

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

### Annual Notice of Changes for 2023

You are currently enrolled as a member of MediGold Essential Care (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.medigold.com](http://www.medigold.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in MediGold Mount Carmel No Premium (HMO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with MediGold Essential Care (HMO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- Please contact our Member Services number at 1-800-240-3851 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system.
- This document may be available in alternate formats such as braille, larger print or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.
- **Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, a 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.
- **Additional Resources to Help** - Please contact our Member Services number 1-800-240-3851 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system.

**About MediGold Mount Carmel No Premium (HMO)**

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

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***Annual Notice of Changes for 2023***  
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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for MediGold Mount Carmel No Premium (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$4,500	\$4,500
<b>Doctor office visits</b>	Primary care visits: \$5 per visit  Specialist visits: \$35 per visit	Primary care visits: \$0 per visit  Specialist visits: \$35 per visit
<b>Inpatient hospital stays</b>	\$295 copay per day for days 1-4  \$0 copay per day after day 4	\$295 copay per day for days 1-4  \$0 copay per day after day 4
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)  To find out which Insulins are covered, review the recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Member	Deductible: \$0  Copays/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$45</li> <li>• Insulin: \$35</li> <li>• Drug Tier 4: \$75</li> </ul>	Deductible: \$0  Copays/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$45</li> <li>• Insulin: \$35</li> <li>• Drug Tier 4: \$75</li> </ul>

Cost	2022 (this year)	2023 (next year)
Services (Phone numbers for Member Services are printed on the back cover of this booklet).	<ul style="list-style-type: none"><li>• Drug Tier 5: 33%</li></ul>	<ul style="list-style-type: none"><li>• Drug Tier 5: 33% Insulin: \$35</li></ul>

## SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from MediGold Essential Care (HMO) to *MediGold Mount Carmel No Premium (HMO)*.

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

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	No change
<b>Optional Supplemental Dental Benefits</b>	You pay \$18 premium per month for Dental Silver	You pay \$16 premium per month for Dental Silver
	You pay \$34 premium per month for Dental Gold	No change

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

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b>	\$4,500	\$4,500
Your costs for covered medical services (such as copays) 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.		Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [MediGold.com/FindAProvider](https://www.MediGold.com/FindAProvider). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.



Cost	2022 (this year)	2023 (next year)
Additional Telehealth Services	<b>In-Network:</b>  You pay \$5 minimum copay for this benefit. You pay \$35 maximum copay for this benefit.	<b>In-Network:</b>  You pay \$0 minimum copay for this benefit. You pay \$35 maximum copay for this benefit.
Chiropractic Services	Prior authorization not required.	Prior authorization required.
Diabetic Supplies and Services	Prior authorization not required.	Prior authorization required.
Hearing Aids (all types)	<b>In-Network:</b>  You pay \$699 minimum copay for this benefit. You pay \$999 maximum copay for this benefit.	<b>In-Network:</b>  You pay \$599 minimum copay for this benefit. You pay \$899 maximum copay for this benefit.
Home Health Services	Prior authorization required.	Prior authorization not required.
Medicare-covered Lab Services	<b>In-Network:</b>  You pay \$10 copay for this benefit.	<b>In-Network:</b>  You pay \$0 copay for this benefit.
Medicare-covered Pulmonary Rehabilitation Services	<b>In-Network:</b> You pay \$30 copay for this benefit.	<b>In-Network:</b> You pay \$20 copay for this benefit.
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	<b>In-Network:</b> You pay \$30 copay for this benefit.	<b>In-Network:</b> You pay \$20 copay for this benefit.

Cost	2022 (this year)	2023 (next year)
Non-Medicare-covered Prior authorization not required. Acupuncture		Prior authorization required.
Non-Medicare-covered <b>In-Network:</b> Comprehensive Dental	<p>You pay \$0 copay for Diagnostic Services.</p> <p>You pay 50% coinsurance for Restorative Services.</p> <p>You pay 50% coinsurance for Extraction Services.</p> <p>Endodontics not covered.</p> <p>Periodontics not covered.</p> <p>There is \$1,000 annual combined benefit maximum.</p>	<p><b>In-Network:</b></p> <p>You pay \$0 copay for Diagnostic Services.</p> <p>You pay 50% coinsurance for Restorative Services.</p> <p>You pay 50% coinsurance for Extraction Services.</p> <p>You pay 70% coinsurance for Endodontics.</p> <p>You pay 70% coinsurance for Periodontics.</p> <p>There is \$1,000 annual combined benefit maximum.</p>
Non-Medicare-covered <b>In-Network:</b> Eyewear	<p>There is \$175 allowance Every Year.</p>	<p><b>In-Network:</b></p> <p>There is \$200 allowance Every Year.</p>
OTC Items	<p><b>In-Network:</b></p> <p>There is \$60 allowance Every Three Months.</p>	<p><b>In-Network:</b></p> <p>There is \$110 allowance Every Three Months.</p>
Other Health Care Professional Services	<p><b>In-Network:</b></p> <p>You pay \$5 minimum copay for this benefit.</p>	<p><b>In-Network:</b></p> <p>You pay \$0 minimum copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
	You pay \$35 maximum copay for this benefit.	You pay \$35 maximum copay for this benefit.
Outpatient Hospital Services	<b>In-Network:</b>  You pay \$10 minimum copay for this benefit. You pay \$250 maximum copay for this benefit.	<b>In-Network:</b>  You pay \$0 minimum copay for this benefit. You pay \$250 maximum copay for this benefit.
Primary Care Physician Services	<b>In-Network:</b>  You pay \$5 copay for this benefit.	<b>In-Network:</b>  You pay \$0 copay for this benefit.
Skilled Nursing Facility (SNF) Medicare-covered stay	<b>In-Network:</b> You pay a \$0 copayment for days 1-20. You pay a \$188 copayment for days 21-53. You pay a \$0 copayment for days 54-100.	<b>In-Network:</b> You pay a \$0 copayment for days 1-20. You pay a \$196 copayment for days 21-58. You pay a \$0 copayment for days 59-100.

Optional Supplemental Benefits	2022 (this year)	2023 (next year)
Dental Silver	<b>In-Network:</b> You pay a \$0 copay for Diagnostic Services.  You pay a 0%-50% coinsurance for Restorative Services.  You pay a 50% coinsurance for Extractions.  You pay a 50% coinsurance for	<b>In-Network:</b> You pay a \$0 copay for Diagnostic Services.  You pay a 0%-50% coinsurance for Restorative Services.  You pay a 50% coinsurance for Extractions.  You pay a 50% coinsurance for

Optional Supplemental Benefits	2022 (this year)	2023 (next year)
	<p>Endodontics.</p> <p>You pay a 50% coinsurance for Periodontics.</p> <p>There is a \$1,000 annual combined benefit maximum.</p>	<p>Endodontics.</p> <p>You pay a 50% coinsurance for Periodontics.</p> <p>There is a \$1,500 annual combined benefit maximum.</p>

Optional Supplemental Benefits	2022 (this year)	2023 (next year)
<b>Dental Gold</b>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for Diagnostic Services.</p> <p>You pay a 0%-50% coinsurance for Restorative Services.</p> <p>You pay a 50% coinsurance for Extractions.</p> <p>You pay a 50% coinsurance for Endodontics.</p> <p>You pay a 50% coinsurance for Periodontics.</p> <p>You pay a 50% coinsurance for Crowns, Bridges, Dentures.</p> <p>There is a \$1,500 annual combined benefit maximum.</p>	<p><b>In-Network:</b></p> <p>You pay a \$0 copay for Diagnostic Services.</p> <p>You pay a 0%-50% coinsurance for Restorative Services.</p> <p>You pay a 50% coinsurance for Extractions.</p> <p>You pay a 50% coinsurance for Endodontics.</p> <p>You pay a 50% coinsurance for Periodontics.</p> <p>You pay a 50% coinsurance for Crowns, Bridges, Dentures.</p> <p>There is a \$2,000 annual combined benefit maximum.</p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a *Formulary* or “Drug List.” A copy of our Drug List is available by visiting our website ([MediGold.com/Formulary](https://MediGold.com/Formulary)) or by calling Member Services.

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.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

## Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	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

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b>  During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>  The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. 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> .  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.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.  <b>Tier 2 (Generic):</b> You pay \$10 per prescription.  <b>Tier 3 (Preferred Brand):</b> You pay \$45 per prescription. You pay \$35 for insulins.  <b>Tier 4 (Non-Preferred Drug):</b> You pay \$75 per prescription.  <b>Tier 5 (Specialty Tier):</b> You pay 33% of the total cost.  <hr/> Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 (Preferred Generic):</b> You pay \$0 per prescription.  <b>Tier 2 (Generic):</b> You pay \$10 per prescription.  <b>Tier 3 (Preferred Brand):</b> You pay \$45 per prescription. You pay \$35 for insulins.  <b>Tier 4 (Non-Preferred Drug):</b> You pay \$75 per prescription.  <b>Tier 5 (Specialty Tier):</b> You pay 33% of the total cost.  <u>You pay \$35 for insulins.</u>  Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).

### SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Plan Name	The plan name is MediGold Essential Care (HMO).	The plan name is MediGold Mount Carmel No Premium (HMO).
Service Area	Crawford, Fulton, Hancock, Lucas, Ottawa, Seneca, Wood, Wyandot Counties in Ohio	Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Lucas, Morrow, Ottawa, Paulding, Putnam, Seneca, Wood, Wyandot Counties in Ohio
Member Rewards Program	You can earn rewards for completing healthy activities. Notification of personalized reward offerings will be received via mail. Annual Wellness Visit rewards are offered to all new and existing members. Additional rewards may be earned based on eligibility. Call (800) 240-3851 (TTY: 711) for details.	You can earn rewards for completing healthy activities. Notification of personalized reward offerings will be received via mail. Annual Wellness Visit rewards are offered to all new and existing members. Additional rewards may be earned based on eligibility. <b>New reward cards will be provided in 2023.</b> Call (800) 240-3851 (TTY: 711) for details.
Transportation Vendor	The supplemental transportation benefit is administered by ModivCare. The number for ModivCare is 866-267-7641.	The supplemental transportation benefit is administered by SafeRide. The number for SafeRide is 833-944-0516.

## SECTION 4 Deciding Which Plan to Choose

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

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our MediGold Mount Carmel No Premium (HMO).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2). As a reminder, Mount Carmel Health Plan, Inc. offers other Medicare health plans *AND/OR* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MediGold Mount Carmel No Premium (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MediGold Mount Carmel No Premium (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.



## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

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

## SECTION 6 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Ohio Senior Health Insurance Information Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Ohio Senior Health Insurance Information Program at 1-800-686-1578. You can learn more about Ohio Senior Health Insurance Information Program by visiting their website ([insurance.ohio.gov/about-us/divisions/oshiip](https://insurance.ohio.gov/about-us/divisions/oshiip)).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual

deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - The Ohio Department of Medicaid at 1-800-324-8680 (applications).
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call OHDAP at 1-800-777-4775.

## SECTION 8 Questions?

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

Questions? We're here to help. Please call Member Services at (800) 240-3851. (TTY only, call 711). We are available for phone calls 8 a.m. – 8 p.m., 7 days a week. Calls to these numbers are free.

#### **Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for *MediGold Mount Carmel No Premium (HMO)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [MediGold.com](https://www.MediGold.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [MediGold.com](https://www.MediGold.com). 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*).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

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

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.