Advantage Care by Ultimate (HMO C-SNP) offered by Ultimate Health Plans

Annual Notice of Changes for 2024

You are currently enrolled as a member of Advantage Care by Ultimate (HMO C-SNP). 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.ChooseUltimate.com/Member/DocumentsandForms. 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 Advantage Care by Ultimate (HMO C-SNP).
- 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 Advantage Care by Ultimate (HMO C-SNP).
- 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.
- Please contact our Member Services number at 888-657-4170 for additional information. (TTY users should call 711.) Hours are from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. This call is free.
- Please contact Ultimate Health Plans at the number listed above if you need information in an accessible format (e.g., braille, large print, audio) or language other than English.
- **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 Advantage Care by Ultimate (HMO C-SNP)

- Ultimate Health Plans is an HMO with a Medicare contract and is contracted with the Florida State Medicaid program for Dual Special Needs Plans. Enrollment in Ultimate Health Plans depends on contract renewal.
- When this document says "we," "us," or "our", it means Ultimate Health Plans. When it says "plan" or "our plan," it means Advantage Care by Ultimate (HMO C-SNP).

OMB Approval 0938-1051 (Expires: February 29, 2024)

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Advantage Care by Ultimate (HMO C-SNP) 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 most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$1,700	$1,750
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $10 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $5 copay per visit
Inpatient hospital stays	$70 copay per day for days 1 through 5 $0 copay per day for days 6 through 90	$50 copay per day for days 1 through 5 $0 copay per day for days 6 through 90

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 copay Drug Tier 2: $20 copay Drug Tier 3: $60 copay Drug Tier 4: 33% coinsurance Drug Tier 5: $10 copay Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each covered drug, you pay whichever is the larger amount: ○ -either- Coinsurance of 5% of the cost of the drug ○ -or- $4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 copay Drug Tier 2: $10 copay Drug Tier 3: $50 copay Drug Tier 4: 33% coinsurance Drug Tier 5: $10 copay Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. 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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to $164.90.	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to $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.	$1,700	$1,750 Once you have paid $1,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ChooseUltimate.com/Home/FindDoctor. 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 & 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 & 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, 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.

Cost	2023 (this year)	2024 (next year)
Acupuncture for lower back pain (Medicare-covered)	**In-Network** You pay a $10 copay for each Medicare-covered visit.	**In-Network** You pay a $5 copay for each Medicare-covered visit.
Chiropractic Services (Medicare-covered)	**In-Network** You pay a $10 copay for each Medicare-covered chiropractic visit.	**In-Network** You pay a $5 copay for each Medicare-covered chiropractic visit.
Dental Services (Non-Medicare-covered Comprehensive)	**In-Network** You pay a $0 copay for each restorative services visit (4 visits every year). You pay a $0 copay for each extraction services visit (2 visits every year). You pay a $0 copay for each endodontics services visit (1 visit every year). You pay a $0 copay for each periodontics services visit (6 visits every year). Prosthodontics and other oral/maxillofacial surgery services visits are not covered.	**In-Network** You pay a $0 copay for each restorative services visit (4 visits every year). You pay a $0 copay for each extraction services visit (2 visits every year). You pay a $0 copay for each endodontics services visit (1 visit every year). You pay a $0 copay for each periodontics services visit (7 visits every year). You pay a $0 copay for each prosthodontics and other oral/maxillofacial surgery services visit (unlimited visits every year).

Cost	2023 (this year)	2024 (next year)
Emergency Services	**In- and Out-of-Network** You pay a $70 copay for each visit for Medicare-covered emergency services.	**In- and Out-of-Network** You pay a $60 copay for each visit for Medicare-covered emergency services.
In-Home Support Services	**In-Network** You pay a $0 copay for companion and caregiver support services each year.	**In-Network** In-Home Support Services are not covered.
Inpatient Hospital Care	**In-Network** You pay a $70 copay per day for days 1 through 5 $0 copay per day for days 6 through 90	**In-Network** You pay a $50 copay per day for days 1 through 5 $0 copay per day for days 6 through 90
Inpatient Mental Health Care	**In-Network** You pay a $70 copay per day for days 1 through 5 $0 copay per day for days 6 through 90	**In-Network** You pay a $50 copay per day for days 1 through 5 $0 copay per day for days 6 through 90
Medicare Part B Prescription Drugs	**In-Network** You pay a 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. You pay a 20% coinsurance for other Medicare Part B drugs. You pay a 20% coinsurance for a one-month supply of Medicare Part B covered insulin.	**In-Network** You pay a 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. You pay a 20% coinsurance for other Medicare Part B drugs. You pay a $35 copay for a one-month supply of Medicare Part B covered insulin.

Cost	2023 (this year)	2024 (next year)
Other Health Care Professionals (e.g., nurse practitioner; physician assistant)	**In-Network** You pay a $10 copay for each Medicare-covered visit.	**In-Network** You pay a $5 copay for each Medicare-covered visit.
Outpatient Diagnostic Lab Services	**In-Network** You pay a $0 to $95 copay for Medicare-covered outpatient lab services. • 20% coinsurance for genetic testing.	**In-Network** You pay a $0 to $50 copay for Medicare-covered outpatient lab services. • 20% coinsurance for genetic testing.
Outpatient Diagnostic Procedures and Tests	**In-Network** You pay a $0 to $95 copay for Medicare-covered diagnostic procedures and tests.	**In-Network** You pay a $0 to $50 copay for Medicare-covered diagnostic procedures and tests.
Outpatient Diagnostic and Therapeutic Radiology Services	**In-Network** You pay a $0 to $95 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay a $0 to $95 copay for Medicare-covered outpatient X-rays. You pay a 20% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).	**In-Network** You pay a $0 to $75 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans). You pay a $0 to $50 copay for Medicare-covered outpatient X-rays. You pay a 20% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).

Cost	2023 (this year)	2024 (next year)
Outpatient Mental Health Specialty Services	**In-Network** You pay a $10 copay for each Medicare-covered individual therapy visit. You pay a $10 copay for each Medicare-covered group therapy visit.	**In-Network** You pay a $5 copay for each Medicare-covered individual therapy visit. You pay a $5 copay for each Medicare-covered group therapy visit.
Outpatient Psychiatrist Services	**In-Network** You pay a $10 copay for each Medicare-covered individual therapy visit with a psychiatrist. You pay a $10 copay for each Medicare-covered group therapy visit with a psychiatrist.	**In-Network** You pay a $5 copay for each Medicare-covered individual therapy visit with a psychiatrist. You pay a $5 copay for each Medicare-covered group therapy visit with a psychiatrist.
Outpatient Surgery & Observation Services (at an Outpatient Facility)	**In-Network** You pay a $75 to $95 copay for Medicare-covered outpatient hospital surgical services. You pay a $90 copay for Medicare-covered observation services.	**In-Network** You pay a $50 copay for Medicare-covered outpatient hospital surgical services. You pay a $60 copay for Medicare-covered observation services.
Over-the-Counter Items	**In-Network** You pay a $0 copay for OTC items. Plan covers $75 every month.	**In-Network** OTC items are not covered. (See *Special Supplemental Benefits for the Chronically Ill* section for OTC coverage)
Podiatry Services (Medicare-covered)	**In-Network** You pay a $10 copay for each Medicare-covered podiatry visit.	**In-Network** You pay a $5 copay for each Medicare-covered podiatry visit.

Cost	2023 (this year)	2024 (next year)
Skilled Nursing Facility (SNF) Care	**In-Network** You pay a $0 copay per day for days 1 through 20 $150 copay per day for days 21 through 38 $0 copay per day for days 39 through 100 for each Medicare-covered SNF stay. Inpatient hospital stay is not required prior to admission.	**In-Network** You pay a $0 copay per day for days 1 through 20 $120 copay per day for days 21 through 38 $0 copay per day for days 39 through 100 for each Medicare-covered SNF stay. Inpatient hospital stay is not required prior to admission.
Special Supplemental Benefits for the Chronically Ill	**In-Network** $75 Benefit Card monthly allowance to spend at participating retailers toward the purchase of healthy foods for members with qualifying chronic conditions.	**In-Network** $100 Benefit Card monthly allowance to spend at participating retailers toward the purchase of healthy foods, over-the-counter items, and certain utilities for members with qualifying chronic conditions.
Specialist Visits	**In-Network** You pay a $10 copay for each Medicare-covered specialist visit.	**In-Network** You pay a $5 copay for each Medicare-covered specialist visit.

Cost	2023 (this year)	2024 (next year)
Vision Care (Non-Medicare-covered Eyewear)	**In-Network** You pay a $0 copay for eyeglass lenses (1 pair of eyeglass lenses every year). You pay a $0 copay for eyeglass frames (1 pair of eyeglass frames every year). You pay a $0 copay for contact lenses (unlimited contact lenses every year). $200 maximum for eyewear, which includes both frames and lenses combined every year.	**In-Network** You pay a $0 copay for eyeglass lenses (1 pair of eyeglass lenses every year). You pay a $0 copay for eyeglass frames (1 pair of eyeglass frames every year). You pay a $0 copay for contact lenses (unlimited contact lenses every year). $300 maximum for eyewear, which includes both frames and lenses combined every year.

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)
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)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic:** You pay a $0 copay per prescription. **Preferred Brand:** You pay a $20 copay per prescription. **Non-Preferred Drug:** You pay a $60 copay per prescription. **Specialty Tier:** You pay a 33% coinsurance per prescription. **Select Care Drugs:** You pay a $10 copay per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic:** You pay a $0 copay per prescription. **Preferred Brand:** You pay a $10 copay per prescription. **Non-Preferred Drug:** You pay a $50 copay per prescription. **Specialty Tier:** You pay a 33% coinsurance per prescription. **Select Care Drugs:** You pay a $10 copay per prescription.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our "Drug List". To see if your drugs will be in a different tier, look them up on the "Drug List".	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

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

Description	2023 (this year)	2024 (next year)
For some chronically used drugs, you can get a long-term supply if you take the drugs on a regular basis for a chronic or long-term condition.	A long-term supply is a **90-day supply** for Tier 1 drugs.	A long-term supply is up to a **100-day supply** for some Tier 1 drugs.
Every drug on the plan's "Drug List" is in one of 5 cost-sharing tiers. To find out which cost-sharing tier your drug is in, look it up in the plan's "Drug List."	Select generic and brand drugs that treat Respiratory Disease and Cardiovascular Disease are in **Tier 5 (Select Care Drugs).** Select generic and brand drugs that treat Diabetes are in **Tier 5 (Select Care Drugs).**	Select generic and brand drugs that treat Respiratory Disease and Cardiovascular Disease are in **Tier 2 (Preferred Brand).** Select generic and brand drugs that treat Diabetes are in **Tier 2 (Preferred Brand) or Tier 5 (Select Care Drugs).**

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Advantage Care by Ultimate (HMO C-SNP)

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 Advantage Care by Ultimate (HMO C-SNP).

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. 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, Ultimate Health Plans 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 Advantage Care by Ultimate (HMO C-SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Advantage Care by Ultimate (HMO C-SNP).
- 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 4 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 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving Health Insurance Needs of Elders (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 Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. You can learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting their website (https://www.floridashine.org).

SECTION 6 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. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida AIDS Drug Assistance Program at 1-850-245-4422.

SECTION 7 Questions?

Section 7.1 – Getting Help from Advantage Care by Ultimate (HMO C-SNP)

Questions? We're here to help. Please call Member Services at 888-657-4170. (TTY only, call 711.) We are available for phone calls from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. 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 Advantage Care by Ultimate (HMO C-SNP). 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.ChooseUltimate.com/Member/DocumentsandForms. 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.ChooseUltimate.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider & 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.