

Meridian Medicare-Medicaid Plan (MMP) offered by Meridian Health Plan of Illinois, Inc

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of Meridian Medicare-Medicaid Plan (MMP). Next year, there will be changes to the plan’s benefits, coverage, rules and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at mmp.ILmeridian.com. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



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A. Disclaimers

- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
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B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 13).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (refer to page 15 for more information).

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



B1. Additional resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-580-1689 (los usuarios de TTY deben llamar al 711). Los representantes están disponibles para ayudarle de lunes a viernes de 8 a. m. a 8 p. m. Los fines de semana y los días feriados estatales o federales, es posible que se le solicite que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratis.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-580-1689 (TTY users should call 711), Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). We will document your choice. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. If you later want to change the language and/or format choice, please call Member Services.

B2. Information about Meridian Medicare-Medicaid Plan (MMP)

- Meridian Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



- Coverage under Meridian Medicare-Medicaid Plan (MMP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Meridian Medicare-Medicaid Plan (MMP) is offered by Meridian Health Plan of Illinois, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Meridian Health Plan of Illinois, Inc. When it says “the plan” or “our plan,” it means Meridian Medicare-Medicaid Plan (MMP).

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



If you decide to stay with Meridian Medicare-Medicaid Plan (MMP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 13 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at mmp.ILmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY:711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



	2023 (this year)	2024 (next year)
Institution for Mental Disease Services	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Institution for Mental Disease Services for Individuals 65 or older is \$12,373.</p>	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Institution for Mental Disease Services for Individuals 65 or older is \$17,436</p>
Nursing Home Services	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Nursing Home Services is \$12,373.</p>	<p>You pay a \$0 copay</p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Nursing Home Services is \$17,436</p>
Physical Therapy and Speech Language Pathology Services	Referral may be required.	Referral is not required.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.ILmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY: 711) for updated drug information or to ask

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us to mail you a *List of Covered Drugs*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The *List of Covered Drugs* is also called the “Drug List.”

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.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-855-580-1689 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 Member Handbook* or call Member Services at 1-855-580-1689 (TTY: 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
 - If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.

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- In some situations, we will cover a **temporary** supply of a Part D drug during the first 90 days of the calendar year and we will cover a **temporary** supply of your Medicaid drugs during the first 180 days of the calendar year.
- This temporary supply will be for up to a 30-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a retail pharmacy. This temporary supply will be for up to a 31-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a long-term care pharmacy.
- If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of Part D drugs and up to a 180-day supply for non-Part D drugs at a retail pharmacy. If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of Part D drugs and up to a 180-day supply for non-Part D drugs at a long-term care pharmacy. You must fill the prescription at a network pharmacy.
- Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
- If we approved your formulary exception in 2023, your authorization may still be valid. Please refer to your approval letter which contains the end date of your formulary exception. If you cannot find your approval letter or have any questions related to the timeframe of approvals, please reference the phone numbers provided in this document and contact our Member Services department.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our 3 drug tiers.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



	2023 (this year)	2024 (next year)
<p>Drugs in Tier 1 (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (Non-Medicare Prescription and Over-the-Counter Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

E. Administrative changes

Starting January 1, 2024, the Pharmacy Benefit Manager (PBM) is changing from CVS to Express Scripts®.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



	2023 (this year)	2024 (next year)
<p>Pharmacy Benefit Manager (PBM) Change</p> <p>Meridian Medicare-Medicaid Plan (MMP) partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Meridian Medicare-Medicaid Plan (MMP) ID card. Please begin using your updated ID card on 1/1/24.</p> <p>To ensure your pharmacy has your most up to date information, please show your new Meridian Health Plan of Illinois, Inc. ID card when you fill a prescription for the first time on or after 1/1/24.</p> <p>If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.</p> <p>If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.</p>	<p>CVS Caremark</p>	<p>Express Scripts®</p>

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

F2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

F3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Meridian Medicare-Medicaid Plan (MMP), you will return to getting your Medicare and Medicaid services separately.

F4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your Original Medicare coverage begins.</p>

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your Original Medicare coverage begins.</p>
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G. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Meridian Medicare-Medicaid Plan (MMP) and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and *Provider and Pharmacy Directory* from your HealthChoice Illinois MLTSS health plan.

H. How to get help

H1. Getting help from Meridian Medicare-Medicaid Plan (MMP)

Questions? We're here to help. Please call Member Services at 1-855-580-1689 (TTY only, call 711). We are available for phone calls Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Your 2024 Member Handbook

The 2024 *Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2024 *Member Handbook* will be available by October 15. An up-to-date copy of the 2024 *Member Handbook* is available on our website at mmp.ILmeridian.com. You may also call Member Services at 1-855-580-1689 (TTY: 711) to ask us to mail you a 2024 *Member Handbook*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Our website

You can also visit our website at mmp.ILmeridian.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

H2. Getting help from Illinois Client Enrollment Services

Illinois Client Enrollment Services is able to help you with questions related to your Meridian Medicare-Medicaid Plan (MMP) membership. If you want to go back to getting your Medicare and Medicaid services separately or switch to a different Medicare-Medicaid Plan, Illinois Client Enrollment Services is available to help. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



H3. Getting help from the Illinois Long-Term Care Ombudsman Program

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Meridian Medicare-Medicaid Plan (MMP). The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

H4. Getting help from the Senior Health Insurance Assistance Program (SHIP)

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

H5. Getting help from Medicare

To get information directly from Medicare 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.

Medicare Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to www.medicare.gov and click on "Find plans.")

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



Medicare & You 2024

You can read *Medicare & You 2024* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (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.

H6. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit www.dhs.state.il.us.

H7. How to contact the Quality Improvement Organization

Our state has an organization called Livanta BFCC-QIO Program. This is a group of providers and other healthcare professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIO Program is not connected with our plan.

Contact Livanta BFCC-QIO Program if you have questions about your healthcare. You can also make a complaint about the care you got if:

- You have a problem with the quality of care,
- You think your hospital stay is ending too soon, or
- You think your home healthcare, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Contact Livanta BFCC-QIO Program at 1-888-524-9900 (TTY users should call 1-888-985-8775) Monday through Friday 9 a.m. to 6 p.m. (EST) or visit their website at livantaqio.com/en.

If you have questions, please call Meridian Member Services at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.ILmeridian.com.



Multi-Language Insert

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-580-1689** (TTY: **711**). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al **1-855-580-1689** (TTY: **711**), de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-855-580-1689** (TTY: **711**) 與我們聯絡。週末及州或聯邦假日時，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康计划或药物计划存有的任何疑问。要获得口译服务，请致电 **1-855-580-1689** (TTY: **711**)。我们的工作时间为周一至周五上午 8 点至晚上 8 点。如逢周末和州或联邦节假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您可获得中文普通话口译员的帮助。这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-855-580-1689** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-855-580-1689** (TTY: **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous vous rappellerons le jour ouvrable suivant. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-580-1689** (TTY: **711**). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-855-580-1689** (TTY: **711**). An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일~금요일, 오전 8시부터 오후 8시까지 **1-855-580-1689**(TTY: **711**)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-855-580-1689** (TTY: **711**). Часы работы: с 8 a.m. до 8 p.m. с понедельника по пятницу. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-855-580-1689** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال إجازات الولاية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-855-580-1689** (TTY: **711**) dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-855-580-1689** (TTY: **711**). O serviço está disponível de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-855-580-1689** (TTY: **711**) soti 8è a.m. rive 8è p.m., Lendi pou Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Y ap tounen rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-855-580-1689** (TTY: **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-855-580-1689** (TTY: **711**) पर कॉल करें। कार्य समय पर सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前8時～午後8時に、**1-855-580-1689** (TTY: **711**) までお電話ください。週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、次の営業日に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνέων για να απαντήσουμε σε τυχόν ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα φαρμάκων. Για να βρείτε διερμηνέα, απλά καλέστε μας στο **1-855-580-1689** (TTY: **711**) από τις 8 π.μ. έως τις 8 μ.μ., από Δευτέρα έως Παρασκευή. Μετά το πέρας του εργάσιμου ωραρίου, τα Σαββατοκύριακα και τις αργίες, ενδέχεται να σας ζητηθεί να αφήσετε μήνυμα. Η κλήση σας θα απαντηθεί εντός της επόμενης εργάσιμης ημέρας. Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Πρόκειται για δωρεάν υπηρεσία.

Gujarati: અમારી આરોગ્ય અથવા દવા સંબંધી યોજના વિશે તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, બસ અમને **1-855-580-1689** (TTY: **711**) પર કોલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. વીકેન્ડ પર અને રાજ્યની કે સંઘીય રજાઓના દિવસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કોલનો વળતો જવાબ કામકાજના આગલા દિવસની અંદર આપવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوالوں کا جواب دینے کے لیے ہمارے پاس مفت ترجمان سروسز ہیں۔ مترجم کے لیے ہمیں صرف اس **1-855-580-1689** (TTY: **711**) نمبر پر صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ کال کریں۔ اختتام ہفتہ اور ریاستی یا وفاقی تعطیلات میں، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن میں واپس کی جائے گی۔ اردو بولنے والا کوئی بھی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔