

Providence Medicare Flex Group Plan + Rx (HMO-POS), an Oregon Public Employees Retirement System (PERS) employer group plan, offered by Providence Health Assurance

Annual Notice of Changes for 2024

You are currently enrolled as a member of Providence Medicare Flex Group Plan + Rx (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at www.ProvidenceHealthAssurance.com/PHIP. You may also call Providence Health Assurance Customer Service to ask us to mail you an *Evidence of Coverage*.

- **The PERS Health Insurance Program (PHIP) Annual Plan Change period is October 1 to November 15. These changes will be effective January 1, 2024.**
- **Medicare plans not offered by PHIP have an annual enrollment period from October 15 until December 7 to make changes to your 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 want to **keep** your Providence Medicare Flex Group Plan + Rx (HMO-POS) plan with PHIP, you don't need to do anything. You will stay enrolled in the Providence Medicare Flex Group Plan + Rx (HMO-POS).
- If you decide a different PHIP plan will better meet your needs, you can switch to another PHIP plan between October 1 and November 15. If you enroll in a new PHIP plan, your coverage will begin on January 1, 2024.
- The information below is for general Medicare enrollment; contact the PERS Health Insurance Program for details regarding their enrollment and Plan Change guidelines.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 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.

4. ENROLL: To change to a different PHIP Plan during the PHIP Plan Change period of October 1 through November 15, 2023, contact PHIP or go online at www.pershealth.com for more information. The following information is for general Medicare enrollment; contact PHIP for details regarding their enrollment and Plan Change guidelines.

- To change to a plan outside of PHIP, join a plan between **October 15 and December 7, 2023**.
- If you don't join another plan by **December 7, 2023**, you stay in Providence Medicare Flex Group Plan + Rx (HMO-POS) plan with PHIP.
- If you join another plan by **December 7, 2023**, your new coverage will start on **January 1, 2024**.

Additional Resources

- This Plan, Providence Medicare Flex Group Plan + Rx (HMO-POS), is a PERS Health Insurance Program (PHIP) employer group plan. Disenrolling from the Providence Medicare Flex Group Plan + Rx (HMO-POS) will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP you may not be able to rejoin at a later date.
- This information is available in multiple formats, including large print and braille.
- **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 Providence Medicare Flex Group Plan + Rx (HMO-POS)

- Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Providence Health Assurance. When it says “plan” or “our plan,” it means Providence Medicare Flex Group Plan + Rx (HMO-POS).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Providence Medicare Flex Group Plan + Rx (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* * Your premium may be higher depending upon your circumstances. See Section 1.1 for details.</p>	<p>Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2023.</p>	<p>Premium amounts are changing starting January 1, 2024. Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2024.</p>
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>\$3,000 when using your in-network benefit. \$3,000 when using your Point-of-Service (POS) benefit.</p>	<p>\$3,000 when using your in-network benefit. \$3,000 when using your Point-of-Service (POS) benefit.</p>
<p>Doctor office visits</p>	<p>Primary care visits in-network: \$20 copayment per visit. Primary care visits when using your POS benefit: \$30 copayment per visit. Specialist visits in-network: \$25 copayment per visit. Specialist visits when using your POS benefit: \$35 copayment per visit.</p>	<p>Primary care visits in-network: \$20 copayment per visit. Primary care visits when using your POS benefit: \$30 copayment per visit. Specialist visits in-network: \$25 copayment per visit. Specialist visits when using your POS benefit: \$35 copayment per visit.</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>Hospital stays in-network:</p> <p>\$125 copayment each day for days 1-4 and there is no coinsurance, copayment, or deductible each day for day 5 and beyond for Medicare-covered inpatient hospital care.</p> <p>Hospital stays when using your POS benefit: 20% of the total cost per stay for Medicare-covered inpatient hospital care.</p>	<p>Hospital stays in-network:</p> <p>\$125 copayment each day for days 1-4 and there is no coinsurance, copayment, or deductible each for day 5 and beyond for Medicare-covered inpatient hospital care.</p> <p>Hospital stays when using your POS benefit: 20% of the total cost per stay for Medicare-covered inpatient hospital care.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: Up to an \$8 copayment at a preferred network pharmacy or up to an \$8 copayment at a network pharmacy. • Drug Tier 2: Up to an \$15 copayment at a preferred network pharmacy or up to an \$15 copayment at a network pharmacy. 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: Up to an \$8 copayment at a preferred network pharmacy or up to an \$8 copayment at a network pharmacy. • Drug Tier 2: Up to an \$15 copayment at a preferred network pharmacy or up to an \$15 copayment at a network pharmacy.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Drug Tier 3: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy. 	<ul style="list-style-type: none"> • Drug Tier 3: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy. You pay up to a \$35 copayment for each prescription filled, up to a 31-day supply of each covered insulin product on this tier. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy.

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Drug Tier 5: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy. • Drug Tier 6: Up to an \$0 copayment at a preferred network pharmacy or up to an \$0 copayment at a network pharmacy. <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. 	<ul style="list-style-type: none"> • Drug Tier 5: 40% of the total cost up to a maximum of \$250 per prescription at a preferred network pharmacy or 40% of the total cost up to a maximum of \$250 per prescription at a network pharmacy. • Drug Tier 6: Tier no longer available for 2024. However, Vaccines are still covered at \$0 on all other Tiers. <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.

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)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	<p>Starting January 1, 2023, please check with your plan sponsor regarding any changes in the monthly premium that you pay.</p>	<p>Starting January 1, 2024, please check with your plan sponsor regarding any changes in the monthly premium that you pay.</p>

- 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 extra Part D amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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 services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount	\$3,000 In-Network	\$3,000 In-Network
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,000 Out-of-Network	\$3,000 Out-of-Network
Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$3,000 out-of-pocket for covered services from in-network or out-of-network providers, you will pay nothing for your covered 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 located on our website at www.ProvidenceHealthAssurance.com/PHIP. You may also call Providence Health Assurance Customer Service for updated provider and/or pharmacy information or to ask us to mail you a *Provider and Pharmacy 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 Providence Health Assurance Customer Service 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.

Cost	2023 (this year)	2024 (next year)
Home infusion therapy (HIT)	<p>You pay 10% of the total cost for Medicare-covered home infusion therapy.</p> <p>You pay 20% of the total cost for Medicare-covered home infusion therapy when using your POS benefit.</p>	<p>There is no coinsurance, copayment, or deductible for Medicare-covered home infusion therapy.</p> <p>You pay a \$35 copayment for each Medicare-covered home infusion therapy when using your POS benefit.</p>
Medicare Part B prescription drugs	<p>In-Network</p> <p>You pay 20% of the total cost for Medicare-covered Part B chemotherapy and radiation drugs and other Part B drugs.</p>	<p>In-Network</p> <p>You pay 0 - 20% of the total cost for Medicare-covered Part B chemotherapy and radiation drugs and other Part B drugs.</p> <p>Insulin cost sharing is subject to a cost share cap of \$35 for one-month’s supply of insulin.</p>
Pulmonary rehabilitation services	<p>In-Network</p> <p>You pay a \$25 copayment for each Medicare-covered pulmonary rehabilitation service.</p>	<p>In-Network</p> <p>You pay a \$20 copayment for each Medicare-covered pulmonary rehabilitation service.</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.

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 Providence Health Assurance Customer Service 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 have included 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 didn’t receive this insert with this packet, please call Providence Health Assurance Customer Service and ask for the LIS Rider.

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

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

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

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>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy.</p>	<p>Tier 1 Preferred Generic:</p> <p>You pay up to a \$8 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$16 copayment for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$24 copayment for each prescription filled, up to a 93-day supply from a retail pharmacy and a \$16 copayment for up to a 93-day supply from a mail-order pharmacy.</p>	<p>Tier 1 Preferred Generic:</p> <p>You pay up to a \$8 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$16 copayment for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$24 copayment for each prescription filled, up to a 93-day supply from a retail pharmacy and a \$16 copayment for up to a 93-day supply from a mail-order pharmacy.</p>

Stage	2023 (this year)	2024 (next year)
<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>Tier 2 Generic: You pay up to a \$15 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$30 copayment for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$45 copayment for each prescription filled, up to a 93-day supply from a retail pharmacy and a \$30 copayment for up to a 93-day supply from a mail-order pharmacy.</p>	<p>Tier 2 Generic: You pay up to a \$15 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$30 copayment for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$45 copayment for each prescription filled, up to a 93-day supply from a retail pharmacy and a \$30 copayment for up to a 93-day supply from a mail-order pharmacy.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Tier 3 Preferred Brand: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, up to a 93-day supply from a retail or mail-order pharmacy.</p> <p>Insulin is <u>not</u> covered at \$35.</p>	<p>Tier 3 Preferred Brand: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$35 copayment for each prescription filled, up to a 31-day supply of each covered insulin product on this tier.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$70 copayment for each prescription filled, up to a 62-day supply of each covered insulin product on this tier.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, up to a 93-day supply from a retail or mail-order pharmacy.</p> <p>You pay up to a \$105 copayment for each prescription filled, up to a 93-day supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Tier 4 Non-Preferred Drug: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, up to a 93-day supply from a retail or mail-order pharmacy.</p> <p>Tier 5 Specialty: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>Tier 6 \$0 Part D Vaccines: You pay up to a \$0 copayment for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p>	<p>Tier 4 Non-Preferred Drug: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, up to a 62-day supply from a retail or mail-order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, up to a 93-day supply from a retail or mail-order pharmacy.</p> <p>Tier 5 Specialty: You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail-order pharmacy.</p> <p>Tier 6 \$0 Part D Vaccines: Tier no longer available for 2024. However, Vaccines are still covered at \$0 on all other Tiers.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage 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 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 Administrative Changes

Administrative changes may be strictly informational, with little to no impact on your benefits, or they may change how you access your care and which services and prescription drugs are available to you. The table below lists the administrative changes we are making for next year.

Description	2023 (this year)	2024 (next year)
DME Supplier URL	<p>https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001 & www.ProvidenceHealthAssurance.com/findaprovider</p>	<p>www.ProvidenceHealthAssurance.com/findaprovider</p>
Fitness Vendor	Silver & Fit	Optum: One Pass

Description	2023 (this year)	2024 (next year)
Preferred Test Strips	All Accu-Chek test strips are preferred.	Accu-Chek Guide test strips are preferred.
Referrals	Referrals required to see in-network specialists.	Referrals not required to see in-network specialists.
Vendor Contact Information	Chapter 4, Section 2.1	Chapter 2, Section 1

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Providence Medicare Flex Group Plan + Rx (HMO-POS)

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan offered by the PERS Health Insurance Program by November 15 or change to a Medicare Plan not offered by PHIP or to Original Medicare by December 7, you will automatically stay enrolled in our Providence Medicare Flex Group Plan + Rx (HMO-POS.)

Section 3.2 – If you want to change plans

The Providence Medicare Align Group Plan + Rx (HMO) plan is sponsored by PHIP. Disenrolling from the Providence Medicare Align Group Plan + Rx (HMO) will disenroll you from PHIP.

If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave the PERS Health Insurance Plan, you may not be able to return to the PHIP at a later date.

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

Step 1: Learn about and compare your choices

- You can change to a different PHIP plan,
- OR -- 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 5), or call Medicare (see Section 7.2).

As a reminder, Providence Health Assurance offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- You can change to a different PHIP plan offered by Providence Health Assurance or another PHIP health plan. You will need to decide between October 1 and November 15.
- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Providence Medicare Flex Group Plan + Rx (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Flex Group Plan + Rx (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Providence Health Assurance Customer Service 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 4 Deadline for Changing Plans

If you want to change to a different PHIP health plan for next year, you can do it from October 1 through November 15. The change will take effect on January 1, 2024. Please see below if you would like to change to a Medicare plan not offered by PHIP or to Original Medicare.

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 a separate Medicare prescription drug plan) 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

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA). In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (also SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 contact:

OREGON:

SHIBA

500 Summer St. NE, E-12
Salem, OR 97301

Phone: 1-800-722-4134

TTY: 711

Email:

shiba.oregon@odhsoha.oregon.gov

Website:

www.shiba.oregon.gov**WASHINGTON:**

SHIBA

Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

Phone: 1-800-562-6900

TTY: 360-586-0241

Website:

www.insurance.wa.gov/shiba

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, 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 CAREAssist in Oregon or Early Intervention Program (EIP) in Washington. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 971-673-0144 or 1-800-805-2313 (TTY 711), or the Early Intervention Program (EIP) at 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Flex Group Plan + Rx (HMO-POS)

Questions? We’re here to help. Please call Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. 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 Providence Medicare Flex Group Plan + Rx (HMO-POS). 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.ProvidenceHealthAssurance.com/PHIP. You may also call Providence Health Assurance Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.ProvidenceHealthAssurance.com/PHIP. 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). 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.

How to contact PERS Health Insurance Program (PHIP) Customer Service

For assistance with plan premiums, changes, updating your name, address, and phone numbers, please call or write to PHIP Customer Service.

Method	PERS Health Insurance Program (PHIP) Customer Service – Contact Information
CALL	<p>1-800-768-7377</p> <p>Calls to this number are free. Customer Service is available from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday.</p> <p>Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>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. This number is available 24 hours a day, seven days a week.</p>
FAX	503-765-3452 or 1-888-393-2943
WRITE	<p>PERS Health Insurance Program (PHIP)</p> <p>P.O. Box 40187</p> <p>Portland, OR 97240-0187</p> <p>persinfo@pershealth.com</p>
WEBSITE	www.pershealth.com

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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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 Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-603-2340 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-603-2340 (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 1-800-603-2340 (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 [1-800-603-2340]. 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 1-800-603-2340 (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 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-800-603-2340 (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 1-800-603-2340 (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 1-800-603-2340 (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、1-800-603-2340 (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。