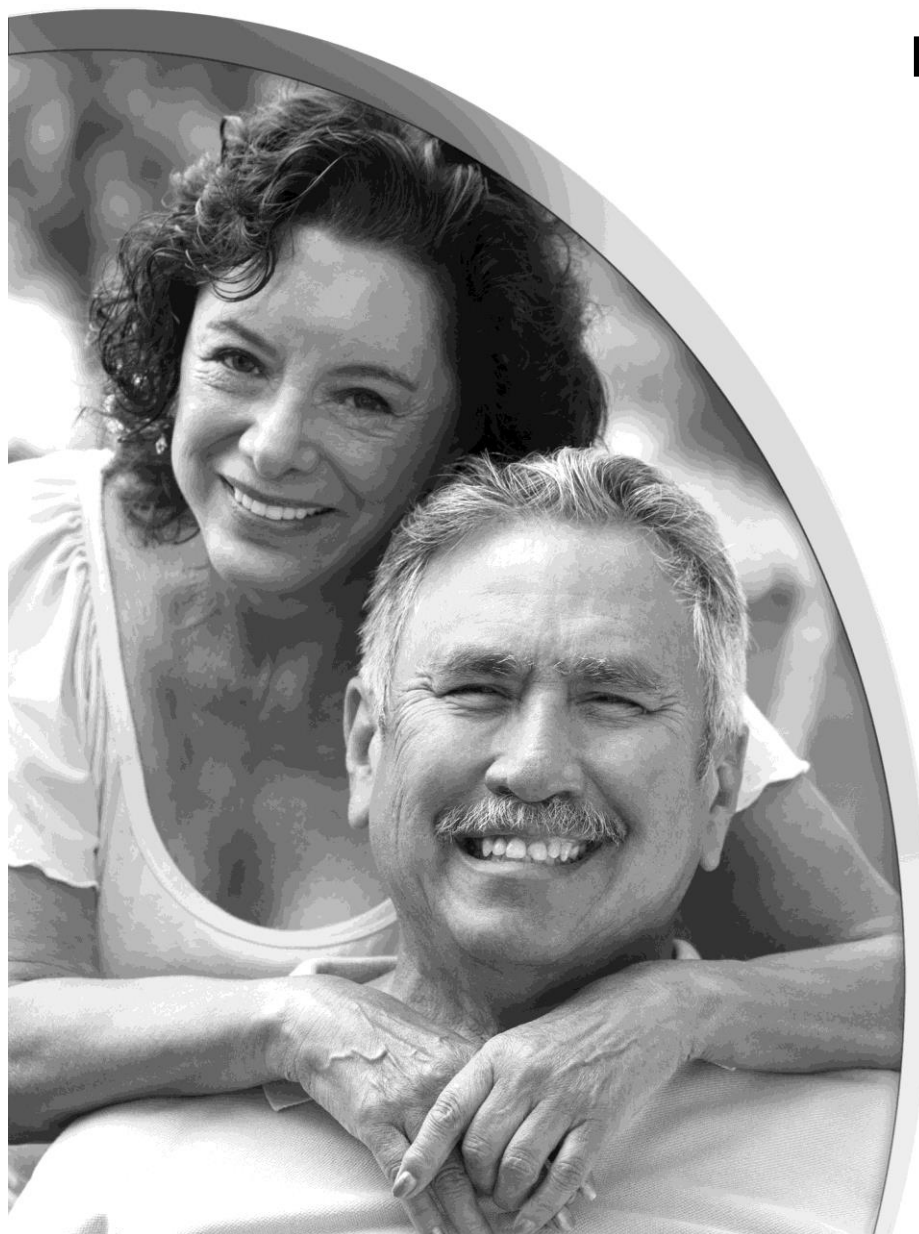




2024

Annual Notice of Changes

**Freedom VIP Savings
(HMO C-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 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 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 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) 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).

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Freedom VIP Savings (HMO C-SNP) offered by Freedom Health, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Freedom VIP Savings (HMO C-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. 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 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 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 our plan.

- 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 for more information.

About Freedom VIP Savings (HMO C-SNP)

- Freedom Health, Inc. is an HMO plan with a Medicare contract. Enrollment in Freedom Health, Inc. depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Freedom Health, Inc. When it says “plan” or “our plan,” it means Freedom VIP Savings (HMO C-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for the plan in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount 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.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: You pay \$0 per visit Specialist visits: You pay \$20 per visit	Primary care visits: You pay \$0 per visit Specialist visits: You pay \$10 per visit
Inpatient hospital stays	You pay a \$175 copay each day for Days 1-7 You pay a \$0 copay each day for Days 8-90	You pay a \$175 copay each day for Days 1-7 You pay a \$0 copay each day for Days 8-90

<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p>	<p>Deductible: This payment stage does not apply to you.</p> <p>Copayments and Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 per prescription • Drug Tier 2: \$25 per prescription • Drug Tier 3: \$65 per prescription • Drug Tier 4: 33% of the total cost per prescription • Drug Tier 5: \$10 per prescription <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called “coinsurance”), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<p>Deductible: This payment stage does not apply to you.</p> <p>Copayments and Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 per prescription • Drug Tier 2: \$20 per prescription • Drug Tier 3: \$60 per prescription • Drug Tier 4: 33% of the total cost per prescription • Drug Tier 5: \$10 per prescription <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. • You may have cost sharing for drugs that are covered under our enhanced benefit.
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SECTION 1 Changes to Benefit and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year.
Part B premium reduction (Part B Buydown)	\$150.00	\$164.90

- 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 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)
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.	\$3,400 Once you have paid \$3,400 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.	\$3,400 Once you have paid \$3,400 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. 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 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

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

Note: Beginning July 2023, cost-sharing for insulin furnished through an item of Durable Medical Equipment (DME) is subject to a coinsurance cap of \$35 for one-month's supply of insulin. For more information on cost-sharing for insulin furnished through an item of DME, please refer to the Medical Benefits Chart in Chapter 4 of your Evidence of Coverage.

Cost	2023 (this year)	2024 (next year)
Acupuncture for chronic low back pain For Medicare covered acupuncture services	You pay \$20 copayment per visit	You pay \$10 copayment per visit
Cardiac Rehabilitation Services For Medicare covered cardiac rehabilitation services	You pay \$20 copayment per visit for services provided in an office or free-standing facility or at a hospital-based provider. You pay \$20 copayment for Intensive Cardiac Rehabilitation Services performed at an office, free standing facility or at a hospital-based provider	You pay \$10 copayment per visit for services provided in an office or free-standing facility or at a hospital-based provider. You pay \$10 copayment for Intensive Cardiac Rehabilitation Services performed at an office, free standing facility or at a hospital-based provider

Chiropractic Visit For Medicare covered chiropractic visit	You pay \$20 copayment per visit	You pay \$10 copayment per visit
Doctor Office Visits For Medicare covered office visits	Primary care visits: You pay \$0 per visit Specialist visits: You pay \$20 per visit	Primary care visits: You pay \$0 per visit Specialist visits: You pay \$10 per visit
Emergency Care For covered emergency care	\$75 copayment for Medicare-covered emergency room visits Emergency care copayment may be waived upon admission.	\$120 copayment for Medicare-covered emergency room visits Emergency care copayment may be waived upon admission.
Hearing Services For covered Hearing services	\$0 copayment for Medicare-covered diagnostic hearing exam \$0 copayment for 1 supplemental routine hearing exam every year \$0 copayment for 1 hearing aid fitting-evaluation every year \$0 copayment for 2 hearing aids (1 per ear) per year The member will be responsible for payment of any amount in excess of \$1,000 (\$500 per hearing aid) for hearing aid benefit.	\$0 copayment for Medicare-covered diagnostic hearing exam \$0 copayment for 1 supplemental routine hearing exam every year \$0 copayment for 1 hearing aid fitting-evaluation every year \$0 copayment for 2 hearing aids (1 per ear) per year The member will be responsible for payment of any amount in excess of \$1,500 (\$750 per hearing aid) for hearing aid benefit.

<p>Opioid Treatment Program Services</p> <p>For Medicare covered services to treat opioid-use disorder</p>	<p>You pay 20% coinsurance for Part B medications and contrast agents injected during the service</p> <p>You pay \$20 copayment for Medicare-covered individual or group therapy in an office or free-standing facility</p> <p>You pay \$195 copayment for Medicare-covered individual or group therapy at a hospital-based provider</p> <p>You pay \$0 copayment for Medicare-covered lab services at a freestanding provider or \$50 copayment at an outpatient hospital setting</p> <p>If the doctor provides you other Opioid Treatment Program Services, separate copayment of \$0 to \$195 may apply.</p>	<p>You pay 20% coinsurance for Part B medications and contrast agents injected during the service</p> <p>You pay \$10 copayment for Medicare-covered individual or group therapy in an office or free-standing facility</p> <p>You pay \$195 copayment for Medicare-covered individual or group therapy at a hospital-based provider</p> <p>You pay \$0 copayment for Medicare-covered lab services at a freestanding provider or \$50 copayment at an outpatient hospital setting</p> <p>If the doctor provides you other Opioid Treatment Program Services, separate copayment of \$0 to \$195 may apply.</p>
<p>Other Healthcare Professional</p> <p>For Medicare covered other health care professional care services</p>	<p>You pay \$0 - \$20 copayment per visit depending on the place of service</p>	<p>You pay \$0 - \$10 copayment per visit depending on the place of service</p>
<p>Outpatient Mental Health Specialty Services</p> <p>For Medicare covered mental health specialty services</p>	<p>You pay \$20 copay for each Medicare-covered individual or group therapy visit</p>	<p>You pay \$10 copay for each Medicare-covered individual or group therapy visit</p>

Outpatient Rehabilitation Services For Medicare covered outpatient rehabilitation services (Occupational, Physical & Speech)	You pay \$20 copayment per visit	You pay \$10 copayment per visit
Outpatient Substance Abuse Services For Medicare covered Substance Abuse Services	You pay \$20 copayment for Medicare-covered individual or group visits in an office or free-standing facility You pay \$195 copayment for Medicare-covered individual or group visits at a hospital-based provider	You pay \$10 copayment for Medicare-covered individual or group visits in an office or free-standing facility You pay \$195 copayment for Medicare-covered individual or group visits at a hospital-based provider
Podiatry Services For Medicare covered Podiatry Services	You pay \$20 copayment per visit	You pay \$10 copayment per visit
Psychiatric Services For Medicare covered psychiatric services	You pay \$20 copayment per visit	You pay \$10 copayment per visit

<p>Pulmonary Rehabilitation Services</p> <p>For Medicare covered pulmonary rehabilitation services</p>	<p>You pay \$20 copayment per visit for services provided in an office or free-standing facility or at a hospital-based provider.</p>	<p>You pay \$10 copayment per visit for services provided in an office or free-standing facility or at a hospital-based provider.</p>
<p>Special Supplemental Benefits for the Chronically Ill</p>	<p>Groceries</p> <p>\$0 copay</p> <p>You will receive a \$50 allowance per month to buy a wide range of approved healthy foods and produce.</p>	<p>Everyday Options Allowance for Groceries, Home and Pet Care Supplies, and Utilities</p> <p>\$0 copay</p> <p>This plan now offers a combined monthly spending allowance for \$85.00 on your Benefits Prepaid card. You have the flexibility to choose how you want to spend your allowance on any of the following benefits:</p> <ul style="list-style-type: none"> • Groceries: Food items like fresh meats, fruits, vegetables, pantry staples, and more. • Home and Pet Care Supplies: Certain approved paper products, food storage, household cleaning products and pet care items. • Utilities: Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services. <p>Unused amounts do <u>not</u> roll over to the next month or calendar year.</p>

<p>Supervised Exercise Therapy (SET)</p> <p>For Medicare covered supervised exercise therapy</p>	<p>You pay \$20 copayment for Medicare-covered Supervised Exercise Therapy performed at an office, free standing facility or at a hospital-based provider</p>	<p>You pay \$10 copayment for Medicare-covered Supervised Exercise Therapy performed at an office, free standing facility or at a hospital-based provider</p>
<p>Vision Care</p> <p>For covered Vision Care</p>	<p>You pay \$0 copayment for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery.</p> <p>You pay \$0 copayment for exams to diagnose and treat diseases and conditions of the eye by an Optometrist.</p> <p>You pay \$20 copayment for exams to diagnose and treat diseases and conditions of the eye by an Ophthalmologist (Specialist)</p> <p>You pay \$0 copayment for routine eye exam(s) 1 per year by an Optometrist.</p> <p>You pay \$10 copayment for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year.</p> <p>You will be responsible for any amount over the plan benefit maximum of \$150 for eyewear benefit.</p>	<p>You pay \$0 copayment for Medicare-covered eyewear (one pair of eyeglasses which includes frame and plastic lens or contact lenses) after cataract surgery.</p> <p>You pay \$0 copayment for exams to diagnose and treat diseases and conditions of the eye by an Optometrist.</p> <p>You pay \$10 copayment for exams to diagnose and treat diseases and conditions of the eye by an Ophthalmologist (Specialist)</p> <p>You pay \$0 copayment for routine eye exam(s) 1 per year by an Optometrist.</p> <p>You pay \$0 copayment for the plan coverage limit for 1 pair of eyeglasses or contact lenses per year.</p> <p>You will be responsible for any amount over the plan benefit maximum of \$300 for eyewear benefit</p>

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. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website (www.freedomhealth.com).

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 removed 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)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Cost-Sharing Tier 1: Preferred Generic: You pay \$0 per prescription</p> <p>Cost-Sharing Tier 2: Preferred Brand: You pay \$25 per prescription</p> <p>Cost-Sharing Tier 3: Non-Preferred Drug: You pay \$65 per prescription</p> <p>Cost-Sharing Tier 4: Specialty Tier: You pay 33% of the total cost.</p> <p>Cost-Sharing Tier 5: Select Diabetic Drugs: You pay \$10 per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Cost-Sharing Tier 1: Preferred Generic: You pay \$0 per prescription</p> <p>Cost-Sharing Tier 2: Preferred Brand: You pay \$20 per prescription</p> <p>Cost-Sharing Tier 3: Non-Preferred Drug: You pay \$60 per prescription</p> <p>Cost-Sharing Tier 4: Specialty Tier: You pay 33% of the total cost.</p> <p>Cost-Sharing Tier 5: Select Diabetic Drugs: You pay \$10 per prescription</p> <hr/> <p>Once your total drug costs have reached \$5,030, 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.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for Tier 1 excluded drugs that are covered under our enhanced benefit. You may have cost sharing for Tier 2 and Tier 3 excluded drugs that are covered under our enhanced 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 Deciding Which Plan to Choose

Section 2.1 – 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 2.2 – 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 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 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 our plan.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our 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.

SECTION 3 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, 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.

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 4 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 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).

SECTION 5 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 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).
- **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 Florida AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida ADAP. There are multiple ways to contact the Florida ADAP. For English speaking members, please call for free 1-800-352-2437. Spanish (Español) speaking members can call for free 1-800-545-7432. Creole (Kreyòl) speaking members can call for free 1-800-243-7101. The local phone number is 1-850-245-4334 and calls to this number may not be free. TTY users can call 1-888-503-7118.

SECTION 6 Questions?

Section 6.1 – 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. 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. 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 6.2 – 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 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.

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, 1-800-537-7697 (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 Arzneimittelpplan. 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.

Get a copy of your health and claims records	<ul style="list-style-type: none">• 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.• 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.
Ask us to correct health and claims records	<ul style="list-style-type: none">• 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.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• 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.• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• 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.• 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.
Get a copy of this privacy notice	<ul style="list-style-type: none">• 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.

Choose someone to act for you	<ul style="list-style-type: none"> • 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. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on the back page. • 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 https://www.hhs.gov/ocr/complaints//index.html. • We will not retaliate against you for filing a complaint.

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.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation • 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.
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information

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.

Help manage the health care treatment you receive	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. 	<i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
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Run our organization	<ul style="list-style-type: none"> We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. 	<i>Example: We use health information about you to develop better services for you.</i>
Pay for your health services	<ul style="list-style-type: none"> We can use and disclose your health information as we pay for your health services. 	<i>Example: We share information about you with your dental plan to coordinate payment for your dental work.</i>
Administer your plan	<ul style="list-style-type: none"> We may disclose your health information to your health plan sponsor for plan administration. 	<i>Example: 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>.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> 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.

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

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

Health Plan: www.freedomhealth.com

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

Freedom VIP Savings (HMO C-SNP) Member Services

Method	Member Services – Contact Information
CALL	<p>1-800-401-2740 (Calls to this number are free.)</p> <p>1-813-506-6100 (Calls to this number may not 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>
TTY	<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>
FAX	1-813-506-6150
WRITE	<p>Freedom Health, Inc.</p> <p>P.O. Box 151137</p> <p>Tampa, FL 33684</p>
WEBSITE	www.freedomhealth.com

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
CALL	1-800-963-5337 (Calls to this number are free.)
TTY	<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>
WRITE	<p>SHINE – Serving Health Insurance Needs of Elders</p> <p>Florida Department of Elder Affairs</p> <p>4040 Esplanade Way, Ste. 270</p> <p>Tallahassee, Florida 32399-7000</p> <p>Email: information@elderaffairs.org</p>
WEBSITE	www.FLORIDASHINE.org

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