



**2024**

# **Annual Notice of Changes**

**Freedom Medi-Medi Partial  
(HMO D-SNP)**





Dear Member,

**Thank you for your continued membership with Freedom Health!**

## **You can easily access your plan documents online**

If you need help finding a network provider or pharmacy, please call 1-800-401-2740 (TTY: 711), or visit [www.freedomhealth.com](http://www.freedomhealth.com) to access our online searchable directory. If you would like a Provider and Pharmacy Directory mailed to you, you may call the number above, or request one at the website link provided above.

If you need help finding the Evidence of Coverage (EOC), please call 1-800-401-2740 (TTY: 711) or visit [www.freedomhealth.com](http://www.freedomhealth.com) to access the online EOC. If you would like the Evidence of Coverage (EOC) mailed to you, you may call the number above, or request one at the website link provided above.

If you need help finding a covered drug, please call 1-800-401-2740 (TTY: 711) or visit [www.freedomhealth.com](http://www.freedomhealth.com) to access the online Formulary (Drug List). If you would like the Formulary (Drug List) mailed to you, you may call the number above, or request one at the website link provided above.

From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.

These documents will be available on our website ([www.freedomhealth.com](http://www.freedomhealth.com)) on October 1, 2023.

Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, nfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).

H5427\_FRH24PEFLTR\_C

# Freedom Medi-Medi Partial (HMO D-SNP) offered by Freedom Health, Inc.

## Annual Notice of Changes for 2024

You are currently enrolled as a member of Freedom Medi-Medi Partial (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 2 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.freedomhealth.com](http://www.freedomhealth.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

---

### 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 2024 “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 2024* 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, 2023, you will stay in our plan.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Freedom Medi-Medi Partial (HMO D-SNP).
- Look in section 2, page 7 to learn more about your choices.
- 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**

- This document is available for free in Spanish (Español).
- Please contact our Member Services number at 1-800-401-2740 for additional information. (TTY users should call 711). From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. This call is free.
- We can also give you information in large print or other alternate formats if you need it.
- **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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## **About Freedom Medi-Medi Partial (HMO D-SNP)**

- Freedom Health, Inc. is an HMO plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Freedom Health, Inc. depends on contract renewal. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means Freedom Health, Inc. When it says “plan” or “our plan,” it means Freedom Medi-Medi Partial (HMO D-SNP).

## **Annual Notice of Changes for 2024 Table of Contents**

<b>Summary of Important Costs for 2024 .....</b>	<b>2</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	3
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	4
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	4
Section 1.5 – Changes to Part D Prescription Drug Coverage .....	6
<b>SECTION 2      Administrative Changes .....</b>	<b>8</b>
<b>SECTION 3      Deciding Which Plan to Choose.....</b>	<b>8</b>
Section 3.1 – If you want to stay in our plan .....	8
Section 3.2 – If you want to change plans .....	8
<b>SECTION 4      Changing Plans .....</b>	<b>9</b>
<b>SECTION 5      Programs That Offer Free Counseling about Medicare and Medicaid .....</b>	<b>10</b>
<b>SECTION 6      Programs That Help Pay for Prescription Drugs .....</b>	<b>10</b>
<b>SECTION 7      Questions?.....</b>	<b>10</b>
Section 7.1 – Getting Help from the plan .....	10
Section 7.2 – Getting Help from Medicare .....	11
Section 7.3 – Getting Help from Medicaid .....	11

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Freedom Medi-Medi Partial (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** You may also call Member Services to ask us to mail you an *Evidence of Coverage*. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b>  * Your premium may be higher or lower than this amount. See Section 1.1 for details.	<b>\$35.90</b>	<b>\$25.90</b>
<b>Doctor office visits</b>	Primary care visits: You pay <b>\$0</b> per visit  Specialist visits: You pay <b>\$0</b> per visit	Primary care visits: You pay <b>\$0</b> per visit  Specialist visits: You pay <b>\$0</b> per visit
<b>Inpatient hospital stays</b>	You pay <b>\$0</b> copayment each day per admission for Days 1-90	You pay <b>\$0</b> copayment each day per admission for Days 1-90
<b>Part D prescription drug coverage</b>  (See Section 1.5 for details.)	<b>Deductible:</b> This payment stage does not apply to you.  You pay <b>\$0</b> for all covered Part D Prescription Drugs  Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> </ul>	<b>Deductible:</b> This payment stage does not apply to you.  You pay <b>\$0</b> for all covered Part D Prescription Drugs  Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> <li>You may have cost sharing for excluded drugs that are covered under our enhanced benefit if the drugs are not covered by the plan under the Florida Medicaid benefit.</li> </ul>

Cost	2023 (this year)	2024 (next year)
<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 1.2 for details.)	<b>\$500</b>  If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	<b>\$500</b>  If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	<b>\$35.90</b>	<b>\$25.90</b>

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

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



Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b>  <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b>  If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.  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.	<b>\$500</b>  Once you have paid <b>\$500</b> 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.	<b>\$500</b>  Once you have paid <b>\$500</b> 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.  There is no change for the upcoming benefit year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.freedomhealth.com](http://www.freedomhealth.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 2024 Provider and Pharmacy 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 2024 Provider and 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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare and Medicaid benefits and costs.

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

Cost	2023 (this year)	2024 (next year)
<b>Everyday Options Allowance</b> (Groceries, Home and Pet Care Supplies, and Utilities)	Not a covered benefit	<b>Everyday Options Allowance for Groceries, Home and Pet Care Supplies, and Utilities</b>  <b>\$0</b> copay  This plan now offers a combined monthly spending allowance for <b>\$175.00</b> on your Benefits Prepaid card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits: <ul style="list-style-type: none"> <li>• <b>Groceries:</b> Food items like fresh meats, fruits, vegetables, pantry staples, and more.</li> <li>• <b>Home and Pet Care Supplies:</b> Certain approved paper products, food storage, household cleaning products and pet care items.</li> <li>• <b>Utilities:</b> Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services.</li> </ul> Unused amounts do <u>not</u> roll over to the next month or calendar year.
<b>Groceries</b>	You will receive a <b>\$100</b> allowance per month to buy a wide range of approved healthy foods and produce.	This plan now offers a combined monthly spending allowance for groceries and many other supplemental benefits. You have the flexibility on how you use the allowance. Please refer to the <b>Everyday Options Allowance</b> benefits in this list of changes for more information.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our “Drug List”

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

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, 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, 2023, 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.)

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	This payment stage does not apply to you.	This payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (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>  Most adult Part D vaccines are covered at no cost to you.	<p>You do not pay a copay for your covered Part D drugs.</p> <hr/> <p>Once your total drug costs have reached <b>\$4,660</b>, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You do not pay a copay for your covered Part D drugs.</p> <hr/> <p>Once your total drug costs have reached <b>\$5,030</b>, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

During the Catastrophic Coverage Stage, you continue pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit if the drugs are not covered by the plan under the Florida Medicaid benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
<b>Excluded drugs covered under enhanced drug coverage</b>	You pay a <b>\$0</b> copay for a one-month supply at a network pharmacy	<p>Plan covered drugs that are excluded Part D drugs and not covered under your Medicaid benefit will have the following copays:</p> <p>Tier 1 Excluded drugs: You pay a <b>\$15</b> copay for a one-month supply at a network pharmacy.</p> <p>Tier 2 Excluded drugs: You pay a <b>\$45</b> copay for a one-month supply at a network pharmacy.</p> <p>Tier 3 Excluded drugs: You pay a <b>\$95</b> copay for a one-month supply at a network pharmacy.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in our plan

**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 plan.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

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

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024 handbook*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Freedom Health, 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 the plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from the plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 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 to December 7**. The change will take effect on January 1, 2024.

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

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

Because you have Florida Medicaid program, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

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 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called SHINE – Serving Health Insurance Needs of Elders.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337. You can learn more about SHINE by visiting their website ([www.FLORIDASHINE.org](http://www.FLORIDASHINE.org)).

For questions about your Florida Medicaid benefits, contact Agency for Health Care Administration (AHCA) toll-free at 1-888-419-3456 Monday through Friday, 8:00 am to 5:00 pm, Eastern Standard Time. TTY users should call 1-800-955-8771. Ask how joining another plan or returning to Original Medicare affects how you get your Florida Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from the plan

Questions? We’re here to help. Please call Member Services at 1-800-401-2740. (TTY only, call 711.) We are available for phone calls from October 1 to March 31, 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. Calls to these numbers are free.

**Read your 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for the plan. 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.freedomhealth.com](http://www.freedomhealth.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.freedomhealth.com](http://www.freedomhealth.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

---

**Section 7.2 – Getting Help from Medicare**

---

To get information directly from Medicare:

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

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

**Visit the Medicare Website**

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 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

---

**Section 7.3 – Getting Help from Medicaid**

---

To get information from Medicaid, you can call the Agency for Healthcare Administration (AHCA) at 1-888-419-3456. TTY users should call 1-800-955-8771.



# **Non-discrimination Notice**

## **Discrimination Is Against the Law**

### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Freedom Health, Inc.:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Freedom Health Civil Rights Coordinator.

If you believe that Freedom Health, Inc. 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:

Freedom Health Civil Rights Coordinator  
P.O. Box 152727  
Tampa, FL 33684  
Phone: 1-800-401-2740, TTY: 711; Fax: 813-506-6235

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, the Freedom Health Civil Rights 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/smartscreen/main.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 <https://www.hhs.gov/ocr/complaints/index.html>.

## **Multi-Language Insert**

### **Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-401-2740 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-401-2740 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-401-2740 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-401-2740 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-401-2740 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-401-2740 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-401-2740 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflicht. Unsere Dolmetscher erreichen Sie unter 1-800-401-2740 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-401-2740 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-401-2740 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-401-2740 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-401-2740 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-401-2740 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-401-2740 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-401-2740 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-401-2740 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-401-2740 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>

<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us using the information on the back page.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting <a href="http://www.hhs.gov/ocr/complaints/index.html">http://www.hhs.gov/ocr/complaints/index.html</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in payment for your care</li> <li>• Share information in a disaster relief situation</li> <li>• If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>	<i><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
--	--	---

<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> <li>• <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li> </ul>	<i><b>Example:</b> We use health information about you to develop better services for you.</i>
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	<i><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</i>
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<i><b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</i>

## Our Uses and Disclosures

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>

<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena</li> </ul>

*We never market or sell personal information.*

*Confidentiality of Records Must Be Maintained in Mental Health Treatment Facilities -  
Florida Statute 394.4615*

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

### **This Notice of Privacy Practices applies to the following organizations.**

Freedom Health, Inc.

H5427\_Privacy\_Notice

Freedom Health, Inc.  
P.O. Box 152137  
Tampa, FL 33684

Privacy Officer, ComplianceReporting@americas1stchoice.com,  
Compliance Hotline: 1-888-548-0094 or [www.americas1stchoice.ethicspoint.com](http://www.americas1stchoice.ethicspoint.com)

Health Plan: [www.freedomhealth.com](http://www.freedomhealth.com)

*Effective 01/01/2006 (Revised 07/28/2023)*



## Freedom Medi-Medi Partial (HMO D-SNP) Member Services

Method	Member Services – Contact Information
<b>CALL</b>	<p>1-800-401-2740 (Calls to this number are free.)</p> <p>1-813-506-6100 (Calls to this number may <b>not</b> be free.)</p> <p>From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
<b>TTY</b>	<p>711 (This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.)</p> <p>Calls to this number are free. From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST.</p>
<b>FAX</b>	1-813-506-6150
<b>WRITE</b>	<p>Freedom Health, Inc. P.O. Box 151137 Tampa, FL 33684</p>
<b>WEBSITE</b>	<a href="http://www.freedomhealth.com">www.freedomhealth.com</a>

## SHINE - Serving Health Insurance Needs of Elders (Florida SHIP)

SHINE is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	Contact Information
<b>CALL</b>	1-800-963-5337 (Calls to this number are free.)
<b>TTY</b>	<p>1-800-955-8770 (Calls to this number are free.)</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>
<b>WRITE</b>	<p>SHINE – Serving Health Insurance Needs of Elders Florida Department of Elder Affairs 4040 Esplanade Way, Ste. 270 Tallahassee, Florida 32399-7000 Email: <a href="mailto:information@elderaffairs.org">information@elderaffairs.org</a></p>
<b>WEBSITE</b>	<a href="http://www.FLORIDASHINE.org">www.FLORIDASHINE.org</a>

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



PO Box 151108  
Tampa, FL 33684  
Important Freedom Health  
Information