 20002 https://dchealth.dc.gov/node/137072	Local: 1-202-671-4900 Monday through Friday, 8:15 a.m. – 4:45 p.m.
Florida	Florida Department of Health HIV/AIDS Section AIDS Drug Assistance Program 4052 Bald Cypress Way, BIN A09 Tallahassee, FL 32399 http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html	1-800-352-2437 TTY: 1-888-503-7118 Monday through Friday, 8 a.m. – 9 p.m.
Georgia	Georgia Department of Public Health Office of HIV/AIDS 2 Peachtree St., NW Atlanta, GA 30303 https://dph.georgia.gov/office-hivaids	Local: 1-404-657-3100 Monday through Friday, 8 a.m. – 5 p.m.
Hawaii	Hawaii Department of Health Harm Reduction Services Branch HIV Medical Management Services 3627 Kilauea Avenue, Suite 306 Honolulu, HI 96816 http://health.hawaii.gov/harmreduction/hiv-aids/hiv-programs/hiv-medical-management-services/	Local: 1-808-733-9360 Monday through Friday, 7:30 a.m. – 4:30 p.m.
Idaho	Idaho Ryan White Part B Program 450 West State St. P.O. Box 83720 Boise, ID 83720-0036 http://healthandwelfare.idaho.gov/Health/FamilyPlanning,STDHIV/HIVCareandTreatment/tabid/391/Default.aspx	Local: 1-208-334-5612 Monday through Friday, 8 a.m. – 5 p.m.
Illinois	Illinois Department of Public Health Illinois ADAP Office 525 W. Jefferson St., 1st Floor Springfield, IL 62761 http://www.idph.state.il.us/health/aids/adap.htm	Local: 1-217-782-4977 TTY: 1-800-547-0466 Monday through Friday, 8 a.m. – 4 p.m.
Indiana	Indiana State Department of Health 2 North Meridian St. Indianapolis, IN 46204 http://www.in.gov/isdh/17740.htm	1-866-588-4948 Monday through Friday, 8:15 a.m. – 4:45 p.m.
Iowa	Iowa Department of Public Health 321 East 12th St. Des Moines, IA 50319-0075 http://idph.iowa.gov/hivstdhep/hiv/support	Local: 1-515-281-7689 Monday through Friday, 8 a.m. – 4:30 p.m.

AIDS Drug Assistance Programs (ADAPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Kansas	Kansas Department of Health & Environment 1000 South West Jackson, Suite 210 Topeka, KS 66612 http://www.kdheks.gov/sti_hiv/ryan_white_care.htm	Local: 1-785-296-6174 Monday through Friday, 8 a.m. – 5 p.m.
Kentucky	Kentucky Department for Public Health Cabinet for Health and Family Services HIV/AIDS Branch 275 East Main St., HS2E-C Frankfort, KY 40621 https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx	1-866-510-0005 Mon- – Fri- 8 a.m. – 4:30 p.m.
Louisiana	Louisiana Office of Public Health Louisiana Health Access Program 1450 Poydras St., Suite 2136 New Orleans, LA 70112 https://www.lahap.org/	Local: 1-504-568-7474 Monday through Friday, 8 a.m. – 5 p.m.
Maine	Maine Center for Disease Control and Prevention ADAP 40 State House Station Augusta, ME 04330-9758 http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml#adap	Local: 1-207-287-3747 Monday through Friday, 8 a.m. – 5 p.m.
Maryland	Maryland Department of Health and Mental Hygiene Maryland AIDS Drug Assistance Program (MADAP) 201 West Preston St. Baltimore, MD 21201-2399 https://phpa.health.maryland.gov/OIDPCS/CHCS/Pages/madap.aspx	1-800-205-6308 TTY: 1-800-735-2258 Monday through Friday, 8:30 a.m. – 4:30 p.m.
Massachusetts	Community Research Initiative of New England/HDAP The Schrafft's City Center 529 Main St., Suite 301 Boston, MA 02129 https://crine.org/hdap	1-800-228-2714 Monday through Friday, 9 a.m. – 5 p.m.
Michigan	Michigan Drug Assistance Program Michigan Department of Health and Human Services Division of Health, Wellness and Disease Control HIV Care Section 109 Michigan Ave., 9th Floor Lansing, MI 48913 http://www.michigan.gov/dap	1-888-826-6565 Monday through Friday, 8 a.m. – 5 p.m.
Minnesota	HIV/AIDS Programs Department of Human Services P.O. Box 64972 St. Paul, MN 55164-0972 https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/	1-800-657-3761 TTY: 1-800-627-3529 Monday through Friday, 8 a.m. – 4:30 p.m.

AIDS Drug Assistance Programs (ADAPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Mississippi	Mississippi State Department of Health Office of STD/HIV Care and Services Division P.O. Box 1700 Jackson, MS 39215-1700 https://msdh.ms.gov/msdhsite/_static/14,13047,150.html	1-888-343-7373 Monday through Friday, 8 a.m. – 5 p.m.
Missouri	Bureau of HIV, STD, and Hepatitis Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65102-0570 http://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php	Local: 1-573-751-6439 Monday through Friday, 8 a.m. – 5 p.m.
Montana	Montana Dept. of Public Health and Human Services P.O. Box 202951 Cogswell Bldg C-211 Helena, MT 59620-2951 http://dphhs.mt.gov/publichealth/hivstd/treatmentprogram.aspx	Local: 1-406-444-4744 Monday through Friday, 8 a.m. – 5 p.m.
Nebraska	Nebraska Department of Health & Human Services Nebraska Ryan White ADAP 301 Centennial Mall South Lincoln, NE 68509 http://dhhs.ne.gov/publichealth/Pages/dpc_ryan_white.aspx	Local: 1-402-471-2101 Monday through Friday, 8 a.m. – 5 p.m.
Nevada	Office of HIV/AIDS Nevada Division of Public and Behavioral Health 4126 Technology Way, Suite 200 Carson City, NV 89706 http://dpbh.nv.gov/Programs/HIV-Ryan/Ryan_White_Part_B_-_Home/	Local: 1-775-684-4200 Monday through Friday, 8 a.m. – 5 p.m.
New Hampshire	New Hampshire Department of Health & Human Services CARE Program 29 Hazen Dr. Concord, NH 03301-6504 https://www.dhhs.nh.gov/dphs/bchs/std/care.htm	1-800-852-3345 ext. 4502 TTY: 1-800-735-2964 Monday through Friday, 7:30 a.m. – 4:30 p.m.
New Jersey	New Jersey Department of Health AIDS Drug Distribution Program (ADDP) P.O. Box 722 Trenton, NJ 08625-0722 http://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml	1-877-613-4533 Monday through Friday, 8:30 a.m. – 4:30 p.m.

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State	Address/Website	Phone
New Mexico	New Mexico Department of Health HIV Services Program 1190 St. Francis Dr., Suite S-1200 Santa Fe, NM 87502 https://nmhealth.org/about/phd/idb/hats/	Local: 1-505-476-3628 Monday through Friday, 8 a.m. – 5 p.m.
New York	HIV Uninsured Care Programs – ADAP New York State Department of Health Empire Station, P.O. Box 2052 Albany, NY 12220-0052 https://www.health.ny.gov/diseases/aids/general/resources/adap/	1-800-542-2437 TTY: 1-518-459-0121 Monday through Friday, 8 a.m. – 5 p.m.
North Carolina	Communicable Disease Branch Epidemiology Section, Division of Public Health N.C. Dept. of Health and Human Services 1902 Mail Service Center Raleigh, NC 27699-1902 http://epi.publichealth.nc.gov/cd/hiv/program.html	1-877-466-2232 Monday through Friday, 8 a.m. – 5 p.m.
North Dakota	North Dakota Department of Health Division of Disease Control 2635 East Main Ave. Bismarck, ND 58506-5520 https://www.ndhealth.gov/hiv/	1-800-472-2180 Monday through Friday, 8 a.m. – 5 p.m.
Ohio	Ohio Department of Health HIV Care Services Section 246 North High St. Columbus, OH 43215 https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/	1-800-777-4775 Monday through Friday, 8 a.m. – 5 p.m.
Oklahoma	HIV/STD Service Oklahoma State Department of Health 1000 NE 10th Oklahoma City, OK 73117 https://www.ok.gov/health/Prevention_and_Preparedness/HIV_STD_Service/index.html	Local: 1-405-271-4636 Monday through Friday, 8 a.m. – 4:30 p.m.
Oregon	CAREAssist Program 800 NE Oregon St., Suite 1105 Portland, OR 97232 http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx	Local: 1-971-673-0144 Monday through Friday, 8 a.m. – 5 p.m.

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State	Address/Website	Phone
Pennsylvania	Department of Health Special Pharmaceutical Benefits Program P.O. Box 8808 Harrisburg, PA 17105-8808 https://www.health.pa.gov/topics/programs/HIV/Pages/Services.aspx	1-800-922-9384 Monday through Friday, 8 a.m. – 4:30 p.m.
Rhode Island	Executive Office of Health and Human Services Office of HIV/AIDS Hazard Building, Suite 60 74 West Rd. Cranston, RI 02920 http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIV/AIDS.aspx	Local: 1-401-462-3294 Monday through Friday, 8:30 a.m. – 4:30 p.m.
South Carolina	South Carolina AIDS Drug Assistance Program South Carolina Department of Health and Environmental Control 2600 Bull St. Columbia, SC 29201 http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/AIDSDrugAssistancePlan/	1-800-856-9954 Monday through Friday, 8:30 a.m. – 5 p.m.
South Dakota	South Dakota Department of Health Ryan White Part B CARE Program 615 East 4th St. Pierre, SD 57501-1700 http://doh.sd.gov/diseases/infectious/ryanwhite/	1-800-592-1861 Monday through Friday, 8 a.m. – 5 p.m.
Tennessee	Tennessee HIV Drug Assistance Program (HDAP) Tennessee Department of Health 710 James Robertson Parkway Nashville, TN 37243 https://www.tn.gov/health/health-program-areas/std0/std/ryanwhite.html	1-800-525-2437 Monday through Friday, 8:30 a.m. – 4:30 p.m.
Texas	Texas Department of State Health Services HIV Medication Program ATTN: MSJA, MC 1873 P.O. Box 149347 Austin, TX 78714-9347 http://www.dshs.texas.gov/hivstd/meds/	1-800-255-1090 Monday through Friday, 8 a.m. – 5 p.m.
Utah	Utah Department of Health Bureau of Epidemiology 288 North 1460 West, P.O. Box 142104 Salt Lake City, UT 84114-2104 http://health.utah.gov/epi/treatment/	Local: 1-801-538-6197 Monday through Friday, 8 a.m. – 5 p.m.

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State	Address/Website	Phone
Vermont	Vermont Medication Assistance Program Vermont Department of Health P.O. Box 70, Drawer 41 IDEPI Burlington, VT 05402 http://www.healthvermont.gov/immunizations-infectious-disease/hiv/care	1-800-244-7639 Monday through Friday, 8 a.m. – 4:30 p.m.
Virginia	Virginia Department of Health HCS Unit, 1st Floor 109 Governor St. Richmond, VA 23219 http://www.vdh.virginia.gov/disease-prevention/eligibility/	1-855-362-0658 Monday through Friday, 8 a.m. – 5 p.m.
Washington	Client Services P.O. Box 47841 Olympia, WA 98504 https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/ADAPandEIP	1-877-376-9316 Monday through Friday, 8 a.m. – 5 p.m.
West Virginia	West Virginia Department of Health and Human Resources Office of Epidemiology and Preventive Services 350 Capital St., Room 125 Charleston, WV 25301 https://dhhr.wv.gov/oeps/std-hiv-hep/HIV_AIDS/caresupport/Pages/ADAP.aspx	Local: 1-304-558-2195 Monday through Friday, 9 a.m. – 5 p.m.
Wisconsin	Department of Health Services Division of Public Health P.O. Box 2659 Madison, WI 53701-2659 https://www.dhs.wisconsin.gov/aids-hiv/adap.htm	1-800-991-5532 Monday through Friday, 7 a.m. – 4:30 p.m.
Wyoming	Wyoming Department of Health Public Health Division Communicable Disease Treatment Program 6101 Yellowstone Rd. Cheyenne, WY 82002 https://health.wyo.gov/publichealth/communicable-disease-unit/hiv/resources-for-patients/	Local: 1-307-777-5856 Monday through Friday, 8 a.m. – 5 p.m.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

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
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.