Alterwood Advantage Select (HMO) offered by Alterwood Advantage, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Alterwood Advantage Select. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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.AlterwoodAdvantage.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.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

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

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

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

Additional Resources

- Please contact our Member Services number at 1-866-675-3944 for additional information. (TTY users should call 711.) Hours are e 8 am to 8 pm local time, seven (7) days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30. This call is free.
- This document may be made available in other alternative formats such as braille or large print.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Alterwood Advantage Select

- Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means Alterwood Advantage, Inc. When it says "plan" or "our plan," it means Alterwood Advantage Select.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Alterwood Advantage Select in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Deductible	$750, except for insulin furnished through an item of durable medical equipment.	No Deductible.
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$8,850	$9,350
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $35 per visit	Primary care visits: $0 per visit Specialist visits: $25 per visit
Inpatient hospital stays	You pay a $290 copay each day for days 1 – 4 of a Medicare-covered inpatient hospital stay after you've met the plan's deductible. You pay nothing each day from days 5 – 90 of a	You pay a $425 copay each day for days 1 – 4 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 5 – 90 of a Medicare-covered inpatient hospital stay.

Cost	2024 (this year)	2025 (next year)
	Medicare-covered inpatient hospital stay.	

Part D prescription drug coverage
(See Section 2.5 for details.)
	Deductible: $295 (Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.
	Copayment/Coinsurance during the Initial Coverage Stage:
	• Drug Tier 1: $3
	• Drug Tier 2: $8
	• Drug Tier 3: $47
	  ○ You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 4: $100
	  ○ You pay $35 per month supply of each covered insulin product on this tier.
	• Drug Tier 5: 28%
	Catastrophic Coverage:
	• During this payment stage, the plan pays the full cost for your covered Part D drugs
		Deductible: $295 (Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.
		Copayment/Coinsurance during the Initial Coverage Stage:
		• Drug Tier 1: $0
		• Drug Tier 2: $0
		• Drug Tier 3: $47
		  ○ You pay $35 per month supply of each covered insulin product on this tier.
		• Drug Tier 4: $100
		  ○ You pay $35 per month supply of each covered insulin product on this tier.
		• Drug Tier 5: 29%
		Catastrophic Coverage:
		• During this payment stage, you pay nothing for your covered Part D drugs

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Alterwood Advantage Select in 2025

If you do nothing by December 7, 2024, we will automatically enroll you in our Alterwood Advantage Select. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Alterwood Advantage Select. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium There is no change in your premium for the upcoming benefit year. (You must also continue to pay your Medicare Part B premium.)	$0	$0
Monthly Medicare Part B Premium Reduction	N/A	Up to $0.20 per month

- 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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$8,850	$9,350 Once you have paid $9,350 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

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at www.AlterwoodAdvantage.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider & Pharmacy Directory*** www.AlterwoodAdvantage.com **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 2025 *Provider & Pharmacy Directory*** www.AlterwoodAdvantage.com **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	2024 (this year)	2025 (next year)
Ambulatory Surgical Center	You pay a $220 copay for each Medicare covered ambulatory surgical center service.	You pay a $195 copay for each Medicare covered ambulatory surgical center service.
Cardiac Rehabilitation Services	You pay a $30 copay for each Medicare covered cardiac rehabilitation service. You pay a $55 copay for each Medicare covered intensive cardiac rehabilitation service.	You pay a $35 copay for each Medicare covered cardiac rehabilitation service. You pay a $45 copay for each Medicare covered intensive cardiac rehabilitation service.
Dental Services	The plan has an annual allowance of $3,000 for all covered preventive and comprehensive dental services. You pay nothing for covered preventive dental services. You pay 20% of the total cost for covered comprehensive dental services.	The plan has an annual allowance of $4,000 for all covered preventive and comprehensive dental services. You pay nothing for covered preventive dental services. You pay 20% of the total cost for covered comprehensive dental services.
Diagnostic Radiology Services	You pay a $195 copay for each Medicare covered diagnostic radiology service.	You pay a $210 copay for each Medicare covered diagnostic radiology service.

Cost	2024 (this year)	2025 (next year)
Doctor Visits	Primary care visits: $0 per visit Specialist visits: $35 per visit	Primary care visits: $0 per visit Specialist visits: $25 per visit
Emergency Care	You pay a $100 copay for each Medicare covered emergency care visit.	You pay a $110 copay for each Medicare covered emergency care visit.
Health & Wellness Program	The plan will reimburse members up to $200 annually towards the purchase of a fitness tracker, at-home fitness equipment, participation in instructional fitness classes, or gym membership.	The plan will reimburse members up to $500 annually towards the purchase of a fitness tracker, at-home fitness equipment, participation in instructional fitness classes, or gym membership.
Inpatient Hospital Care – Acute Stay	You pay a $290 copay each day for days 1 – 4 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 5 – 90 of a Medicare-covered inpatient hospital stay.	You pay a $425 copay each day for days 1 – 4 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 5 – 90 of a Medicare-covered inpatient hospital stay.

Cost	2024 (this year)	2025 (next year)
Inpatient Hospital Care – Psychiatric Stay	You pay a $310 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital psychiatric stay. You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital psychiatric stay.	You pay a $425 copay each day for days 1 – 4 of a Medicare-covered inpatient hospital psychiatric stay. You pay nothing each day from days 5 – 90 of a Medicare-covered inpatient hospital psychiatric stay.
Mental Health Services	You pay a $30 copay for each Medicare covered individual session for mental health services. You pay a $20 copay for each Medicare covered group session for mental health services.	You pay a $45 copay for each Medicare covered individual session for mental health services. You pay a $35 copay for each Medicare covered group session for mental health services.
Occupational Therapy	You pay a $40 copay for each Medicare covered occupational therapy service.	You pay a $35 copay for each Medicare covered occupational therapy service.
Over-the-Counter Products and Essential Food Pantry Items	The plan pays up to a $60 quarterly allowance towards products ordered through the plan's catalog.	The plan pays up to a $95 quarterly allowance towards products ordered through the plan's catalog.
Outpatient Hospital Services	You pay a $300 copay for each Medicare covered outpatient hospital service.	You pay a $400 copay for each Medicare covered outpatient hospital service.

Cost	2024 (this year)	2025 (next year)
Psychiatric Services	You pay a $30 copay for each Medicare covered individual session for psychiatric services. You pay a $20 copay for each Medicare covered group session for psychiatric services.	You pay a $45 copay for each Medicare covered individual session for psychiatric services. You pay a $35 copay for each Medicare covered group session for psychiatric services.
Physical Therapy	You pay a $40 copay for each Medicare covered physical therapy service.	You pay a $50 copay for each Medicare covered physical therapy service.
Pulmonary Rehabilitation Services	You pay a $15 copay for each Medicare covered pulmonary rehabilitation service.	You pay a $25 copay for each Medicare covered pulmonary rehabilitation service.
Skilled Nursing Facility (SNF) Services	You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay. You pay a $203 copay each day from days 21 – 100 of a Medicare covered skilled nursing facility stay.	You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay. You pay a $214 copay each day from days 21 – 100 of a Medicare covered skilled nursing facility stay.
Speech and Language Therapy	You pay a $40 copay for each Medicare coverage Speech and Language Therapy service.	You pay a $50 copay for each Medicare coverage Speech and Language Therapy service.

Cost	2024 (this year)	2025 (next year)
Substance Abuse Services	You pay a $30 copay for each Medicare covered individual session for outpatient substance abuse services. You pay a $20 copay for each Medicare covered group session for outpatient substance abuse services.	You pay a $45 copay for each Medicare covered individual session for outpatient substance abuse services. You pay a $35 copay for each Medicare covered group session for outpatient substance abuse services.
Supervised Exercise Therapy	You pay a $25 copay for each Medicare covered supervised exercise therapy service.	You pay a $20 copay for each Medicare covered supervised exercise therapy service.
Vision Service	The plan pays up to $150 annually towards the purchase of eyewear.	The plan pays up to $400 annually towards the purchase of eyewear.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

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 plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 Benefits and 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, please call Member Services and ask for the *LIS Rider*.

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

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

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3, 4, and 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.	The deductible is $295. During this stage, you pay $3 cost sharing for drugs on Tier 1, $8 cost sharing for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.	The deductible is $295. During this stage, you pay $0 cost sharing for drugs on Tiers 1 and Tier 2, and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost**. The costs in this chart 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 look in Chapter 6, Section 5 of your Evidence of Coverage. 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.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is: **Tier 1 – Preferred Generics:** You pay $3 per prescription **Tier 2 - Generics:** You pay $8 per prescription. **Tier 3 – Preferred Brands:** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 – Non-Preferred Drugs:** You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 - Specialty:** You pay 28% of the total cost. _____ Once your total drug costs have reached $5,030, you will move to the next	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is: **Tier 1 – Preferred Generics:** You pay $0 per prescription **Tier 2 - Generics:** You pay $0 per prescription. **Tier 3 – Preferred Brands:** You pay $47 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 – Non-Preferred Drugs:** You pay $100 per prescription. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 - Specialty:** You pay 29% of the total cost. _____ Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage

Stage	2024 (this year)	2025 (next year)
	stage (the Coverage Gap Stage).	(the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 866-267-3144 or visit Medicare.gov.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Alterwood Advantage Select

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 Alterwood Advantage Select.

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 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Alterwood Advantage, Inc. offers other Medicare health 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 Alterwood Advantage Select.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Alterwood Advantage Select.
- 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, 2025.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2025, 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, 2025.

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

SECTION 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 Maryland, the SHIP is called State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance 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 State Health Insurance Assistance Program at 410-767-1100 or 800-243-3425. You can learn more about State Health Insurance Assistance Program by visiting their website (https://aging.maryland.gov/Pages/state-health-insurance-program.aspx).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Maryland has a program called Senior Prescription Drug Assistance Program (SPDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Maryland AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 410-767-6535 or 800-205-6308. 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 866-267-3144 or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from Alterwood Advantage Select

Questions? We're here to help. Please call Member Services at 1-866-675-3944. (TTY only, call 711). We are available for phone calls 8 am to 8 pm local time, seven (7) days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Alterwood Advantage Select. 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 www.AlterwoodAdvantage.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 www.AlterwoodAdvantage.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*).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2025*

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