The Catholic Diocese of Cleveland

Group Number – 815903

2027 Annual Notice of Change

MedMutual Advantage PPO Plan

600879

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

Annual Notice of Change for 2027

You're currently enrolled as a member of MedMutual Advantage PPO.

This material describes changes to our plan's costs and benefits next year.

- **You can make changes to your Medicare coverage for next year during your group's open enrollment period.**
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage.* Get a copy at MedMutual.com/MAgroup or call Customer Care at 1-800-801-4823 (TTY users call 771) to get a copy by mail.

More Resources

- Call Customer Care 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 call is free.
- This document is available in alternate formats (e.g., braille, large print, audio).

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 material 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.

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The Catholic Diocese of Cleveland 600879

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium	$232.52* *If you are a member of Catholic Charities, please refer to your retiree group for the amount you owe and how to pay.	**$255.77*** *If you are a member of Catholic Charities, please refer to your retiree group for the amount you owe and how to pay.
Deductible	$125 for hearing aid batteries	**$125** for hearing aid batteries
Maximum out-of-pocket amounts This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	From network providers: $1,000 From network and out-of-network providers combined: $1,000	From **network providers**: **$1,000** From **network and out-of-network providers** combined: **$1,000**
Primary care office visits	**In Network and Out of Network** There is no coinsurance, copayment, or deductible per visit	**In Network and Out of Network** **There is no coinsurance, copayment, or deductible** per visit
Specialist office visits	**In Network and Out of Network** There is no coinsurance, copayment, or deductible per visit	**In Network and Out of Network** **There is no coinsurance, copayment, or deductible** per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	**In Network and Out of Network** Day 1 and thereafter: There is no coinsurance, copayment, or deductible	**In Network and Out of Network** **Day 1 and thereafter: There is no coinsurance, copayment, or deductible**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.6 for details.)	**Part D drug coverage deductible:** $0 **Copayment/Coinsurance during the Initial Coverage Stage:** Drug Tier 1: **Preferred** retail and mail-order pharmacies • $0 copayment per prescription for up to a 30-day supply • $0 copayment per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • $10 copayment per prescription for up to a 30-day supply • $25 copayment per prescription for up to a 90-day supply Drug Tier 2: **Preferred** retail and mail-order pharmacies • $5 copayment per prescription for up to a 30-day supply • $10 copayment per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • $10 copayment per prescription for up to a 30-day supply • $25 copayment per prescription for up to a 90-day supply Drug Tier 3: **Preferred** retail and mail-order pharmacies • 15% of the total cost ($20 min./$70 max.) for up to a 30-day supply • 15% of the total cost ($60 min./$150 max.) for up to a 90-day supply **Standard** network retail and mail-order pharmacies • 20% of the total cost ($25 min./$75 max.) for up to a 30-day supply	**Part D drug coverage deductible:$0** **Copayment/Coinsurance during the Initial Coverage Stage:** Drug Tier 1: **Preferred** retail and mail-order pharmacies • **$0 copayment** per prescription for up to a 30-day supply • **$0 copayment** per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **$10 copayment** per prescription for up to a 30-day supply • **$25 copayment** per prescription for up to a 90-day supply Drug Tier 2: **Preferred** retail and mail-order pharmacies • **$5 copayment** per prescription for up to a 30-day supply • **$10 copayment** per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **$10 copayment** per prescription for up to a 30-day supply • **$25 copayment** per prescription for up to a 90-day supply Drug Tier 3: **Preferred** retail and mail-order pharmacies • **15% of the total cost ($20 min./$70 max.)** for up to a 30-day supply • **15% of the total cost ($60 min./$150 max.)** for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **20% of the total cost ($25 min./$75 max.)** for up to a 30-day supply

	2026 (this year)	2027 (next year)
	• 20% of the total cost ($65 min./$155 max.) for up to a 90-day supply *You pay no more than $35 per month supply of each covered insulin product on this tier.* <u>Drug Tier 4:</u> **Preferred** retail and mail-order pharmacies • 35% of the total cost ($35 min./$145 max.) for up to a 30-day supply • 35% of the total cost ($90 min./$300 max.) for up to a 90-day supply **Standard** network retail and mail-order pharmacies • 40% of the total cost ($40 min./$150 max.) for up to a 30-day supply • 40% of the total cost ($95 min./$305 max.) for up to a 90-day supply *You pay no more than $35 per month supply of each covered insulin product on this tier.* <u>Drug Tier 5:</u> **Preferred** retail and mail-order pharmacies • 35% of the total cost ($35 min./$145 max.) for up to a 30-day supply • 35% of the total cost ($90 min./$300 max.) for up to a 90-day supply **Standard** network retail and mail-order pharmacies • 40% of the total cost ($40 min./$150 max.) for up to a 30-day supply • 40% of the total cost ($95 min./$305 max.) for up to a 90-day supply <u>Drug Tier 6:</u>	• **20% of the total cost ($65 min./$155 max.)** for up to a 90-day supply *You pay no more than $35 per month supply of each covered insulin product on this tier.* <u>Drug Tier 4:</u> **Preferred** retail and mail-order pharmacies • **35% of the total cost ($35 min./$145 max.)** for up to a 30-day supply • **35% of the total cost ($90 min./$300 max.)** for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **40% of the total cost ($40 min./$150 max.)** for up to a 30-day supply • **40% of the total cost ($95 min./$305 max.)** for up to a 90-day supply *You pay no more than $35 per month supply of each covered insulin product on this tier.* <u>Drug Tier 5:</u> **Preferred** retail and mail-order pharmacies • **35% of the total cost ($35 min./$145 max.)** for up to a 30-day supply • **35% of the total cost ($90 min./$300 max.)** for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **40% of the total cost ($40 min./$150 max.)** for up to a 30-day supply • **40% of the total cost ($95 min./$305 max.)** for up to a 90-day supply <u>Drug Tier 6:</u>

	2026 (this year)	2027 (next year)
	Preferred retail and mail-order pharmacies • $0 copayment per prescription for up to a 30-day supply • $0 copayment per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • $10 copayment per prescription for up to a 30-day supply • $25 copayment per prescription for up to a 90-day supply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	**Preferred** retail and mail-order pharmacies • **$0 copayment** per prescription for up to a 30-day supply • **$0 copayment** per prescription for up to a 90-day supply **Standard** network retail and mail-order pharmacies • **$10 copayment** per prescription for up to a 30-day supply • **$25 copayment** per prescription for up to a 90-day supply **Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.
Pharmacy maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered prescription drugs.	$1,000	**$1,000**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$232.52* *If you are a member of Catholic Charities, please refer to your retiree group for the amount you owe and how to pay.	**$255.77*** *If you are a member of Catholic Charities, please refer to your retiree group for the amount you owe and how to pay.

Factors that could change your Part D Premium Amount

- Late enrollment penalty - Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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 is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services and other health services not covered by Medicare for the rest of the year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$1,000	**$1,000** (No change from 2026) Once you've paid $1,000 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't **count** toward your maximum out-of-pocket amount for medical services.	$1,000	**$1,000** (No change from 2026) Once you've paid $1,000 out-of-pocket for covered Part A and Part B services, you'll 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.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* (MedMutual.com/MAgroup) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated Provider Directory:

- Visit our website at MedMutual.com/MAgroup.
- Call Customer Care at 1-800-801-4823 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-800-801-4823 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

There are no changes to our network of pharmacies for next year. Review the 2027 *Pharmacy Directory* at MedMutual.com/MAgroup to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at MedMutual.com/MAgroup.
- Call Customer Care at 1-800-801-4823 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-800-801-4823 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Prior authorization requirements – see Chapter 4, Section 2 of your *Evidence of Coverage* for details	Prior authorization rules may apply for Chiropractic Services. Contact the plan for details.	Prior authorization is not required for Chiropractic Services.
Diabetic supplies – listed under Diabetes self-management training, diabetic services, and supplies in Chapter 4, Section 2 of the *Evidence of Coverage*	**In Network** **0% of the total cost** for the following diabetic supplies: • A blood glucose meter (excluding continuous glucose monitors – refer to DME section for coverage of CGMs) • Blood glucose test strips • Lancing devices and glucose lancets • Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors **Please note:** In order to qualify for **0% coinsurance**, diabetic test strips and meters must be produced by a preferred manufacturer, **Abbott** or **Trividia**, and be purchased at an in-network retail or mail order pharmacy. Preferred products include Freestyle, Precision Xtra, True Metrix meters and Trividia test strips. Non-preferred diabetic test strips and meters are covered (with **0% coinsurance**) when filled by an in-network durable medical equipment supplier.	**In Network** **0% of the total cost** for the following diabetic supplies: • A blood glucose meter (excluding continuous glucose monitors – refer to DME section for coverage of CGMs) • Blood glucose test strips • Lancing devices and glucose lancets • Glucose control solutions for checking the accuracy of test strips, glucose meters and glucose monitors **Please note:** In order to qualify for **0% coinsurance**, diabetic test strips and meters must be produced by a preferred manufacturer, **Abbott** or **Trividia**, and be purchased at an in-network retail or mail order pharmacy. Preferred products include some Freestyle, Precision Xtra, True Metrix meters and Trividia test strips. **Not ALL products from preferred manufacturers are considered preferred.** Non-preferred diabetic test strips and meters are covered (with **0% coinsurance**) when filled by an in-network durable medical equipment supplier.
Home-based palliative care See the Medical Benefits Chart in Chapter 4 of the *Evidence of Coverage* for more information.	This benefit is **not** covered.	**$0** copayment

Section 1.6 Changes to Part D 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 and posted online at MedMutual.com/MAgroup.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call Customer Care at 1-800-801-4823 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you receive Extra Help and you don't get this material by September 30, call Customer Care at 1-800-801-4823 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***
  We have no deductible, so this payment stage doesn't apply to you.
- ***Stage 2: Initial Coverage***
  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach **$1,000**.
- ***Stage 3: Catastrophic Coverage***
  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drugs Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drugs Costs in Stage 2: Initial Coverage

Go to the following table for the changes from 2026 to 2027.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid **$1,000** out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: Preferred Generic Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay $10 copayment per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay $0 copayment per prescription (retail or mail order).	***Standard*** *cost sharing:* You pay **$10 copayment** per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay **$0 copayment** per prescription (retail or mail order).
Tier 2: Generic Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay $10 copayment per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay $5 copayment per prescription (retail or mail order).	***Standard*** *cost sharing:* You pay **$10 copayment** per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay **$5 copayment** per prescription (retail or mail order).

	2026 (this year)	2027 (next year)
Tier 3: Preferred Brand and Generic Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay 20% of the total cost ($25 min./$75 max.) per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay 15% of the total cost ($20 min./$70 max.) (retail or mail order). *You pay no more than $35 per month supply of each covered insulin product on this tier.*	***Standard*** *cost sharing:* You pay **20% of the total cost ($25 min./$75 max.)** per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay **15% of the total cost ($20 min./$70 max.)** (retail or mail order). *You pay no more than $35 per month supply of each covered insulin product on this tier.*
Tier 4: Non-Preferred Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay 40% of the total cost ($40 min./$150 max. per prescription) (retail or mail order). ***Preferred*** *cost sharing:* You pay 35% of the total cost ($35 min./$145 max.) (retail or mail order) per prescription. *You pay no more than $35 per month supply of each covered insulin product on this tier.*	***Standard*** *cost sharing:* You pay **40% of the total cost ($40 min./$150 max. per prescription)** (retail or mail order). ***Preferred*** *cost sharing:* You pay **35% of the total cost ($35 min./$145 max.)** (retail or mail order) per prescription. *You pay no more than $35 per month supply of each covered insulin product on this tier.*
Tier 5: Specialty Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay 40% of the total cost ($40 min./$150 max. per prescription) (retail or mail order). ***Preferred*** *cost sharing:* You pay 35% of the total cost ($35 min./$145 max.) (retail or mail order) per prescription.	***Standard*** *cost sharing:* You pay **40% of the total cost ($40 min./$150 max. per prescription)** (retail or mail order). ***Preferred*** *cost sharing:* You pay **35% of the total cost ($35 min./$145 max.)** (retail or mail order) per prescription.
Tier 6: Select Care Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	***Standard*** *cost sharing:* You pay $10 copayment per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay $0 copayment per prescription (retail or mail order).	***Standard*** *cost sharing:* You pay **$10 copayment** per prescription (retail or mail order). ***Preferred*** *cost sharing:* You pay **$0 copayment** per prescription (retail or mail order).

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Drug Assistance Program listings	Drug assistance program information is provided in Appendix 2 of the *Annual Notice of Changes* and Appendix 3 and 4 of your *Evidence of Coverage*.	Drug assistance program information provided in Appendix 2 of the *Annual Notice of Changes* and Appendix 3 and 4 of your *Evidence of Coverage* has been updated.
Medicaid Agency listings	Medicaid agency information is provided in Appendix 2 of your *Evidence of Coverage*.	Medicaid agency information provided in Appendix 2 of your *Evidence of Coverage* has been updated.
Medicare Clinical Research Studies	The URL listed for the Medicare publication *Medicare and Clinical Research Studies* is in Chapter 3 Section 5 of the *Evidence of Coverage* is www.Medicare.gov/sites/default/files/2019-09/02226-medicare-and-clinical-research-studies.pdf.	The URL listed for the Medicare publication *Medicare and Clinical Research Studies* is in Chapter 3 Section 5 of the *Evidence of Coverage* is Medicare.gov/coverage/clinical-research-studies.
Notice of Privacy Practices	The Notice of Privacy Practices in Chapter 6, Section 1.3 of your *Evidence of Coverage* has an effective date of April 14, 2003, with modifications effective September 23, 2013.	The Notice of Privacy Practices in Chapter 6, Section 1.3 of your *Evidence of Coverage* includes language updates, and has an effective date of February 16, 2026.
Payment requests for Part D prescription drug claims	The mailing address in Chapter 2, Section 1 and Chapter 7, Section 2 of the *Evidence of Coverage* is listed as: Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85082	The mailing address in Chapter 2, Section 1 and Chapter 7, Section 2 of the *Evidence of Coverage* is listed as: Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85072
Quality Improvement Organization (QIO) contact information	The QIO for Ohio is listed in Chapter 2, Section 4 of the *Evidence of Coverage* under the Commence Health name with the web address www.livantaqio.cms.gov.	The QIO for Ohio is listed in Chapter 2, Section 4 of the *Evidence of Coverage* under the Commence Health name with the web address commencehealthqio.cms.gov.

	2026 (this year)	2027 (next year)
SilverSneakers® Fitness Program	The description of this program under Health and Wellness Education Programs in Chapter 4, Section 2 of the *Evidence of Coverage* notes that members have access to participating gyms and fitness centers, and to online resources to help them meet their personal wellness goals.	The description of this program under Health and Wellness Education Programs in Chapter 4, Section 2 of the *Evidence of Coverage* notes that members have access to participating gyms and fitness centers.
State Health Insurance Assistance Program listings	State health insurance assistance program information is provided in Appendix 1 of the *Annual Notice of Changes* and Appendix 1 of your *Evidence of Coverage*.	State health insurance assistance program information provided in Appendix 1 of the *Annual Notice of Changes* and Appendix 1 of your *Evidence of Coverage* has been updated.

SECTION 3 How to Change Plans

To stay in MedMutual Advantage PPO, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by the end of your group's open enrollment period, you'll automatically be enrolled in our MedMutual Advantage PPO.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from MedMutual Advantage PPO. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan. You'll automatically be disenrolled from MedMutual Advantage PPO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-800-801-4823 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

To learn more about Original Medicare and the different types of Medicare plans, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5, or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Medical Mutual offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amount.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage **during your group's open enrollment period**.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day,7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Some states have programs that help pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your local State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Ohio AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-777-4775. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 and you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-801-4823 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from MedMutual Advantage PPO

- **Call Customer Care at 1-800-801-4823. (TTY users call 711).**
  We're available for phone 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 2027 *Evidence of Coverage***
  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage* for MedMutual Advantage PPO. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at MedMutual.com/MAgroup or call Customer Care at 1-800-801-4823 (TTY users call 711) to ask us to mail you a copy.
- **Visit MedMutual.com/MAgroup**
  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our List of Covered Drugs (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. See Appendix 1 to find the SHIP in your state.

Call your SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. For more information, call the phone number or visit the website for your state's SHIP listed in Appendix 1.

Get Help 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.
- **Chat live with Medicare.gov**
  You can chat live at Medicare.gov/talk-to-someone.
- **Write to Medicare**
  You can write to Medicare at PO Box 1270, Lawrence, KS 66044
- **Visit Medicare.gov**
  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.
- **Read *Medicare & You* 2027**
  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can 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/ship/	1-800-243-5463
Alaska	The Medicare Savings Program (MSP) Alaska Department of Health Medicare Information Office 3601 C Street, Suite 902 Anchorage, AK 99503 https://health.alaska.gov	1-800-478-6065 TTY: 1-800-770-8973
Arizona	State Health Insurance Assistance Program (SHIP) Individuals should contact the SHIP office in the county in which they reside. https:// azship.org	1-800-432-4040
Arkansas	Senior Health Insurance Information Program (AR SHIIP) Arkansas Insurance Department One Commerce Way Little Rock, AR 72202 https://www.shiipar.com	1-800-224-6330
California	State Health Insurance Assistance Program (SHIP) California Health Insurance Counseling and Advocacy Program (HICAP) https://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://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare	1-888-696-7213
Connecticut	The CHOICES Program - Connecticut Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening Aging and Disability Services 55 Farmington Ave., 12th Floor Hartford, CT. 06105 https://portal.ct.gov/ADS-CHOICES	1-800-994-9422
Delaware	Delaware Medicare Assistance Bureau (DMAB) https://insurance.delaware.gov/divisions/dmab	1-800-336-9500
District of Columbia	DC State Health Insurance Assistance Program (SHIP) InsuHealth Insurance Assistance 500 K Street, NE Washington, D.C. 20002 https://dacl.dc.gov/service/health-insurance-counseling	1-202-727-8370

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**
Florida	Serving Health Insurance Needs of Elders (SHINE) Program Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399-7000 https://www.floridashine.org	1-800-963-5337 TTY: 1-800-955-8770
Georgia	Georgia SHIP Georgia Department of Human Services' (DHS) Division of Aging Services (DAS) State Health Insurance Assistance Program 47 Trinity Ave. S.W. Atlanta, GA. 30334 https://aging.georgia.gov/georgia-ship	1-866-552-4464 (Option #4) Monday through Friday, 8 a.m. – 5 p.m.
Guam	Guam Medicare Assistance Program (GUAM MAP) – State Health Insurance Assistance Program (SHIP) https://dphss.guam.gov/	1-671-735-7415 1-671-735-7421
Hawaii	Hawaii State Health Insurance Assistance Program (SHIP) Hawaii State Department of Health Executive Office on Aging – No. 1 Capitol District 250 South Hotel St., Suite 406 Honolulu, HI 96813-2831 https://www.hawaiiship.org	1-808-586-7299 Toll Free 1-888-875-9229
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://www.shiba.idaho.gov	1-800-247-4422 Monday through Friday, 8 a.m. to 5 p.m.
Illinois	Senior Health Insurance Program (SHIP) One Natural Resources Way, #100 Springfield, IL. 62702-1271 https://www.illinois.gov/aging/ship	1-800-252-8966 TTY: 711 (TRS)
Indiana	State Health Insurance Assistance Program (SHIP) 311 W. Washington St. Indianapolis, IN 46204 https://www.in.gov/ship	1-800-452-4800
Iowa	Senior Health Insurance Information Program SHIIP-SMP https://shiip.iowa.gov	1-800-351-4664 TTY: 1-800-735-2942

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**
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 https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick	1-800-860-5260
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., 3E-E Frankfort, KY 40621 https://chfs.ky.gov/agencies/dail/Pages/ship.aspx	1-877-293-7447 (Option #2)
Louisiana	Senior Health Insurance Information Program (SHIIP) 1702 N. Third St. P.O. Box 94214 Baton Rouge, LA 70802 https://www.ldi.la.gov/consumers/senior-health-shiip	1-800-259-5300
Maine	Maine State Health Insurance Assistance Program (SHIP) Maine Department of Health and Human Services 109 Capital Street 11 State House Station Augusta, ME 04333 https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance	1-800-262-2232 (SHIP) 1-877-353-3771 (ADRC)
Maryland	State Health Insurance Assistance Program (SHIP) Maryland Department of Aging 301 West Preston St., Suite 1007 Baltimore, MD 21201 https://aging.maryland.gov/Pages/state-health-insurance-program.aspx	1-800-243-3425
Massachusetts	Serving Health Information Needs of Elders (SHINE) https://www.mass.gov/health-insurance-counseling	1-800-243-4636 TTY/ASCII: (800)-439-2370
Michigan	Michigan Medicare Assistance Program (MMAP, Inc.) https://www.mmapinc.org	1-800-803-7174
Minnesota	Minnesota Senior LinkAge Line 540 Cedar St. St. Paul, MN 55164 https://mn.gov/senior-linkage-line/	1-800-333-2433

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**
Mississippi	State Health Insurance Assistance Program (SHIP) Mississippi Department of Human Services Division of Aging & Adult Services 200 S. Lamar St. Jackson, MS 39201 https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program	1-844-822-4622 (SHIP) 1-601-359-4500
Missouri	Missouri SHIP, State Health Insurance Assistance Program (SHIP) https://www.missouriship.org	1-800-390-3330
Montana	Montana State Health Insurance Assistance Program (SHIP) https://dphhs.mt.gov/sltc/aging/SHIP	1-800-551-3191
Nebraska	Nebraska Senior Health Insurance Information Program (SHIIP) Nebraska Department of Insurance 2717 S. 8th St., Suite 4 Lincoln, NE 68508 https://doi.nebraska.gov/ship	1-800-234-7119
Nevada	Nevada Medicare Assistance Program (MAP) 1550 E. College Parkway Carson City, NV 89706 https://www.nevadacareconnection.org/medicare-assistance-program-map	1-800-307-4444
New Hampshire	New Hampshire State Health Insurance Assistance Program (SHIP)https://www.dhhs.nh.gov	1-866-634-9412
New Jersey	State Health Insurance Assistance Program (SHIP) New Jersey Department of Human Services Division of Aging Services https://www.state.nj.us/humanservices/doas/services/ship/	1-800-792-8820
New Mexico	New Mexico ADRC – State Health Insurance Assistance Program (SHIP) New Mexico Aging & Long-Term Services Dept. 2550 Cerrillos Road Santa Fe, NM 87505 https://aging.nm.gov	1-800-432-2080 TTY: 1-505-476-4937
New York	Health Insurance Information Counseling and Assistance Program (HIICAP) https://aging.ny.gov/health-insurance-information-counseling-and-assistance	1-800-701-0501

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**
North Carolina	Medicare and Seniors' Health Insurance Information Program (SHIIP) North Carolina Department of Insurance 3200 Beechleaf Court Raleigh, NC 27604 https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip.	1-855-408-1212
North Dakota	North Dakota Insurance Department State Health Insurance Assistance Program (SHIP) 600 E. Boulevard Ave. Bismarck, ND 58505 https://www.insurance.nd.gov/consumers/medicare	1-888-575-6611
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/ consumers/medicare/01-oshiip	1-800-686-1578 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	1-800-763-2828
Oregon	Senior Health Insurance Benefits Assistance (SHIBA) https://shiba.oregon.gov	1-800-722-4134
Pennsylvania	Pennsylvania Medicare Education and Decision Insight – (PA MEDI) https://www.pa.gov/agencies/aging/aging-programs-and-services/pa-medi-medicare-counseling	1-800-783-7067 Monday through Friday 8 a.m. to 5 p.m.
Puerto-Rico	State Health Insurance Assistance Program SHIP https://agencias.pr.gov/ship	1-877-725-4300 TTY: 787-919-7291
Rhode Island	Rhode Island State Health Insurance Assistance Program (SHIP) Rhode Island Department of Human Services Office of Healthy Aging 25 Howard Ave. Building 57 Cranston, RI 02920 https://oha.ri.gov/medicare	1-888-884-8721 TTY: 1-401-462-0740
South Carolina	State Health Insurance Assistance Program (SHIP) 1301 Gervais St., Suite 350 Columbia, SC 29201 https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid	1-800-868-9095

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**
South Dakota	Senior Health Information and Insurance Education (SHIINE) https://www.shiine.net	Eastern South Dakota: 1-800-536-8197 Central South Dakota: 1-877-331-4834 Western South Dakota: 1-877-286-9072
Tennessee	Tennessee State Health Insurance Assistance Program (SHIP) https://tn.gov/aging/ship	1-877-801-0044
Texas	Texas Health Information, Counseling, and Advocacy Program (HICAP) https://www.hhs.texas.gov/services/health/medicare	1-800-252-9240
US Virgin Islands	The Virgin Islands State Health Insurance Assistance Program (VI SHIP) https://ltg.gov.vi/departments/vi-ship-medicare	1-340-773-6449 (St. Croix) 1-340-774-2991 (St. Thomas/St. John)
Utah	State Health Insurance Program (SHIP) Aging and Adult Services of Utah https://daas.utah.gov/seniors/	1-800-541-7735
Vermont	State Health Insurance Assistance Program (SHIP) – Vermont Association for Area Agencies on Aging https://asd.vermont.gov/services/ship	1-800-642-5119
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	Office of the Insurance Commissioner Washington State Statewide Health Insurance Benefits Advisors (SHIBA) https://www.insurance.wa.gov/insurance-resources/medicare	1-800-562-6900 TTY: 1-360-586-0241
West Virginia	West Virginia State Health Insurance Assistance Program (WV SHIP) West Virginia Bureau of Senior Services 1900 Kanawha Boulevard East Town Center Mall, 3rd Level Charleston, WV 25305 https://www.wvship.org	1-877-987-4463 304-558-3317
Wisconsin	State Health Insurance Assistance Program (SHIP) https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm	1-800-242-1060

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**
Wyoming	Wyoming State Health Insurance Information Program (WSHIIP) http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program	1-800-856-4398

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 HIV/AIDS Division Alabama Department of Public Health The RSA Tower 201 Monroe St., Suite 1400 Montgomery, AL 36104 https://www.alabamapublichealth.gov/hiv/adap.html	1-866-574-9964
Alaska	Alaskan AIDS Assistance Association 1057 W. Fireweed Ln., Suite 102 Anchorage, AK 99503 https://www.alaskanaids.org/client-services/aids-drug-assistance-program-adap	1-800-478-2437
Arizona	Arizona Department of Health Services 150 N. 18th Ave., Phoenix, AZ 85007 https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php	1-800-334-1540 1-602-364-3610
Arkansas	Arkansas Department of Health Infectious Disease Branch 4815 W. Markham St., Slot 33 Little Rock, AR 72205 https://healthy.arkansas.gov/programs-services/topics/ryan-white-program	1-501-661-2408
California	California Department of Public Health Center for Infectious Diseases Office of AIDS MS 0500, P.O. Box 997377 Sacramento, CA 95899-7377 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAadap.aspx	1-844-421-7050 ADAP CALL CENTER
Colorado	Colorado Department of Public Health Environment Care and Treatment Program ADAP-3800 4300 Cherry Creek Dr. South Denver, CO 80246 https://colorado.gov/PACIFIC/CDPHE/state-drug-assistance-program	1-303-692-2000
Connecticut	Connecticut Department of Public Health 410 Capitol Ave. Hartford, CT 06134 https://ctdph.primetherapeutics.com/	1-800-424-3310

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**
Delaware	Division of Public Health Thomas Collins Building 540 S. DuPont Highway Dover, DE 19901 https://ramsellcorp.com/medical_professionals/de.aspx	Local: 1-302-744-1050 Customer Service: 1-888-311-7632
District of Columbia	District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration, AIDS Drugs Assistance Program 899 North Capitol St, NE Washington, DC 20002 https://dchealth.dc.gov/DC-ADAP	202-671-4900 or 202-671-4815 (DC ADAP Hotline)
Florida	Florida Department of Health HIV/AIDS Section AIDS Drug Assistance Program 4052 Bald Cypress Way Tallahassee, FL 32399 https://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html	1-844-381-2327
Georgia	Georgia Department of Public Health, Health Protection, Office of HIV/AIDS 2 Peachtree St. NW Atlanta, GA 30303 https://dph.georgia.gov/hiv-care/aids-drug-assistance-program-adap	1-404-656-9805
Hawaii	Hawaii Department of Health Harm Reduction Services Branch 3627 Kilauea Ave., #306 Honolulu, HI 96816 https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/	1-808-733-9360 1-808-733-9361
Idaho	Idaho Ryan White Part B Program 450 West State St. P.O. Box 83720 Boise, ID 83720 https://healthandwelfare.idaho.gov/Health-wellness/diseases-conditions/ human-immunodeficiency-virus-hiv	1-208-334-5612 HIV Prevention: 1-208-616-2755 RyanWhite/ADAP: 1-208-985-3019
Illinois	Illinois Medication Assistance Program 525 W. Jefferson St., 1st Floor Springfield, IL 62761 https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services	1-800-825-3518

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**
Indiana	Indiana State Department of Health, HIV/STD Viral Hepatitis Division 2 North Meridian St., Suite 6C Indianapolis, IN 46204 https://www.in.gov/health/hiv-std-viral-hepititis/hiv-services/#programs	1-866-588-4948
Iowa	Iowa Health and Human Services Bureau of HIV, STI, and Hepatitis 321 East 12th St. Des Moines, IA 50319-0075 https://hhs.iowa.gov/hiv-sti-and-hepatitis/hivaids-program	1-515-204-3746
Kansas	Kansas Department of Health & Environment 1000 South West Jackson, Suite 210 Topeka, KS 66612 https://www.kdhe.ks.gov/355/The-Ryan-White-Part-B-Program	1-785-296-6174
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	1-502-564-6539 1-800-420-7431
Louisiana	Louisiana Office of Public Health Louisiana Health Access Program 1450 Poydras St., Suite 2136 New Orleans, LA 70112 https://www.lahap.org/	1-504-568-7474
Maryland	Maryland AIDS Drug Assistance Program 1223 W Pratt St Baltimore, MD 21223 https://health.maryland.gov/phpa/OIDPCS/Pages/MADAP	1-410-767-6535
Maine	Maine Center for Disease Control and Prevention ADAP 40 State House Station Augusta, ME 04330 https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml	1-207-287-3747
Massachusetts	Community Resource Initiative Attn: Community research Initiative of New England/HDAP The Schrafft's City Center 529 Main St., Suite 301 Boston, MA 02129 https://crihealth.org/drug-assistance/hdap/	1-800-228-2714 617-502-1700 option 1

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**
Michigan	HIV Care Section Division of HIV/STI Programs, Client and Partner Services Bureau of HIV and STI Programs Michigan Department P.O. BOX 30727 Lansing, MI 48913 https://www.michigan.gov/en/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/michigan-drug-assistance-program	1-888-826-6565
Minnesota	HIV/AIDS Programs Minnesota Department of Human Services P.O. Box 64972 St. Paul, MN 55164 https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/programs-services/medications.jsp	1-800-657-3761
Mississippi	Mississippi State Department of Health Office of STD/HIV Care and Treatment Division P.O. BOX 1700 Jackson, MS 39215 https://msdh.ms.gov/msdhsite/_static/14,13047,150.html	1-888-343-7373
Missouri	Bureau of HIV, STD, and Hepatitis Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65102 https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php	1-888-252-8045
Montana	Montana Ryan White HIV Treatment Program 1400 Broadway Cogswell Bldg. Room C-211 1400 Broadway Helena, MT 59620 https://dphhs.mt.gov/publichealth/hivstd/treatment/mtryanwhiteprog	1-406-444-3565 1-406-444-5622
Nebraska	Nebraska AIDS Drug Assistance Program P.O. Box 95026 Lincoln, NE 68509 https://dhhs.ne.gov/Pages/HIV-Care.aspx	1-402-471-2101
Nevada	Office of HIV2290 S. Jones Blvd, Suite 110 Las Vegas, NV 89146 https://endhivnevada.org/ryan-white-care/	1-702-486-0768

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**
New Hampshire	DHHS-NH CARE Program 29 Hazen Dr. Concord, NH 03301 https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-aids	1-603-271-4502 800-852-3345
New Jersey	New Jersey ADDP Office P.O. Box 360 Trenton, NJ 08625 https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml	1-877-613-4533
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/	1-505-476-3628
New York	HIV Uninsured Care Programs, Empire Station P.O. Box 2052 Albany, NY 12220 https://www.health.ny.gov/diseases/aids/general/resources/adap/	1-800-542-2437 1-844-682-4058
North Carolina	N.C. Dept. of Health and Human Services, Epidemiology Section Communicable Disease Branch 1907 Mail Service Center Raleigh, NC 27699 https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html	1-877-466-2232 919-733-9161
North Dakota	North Dakota Department of Health Division of Disease Control 2635 E. Main Avenue Bismarck, ND 58506-5520 https://www.ndhealth.gov/hiv/RyanWhite/	1-800-472-2180 701-328-2378
Ohio	Ohio AIDS Drug Assistance Program (ADAP), HIV Client Services, Ohio Department of Health 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

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**
Oklahoma	HIV/STD Services Division, Oklahoma State Department of Health 1000 N.E. Tenth St. Mail Drop 0308 Oklahoma City, OK 73117-1299 https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/sexual-health-harm-reduction/provider-info/training-material/hiv-hdapbrochure14.pdf	1-405-271-4636
Oregon	CAREAssist Program 800 NE Oregon St., Suite 1105 Portland, OR 97232 https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx	1-971-673-0144
Pennsylvania	Pennsylvania Department of Health Special Pharmaceutical Benefits Program 625 Forster St., H & W Bldg., Rm 611 Harrisburg, PA 17120 https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/hiv/special-pharmaceutical-benefits.html	1-800-922-9384
Rhode Island	Executive Office of Health and Human Services Office of HIV/AIDS Virks Building 3 West Rd. Suite 227 Cranston, RI 02920 https://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx	1-401-462-3295
South Carolina	South Carolina Drug Assistance Program DHEC Constituent Services 2600 Bull Street Columbia, SC 29211 https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/aids-drug-assistance-program	1-800-856-9954 HIV/STD Hotline: 1-800-322-2437
South Dakota	South Dakota Department of Health Ryan White Part B CARE Program 615 East 4th St. Pierre, SD 57501 https://doh.sd.gov/topics/disease-prevention-services/hivaids/ryan-white-part-b-program/	1-800-592-1861 605-773-3737

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**
Tennessee	Tennessee Department of Health, HIV/STD Program, Ryan White Part B Services 710 James Robertson Parkway 4th Floor Andrew Johnson Tower Nashville, TN 37243 https://www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b.html	1-800-525-2437 615-741-7500
Texas	Texas HIV Medication Program, ATTN: MSJA, MC 1873 P.O. BOX 149347 Austin, TX 78714 https://www.dshs.texas.gov/hivstd/meds/	1-800-255-1090 737-255-4300
Utah	Utah Department of Health, Bureau of Epidemiology 288 North 1460 West Box 142104 Salt Lake City, UT 84114 https://epi.utah.gov/ryan-white	1-801-538-6191
Vermont	Vermont Department of Health, Vermont Medication Assistance Program(VMAP) 108 Cherry St., P.O. Box 70 Burlington, VT 05402 https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care	1-802-951-4005 1-802-863-7314
Virginia	Virginia Department of Health, HCS Unit 1st Floor, James Madison Building 109 Governor St. Richmond, VA 23219 https://www.vdh.virginia.gov/disease-prevention/vamap/	1-855-362-0658
Washington	Client Services P.O. Box 47841 Olympia, WA 98504 The Early Intervention Program (EIP) Washington State's AIDS Drug Assistance Program (ADAP) https://doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/ClientServices/early-intervention-program	1-877-376-9316 (in Washington State) 360-236-3426
Washington, DC	District of Columbia Department of health, HIV/AIDS, Hepatitis, STD, and TB Administration, AIDS Drugs Assistance Program 899 North Capitol St. NE Washington, DC 20002 https://dchealth.dc.gov/Pharmacy_Benefits	202-671-4900 DC ADAP Hotline 202-671-4815

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**
West Virginia	West Virginia Office of Epidemiology & Prevention Services Jay Adams, HIV Care Coordinator P.O. Box 6360 Wheeling, WV 26003 https://oeps.wv.gov/rwp/pages/default.aspx	1-304-232-6822
Wisconsin	Department of Health Services Attn: ADAPP.O. Box 2659 Madison, WI 53701 https://www.dhs.wisconsin.gov/hiv/hdap.htm	1-800-991-5532 1-608-261-6952 1-608-267-6875
Wyoming	Wyoming Department of Health 401 Hathaway Building Cheyenne, WY 82002	1-307-777-7656 1-866-571-0944
American Samoa	Department of Public Health LBJ Tropical Medical Center P.O. Box F Pago Pago, AS 96799 https://nastad.org/sites/default/files/2024-06/NASTAD%20Membership%20Directory%20as%20of%206_24_2024.pdf	011-684-633-1433
Federated Sates of Micronesia	Federated States of Micronesia, Department of Health Services, FSM National HIV/AIDS Program Mogithin Building Palikir Sta P.O. Box PS-70 Palikir Pohnpei, FM 96941 https://www.fsmgov.org	011-691-320-2619
Guam	Department of Public Health and Social Services, Bureau of Communicable Disease of Control Ryan White HIV/AIDS Office 520 West Santa Monica Avenue Dededo, GU 96929 http://dphss.guam.gov/ryan-white-hiv-aids-program/	671-735-3603
Marshall Islands	Majuro, MH	011-692-329-4031
Northern Mariana Islands	CNMI Department of Public Health P.O. Box 500409 Saipan, MP 96950 https://www.chcc.health/	1-670-664-4050
Palau	Ministry of Public Health, Communicable Disease Unit P.O. Box 6027 Koror, PW 96940 https://www.palaugov.pw/	011-680-488-1360

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**
Puerto Rico	Departamento de Salud, OCASet, Programa Ryan White PartB P.O. Box 70184 San Juan, PR 00936-8184 https://www.salud.pr.gov/CMS/DOWNLOAD/6886	1-787-765-2929 Ext. 5106-5137
Virgin Islands	John Moorehead Complex (Old Hospital) Communicable Diseases Clinic, Building 1 St. Thomas, VI 00802 https://doh.vi.gov/programs/communicable-diseases/	1-340-774-9000

Notice of Availability of Language Assistance and Auxiliary Aids and Services

MEDICAL MUTUAL®

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY: 711) ou parlez à votre fournisseur.

Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-982-3117（文本电话：711）或咨询您的服务提供商。

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Arabic

العربيةتنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-382-5729 (TTY: 711)

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite/Oromo

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

Japanese

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729（TTY:711）までお電話ください。または、ご利用の事業者にご相談ください。

Order Number: Z8188-MCA R8.25
Dept of Ins. Filing Number: Z8188-MCA R10.25

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

WICHDICH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍNÍZIN: Diné bizaad bíyáti' nílt'įį', t'áá jíík'ehgo saad bee áká anilyeedígíí t'áá hóló. T'áá jíík'ehgo áká anilyeedígíí dóó bee haz'ánígíí t'áá hóló, t'áá íiyisí bee t'áá ájík'ehgo. 1-800-382-5729 (TTY: 711) bich'į' hodíilnih dóó provider ni'doolníił.

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-382-5729 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

- Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html
- This notice is available at Medical Mutual's website: www.MedMutual.com

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.

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.