



MEDICAL MUTUAL®

**Oberlin College**  
**Group Number – 590467**

# **2025 Annual Notice of Changes**

**MedMutual Advantage PPO Plan**

## MedMutual Advantage PPO offered by Medical Mutual of Ohio (Medical Mutual)

### Annual Notice of Changes for 2025

You are currently enrolled as a member of MedMutual Advantage PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs.***

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 [MedMutual.com/MAgroup](http://MedMutual.com/MAgroup). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

- **You can make changes to your Medicare coverage for next year during your group's open enrollment period.**

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#### 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 2025 drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the 2025 Drug List to make sure the drugs you currently take are still covered, what drug tier they are on, and to see if any of these drugs will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

##### 2. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan during your group's open enrollment period, you will stay in MedMutual Advantage PPO.
- To change to a **different plan**, you can switch plans during your group's open enrollment period.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Please contact our Customer Care number at 1-800-801-4823 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. This call is free.
- This document is available in alternate formats (e.g., braille, large print, audio).
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About MedMutual Advantage PPO**

- MedMutual Advantage PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage PPO plan depends on contract renewal.
- When this document says "we," "us," or "our", it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage PPO.

***Annual Notice of Changes for 2025***  
**Table of Contents**

**Summary of Important Costs for 2025** ..... 4

**SECTION 1 Changes to Benefits and Costs for Next Year**..... 7

    Section 1.1 Changes to the Monthly Premium..... 7

    Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts..... 7

    Section 1.3 Changes to the Provider and Pharmacy Networks ..... 8

    Section 1.4 Changes to Benefits and Costs for Medical Services ..... 9

    Section 1.5 Changes to Part D Prescription Drug Coverage..... 9

**SECTION 2 Administrative Changes** ..... 12

**SECTION 3 Deciding Which Plan to Choose**..... 15

    Section 3.1 If you want to stay in MedMutual Advantage PPO ..... 15

    Section 3.2 If you want to change plans ..... 15

**SECTION 4 Deadline for Changing Plans**..... 16

**SECTION 5 Programs That Offer Free Counseling about Medicare**..... 16

**SECTION 6 Programs That Help Pay for Prescription Drugs** ..... 16

**SECTION 7 Questions?** ..... 17

    Section 7.1 Getting Help from MedMutual Advantage PPO ..... 17

    Section 7.2 Getting Help from Medicare ..... 18

**APPENDIX 1 State Health Insurance Assistance Programs (SHIPs)** ..... 19

**APPENDIX 2 AIDS Drug Assistance Programs (ADAPs)**..... 26

**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for MedMutual Advantage PPO in several important areas. **Please note this is only a summary of costs.**

| <b>Cost</b>  | <b>2024 (this year)</b>   | <b>2025 (next year)</b>   |
|--|---|---|
| <b>Monthly plan premium</b>  | Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay. | Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.   |
| <b>Maximum out-of-pocket amounts</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | From network providers: \$3,000<br>From network and out-of-network providers combined: \$3,000  | From network providers: \$3,000<br>From network and out-of-network providers combined: \$3,000  |
| <b>Doctor office visits</b>  | <b><u>In Network and Out of Network</u></b><br>Primary care visits: 15% of the total cost per visit<br>Specialist visits: 15% of the total cost per visit   | <b><u>In Network and Out of Network</u></b><br>Primary care visits: 15% of the total cost per visit<br>Specialist visits: 15% of the total cost per visit   |
| <b>Inpatient hospital stays</b>  | <b><u>In Network and Out of Network</u></b><br>Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost   | <b><u>In Network and Out of Network</u></b><br>Day 1 and thereafter: After the \$500 deductible is met, you pay 15% of the total cost   |
| <b>Part D prescription drug coverage</b><br>(See Section 1.5 for details.)   | <b><i>Your MedMutual Advantage plan provided by Medical Mutual did not include drug coverage. Contact your plan’s benefits administrator or your 2024 Part D plan for more information.</i></b>             | Deductible: \$0<br>Copayment/Coinsurance during the Initial Coverage Stage:<br><b><u>Drug Tier 1:</u></b><br><ul style="list-style-type: none"> <li>• \$10 copay (retail) or \$20 copay (mail order) per prescription for up to a 30-day supply</li> <li>• \$30 copay (retail) or \$20 copay (mail order) per prescription for up to a 90-day supply</li> </ul> |

| Cost | 2024 (this year) | 2025 (next year)  |
|------|------------------|---|
|      |                  | <p><u>Drug Tier 2:</u></p> <ul style="list-style-type: none"> <li>• \$10 copay (retail) or \$20 copay (mail order) per prescription for up to a 30-day supply</li> <li>• \$30 copay (retail) or \$20 copay (mail order) per prescription for up to a 90-day supply</li> </ul> <p><u>Drug Tier 3:</u></p> <ul style="list-style-type: none"> <li>• \$50 copay (retail) or \$100 copay (mail order) per prescription for up to a 30-day supply</li> <li>• \$150 copay (retail) or \$100 copay (mail order) per prescription for up to a 90-day supply</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><u>Drug Tier 4:</u></p> <ul style="list-style-type: none"> <li>• \$75 copay (retail) or \$150 copay (mail order) per prescription for up to a 30-day supply</li> <li>• \$225 copay (retail) or \$150 copay (mail order) per prescription for up to a 90-day supply</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><u>Drug Tier 5:</u></p> <ul style="list-style-type: none"> <li>• \$100 copay per prescription for up to a 30-day supply (retail or mail order)</li> </ul> <p>A long-term supply is not available for drugs in Tier 5.</p> <p><u>Catastrophic Coverage:</u></p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs <b>and for excluded drugs that</b></li> </ul> |

| Cost   | 2024 (this year)  | 2025 (next year)                        |
|--|---|---|
|  |   | are covered under our enhanced benefit. |
| <p><b>Pharmacy maximum out-of-pocket amounts</b><br/>                     This is the most you will pay out-of-pocket for your covered prescription drugs.</p> | <p><i>Your MedMutual Advantage plan provided by Medical Mutual did not include drug coverage. Contact your plan's benefits administrator or your 2024 Part D plan for more information.</i></p> | <p>\$2,000</p>                          |

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

**Section 1.1 Changes to the Monthly Premium**

| Cost  | 2024 (this year)  | 2025 (next year)  |
|---|---|---|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay. | Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay. |

- 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 Amounts**

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

| Cost  | 2024 (this year) | 2025 (next year)  |
|---|------------------|---|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$3,000          | \$3,000<br>(No change from 2024)<br>Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |



| Cost  | 2024 (this year) | 2025 (next year)   |
|---|------------------|--|
| <p><b>Combined maximum out-of-pocket amount</b><br/>                     Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers and deductibles count toward your maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your combined maximum out-of-pocket amount for medical services.</p> | <p>\$3,000</p>   | <p>\$3,000<br/>                     (No change from 2024)<br/>                     Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p> |

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**Section 1.3 Changes to the Provider and Pharmacy Networks**

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at [MedMutual.com/MAGroup](http://MedMutual.com/MAGroup). You may also call Customer Care 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 2025 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

**Please review the 2025 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 Customer Care 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   | 2024 (this year)  | 2025 (next year)   |
|--|---|--|
| <p><b>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) – additional smoking and tobacco use cessation support</b><br/>                     This is coverage beyond the Medicare-covered smoking and tobacco use cessation preventive benefits. See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p> | <p>You pay a \$0 copay for tobacco QuitLine.<br/><br/>                     This includes five additional telephonic tobacco QuitLine coaching sessions, as well as a supply of nicotine therapy, in the form of patches or gum, at no cost.</p> | <p>You pay a \$0 copay for additional smoking and tobacco use cessation support.<br/><br/>                     This includes six additional coaching sessions, as well as a supply of nicotine therapy, in the form of patches or gum, at no cost.</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.

**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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 Customer Care for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and 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 does 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 your group's open enrollment period, please call Customer Care and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

| Stage                                   | 2024 (this year)  | 2025 (next year)   |
|---|---|--|
| <b>Stage 1: Yearly Deductible Stage</b> | <b><i>Your MedMutual Advantage plan provided by Medical Mutual did not include drug coverage. Contact your plan's benefits administrator or your 2024 Part D plan for more information.</i></b> | Because we have no deductible, this payment stage does not apply to you. |

**Changes to Your Cost-Sharing in the Initial Coverage Stage**

| Stage   | 2024 (this year)   | 2025 (next year)  |
|---|--|---|
| <p><b>Stage 2: Initial Coverage Stage</b><br/>                     During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b><br/><br/>                     Most adult Part D vaccines are covered at no cost to you.</p> | <p><b><i>Your MedMutual Advantage plan provided by Medical Mutual did not include drug coverage. Contact your plan's benefits administrator or your 2024 Part D plan for more information.</i></b></p> | <p>Your cost for a one-month supply filled at a network pharmacy is:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b><br/>                     You pay \$10 copay (retail) or \$20 copay (mail order) per prescription.</p> <p><b>Tier 2 (Generic Drugs):</b><br/>                     You pay \$10 copay (retail) or \$20 copay (mail order) per prescription.</p> <p><b>Tier 3 (Preferred Brand and Generic Drugs):</b><br/>                     You pay \$50 copay (retail) or \$100 copay (mail order) per prescription.<br/><br/>                     You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drugs):</b><br/>                     You pay \$75 copay (retail) or \$150 copay (mail order) per prescription.<br/><br/>                     You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Drugs):</b><br/>                     You pay \$100 copay per prescription (retail or mail order).</p> <p>Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

**Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

The chart below shows some additional changes.

| Description   | 2024 (this year)   | 2025 (next year)   |
|---|--|--|
| <b>Drug Assistance Program listings</b>   | Drug assistance program information is provided in Appendix 2 of the <i>Annual Notice of Changes</i> .   | Drug assistance program information provided in Appendix 2 of the <i>Annual Notice of Changes</i> has been updated.  |
| <b>Home-based palliative care</b><br>See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.   | The name of the vendor is Aspire Health.   | The name of the vendor is Carelon Health.  |
| <b>Medicaid Agency listings</b>   | Medicaid agency information is provided in Appendix 2 of your <i>Evidence of Coverage</i> .  | Medicaid agency information provided in Appendix 2 of your <i>Evidence of Coverage</i> has been updated.   |
| <b>Medicare fact sheet: Are you a Hospital Inpatient or Outpatient?</b><br>See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .                                 | The URL shown for this booklet, listed under Inpatient Hospital Care, Outpatient Hospital Observation, and Outpatient Hospital Services is <a href="https://www.medicare.gov/sites/default/files/2021-10/11435-Inpatient-or-Outpatient.pdf">https://www.medicare.gov/sites/default/files/2021-10/11435-Inpatient-or-Outpatient.pdf</a> . | The URL shown for this booklet, listed under Inpatient Hospital Care, Outpatient Hospital Observation, and Outpatient Hospital Services is <a href="https://es.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf">https://es.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf</a> . |
| <b>Medicare fact sheet: Medicare and Clinical Research Studies</b><br>See Chapter 3, Section 5.2 of your <i>Evidence of Coverage</i> .  | The URL shown for this fact sheet is <a href="http://www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf">www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf</a>  | The URL shown for this fact sheet is <a href="https://www.govinfo.gov/content/pkg/GOVPUB-HE22-PURL-gpo2011/pdf/GOVPUB-HE22-PURL-gpo2011.pdf">https://www.govinfo.gov/content/pkg/GOVPUB-HE22-PURL-gpo2011/pdf/GOVPUB-HE22-PURL-gpo2011.pdf</a> .   |
| <b>Medicare fact sheet: Medicare Rights &amp; Protections</b><br>See Chapter 6, Section 1.8 of your <i>2024 Evidence of Coverage</i> or Chapter 8, Section 1.8 of your <i>2025 Evidence of Coverage</i> . | The URL shown for this fact sheet is <a href="http://www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf">www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf</a> .  | The URL shown for this fact sheet is <a href="http://www.medicare.gov/publications/11534-medicare-rights-and-protections.pdf">www.medicare.gov/publications/11534-medicare-rights-and-protections.pdf</a> .  |

| Description   | 2024 (this year)   | 2025 (next year)  |
|---|--|---|
| <p><b>Medicare Prescription Payment Plan</b></p>  | <p>Not applicable</p>  | <p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December). To learn more about this payment option, please contact us at 1-800-801-4823 or visit Medicare.gov.</p> |
| <p><b>Outpatient substance use disorder services</b><br/>See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p>           | <p>This benefit is listed as “Outpatient substance abuse services.”</p>  | <p>This benefit is listed as “Outpatient substance use disorder services.”</p>  |
| <p><b>Prosthetic and orthotic devices and related supplies</b><br/>See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p> | <p>This benefit is listed as “Prosthetic devices and related supplies.”</p>  | <p>This benefit is listed as “Prosthetic and orthotic devices and related supplies.”</p>  |
| <p><b>Quality Improvement Organization (QIO) contact information: Livanta</b><br/>See Chapter 2, Section 4 of your <i>Evidence of Coverage</i> for more information.</p>                  | <p>The weekend hours for Livanta’s call center are listed as Saturday-Sunday, 11:00 a.m. – 3:00 p.m. (local time).<br/>The TTY number is listed as:</p> <ul style="list-style-type: none"> <li>• Region 2: 1-866-868-2289</li> <li>• Region 3: 1-888-985-2660</li> <li>• Region 5: 1-888-985-8775</li> <li>• Region 7: 1-888-985-9295</li> <li>• Region 9: 1-855-887-6668</li> </ul> <p>The URL is listed as <a href="http://www.livantaqio.com">www.livantaqio.com</a>.</p> | <p>The weekend hours for Livanta’s call center are listed as Saturday-Sunday and Holidays, 10:00 a.m. – 4:00 p.m. (local time).<br/>The TTY number is listed as 711.<br/>The URL is listed as <a href="http://www.livantaqio.cms.gov">www.livantaqio.cms.gov</a>.</p>   |

| Description   | 2024 (this year)   | 2025 (next year)  |
|---|--|---|
| <p><b>Quality Improvement Organization listing: KEPRO</b><br/>See Chapter 2, Section 4 of your <i>Evidence of Coverage</i> for details.</p> | <p>KEPRO is the name of the QIO for Alabama, Alaska, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, and Wyoming.</p> | <p>Acentra Health is the name of the QIO for Alabama, Alaska, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, and Wyoming.</p> |
| <p><b>State Health Insurance Assistance Program listings</b></p>  | <p>State health insurance assistance program information is provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i>.</p>  | <p>State health insurance assistance program information provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> has been updated.</p>   |

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 If you want to stay in MedMutual Advantage PPO

**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 during your group's open enrollment period, you will automatically be enrolled in our MedMutual Advantage PPO.

### 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 2025, 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MedMutual Advantage PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MedMutual Advantage PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care 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 during your group's open enrollment period. The change will take effect on January 1, 2025.

### 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## 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. 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. Please see Appendix 1 to find the SHIP for your state.

## 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state's pharmaceutical assistance program.** Some states have programs that help pay for prescription drugs based on their financial aid, need, age, or medical condition. To learn more about these programs, check with your local State Health Insurance Assistance Program.

- **Prescription Cost-Sharing Assistance for Persons with HIV/AIDS.** Some states also have an AIDS Drug Assistance Program (ADAP). These programs help ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, 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 Ohio AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please call the ADAP in your state. This information is listed in Appendix 2. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-801-4823 or visit Medicare.gov.

## SECTION 7 Questions?

### Section 7.1 Getting Help from MedMutual Advantage PPO

Questions? We're here to help. Please call Customer Care at 1-800-801-4823. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for MedMutual Advantage PPO. 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 MedMutual.com/MAGroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at MedMutual.com/MAGroup. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our List of Covered Drugs (Formulary/Drug List).

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**Section 7.2 Getting Help from Medicare**

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To get information directly from Medicare:

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

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

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2025***

Read the *Medicare & You 2025* 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/publications/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.

**APPENDIX 1 State Health Insurance Assistance Programs (SHIPs)**

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |   |                                       |
|--|---|---------------------------------------|
| TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |   |                                       |
| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                          |
| <b>Alabama</b>   | State Health Insurance Assistance Program (SHIP)<br>Alabama Department of Senior Services<br>201 Monroe St., Suite 350<br>Montgomery, AL 36104<br><a href="http://www.alabamaageline.gov/ship/">www.alabamaageline.gov/ship/</a>  | 1-800-243-5463                        |
| <b>Alaska</b>  | State Health Insurance Assistance Program (SHIP)<br>Alaska Medicare Information Office<br>1835 Bragaw Street, Suite 350<br>Anchorage, AK 99508<br><a href="http://hss.medicare@alaska.gov">http://hss.medicare@alaska.gov</a>   | 1-800-478-6065<br>TTY: 1-800-770-8973 |
| <b>Arizona</b>   | State Health Insurance Assistance Program (SHIP)<br>Individuals should contact the SHIP office in the county in which they reside.<br><a href="https://des.az.gov/medicare-assistance">https://des.az.gov/medicare-assistance</a>   | 1-800-432-4040                        |
| <b>Arkansas</b>  | Senior Health Insurance Information Program<br>Arkansas Insurance Department<br>One Commerce Way<br>Little Rock, AR 72202<br><a href="https://www.shiipar.com">https://www.shiipar.com</a>  | 1-800-224-6330                        |
| <b>California</b>  | State Health Insurance Assistance Program (SHIP)<br>California Health Insurance Counseling and Advocacy Program (HICAP)<br>2880 Gateway Oaks Drive, Suite 200<br>Sacramento, CA 95833<br><a href="https://www.aging.ca.gov/hicap/">https://www.aging.ca.gov/hicap/</a>  | 1-800-434-0222                        |
| <b>Colorado</b>  | Senior Health Insurance Assistance Program (SHIP)<br>Division of Insurance<br>Colorado Department of Regulatory Agencies<br>1560 Broadway, Suite 850<br>Denver, CO 80202<br><a href="https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare">https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare</a> | 1-888-696-7213                        |
| <b>Connecticut</b>   | The CHOICES Program<br><a href="https://portal.ct.gov/ADS-CHOICES">https://portal.ct.gov/ADS-CHOICES</a>  | 1-800-994-9422                        |
| <b>Delaware</b>  | Delaware Medicare Assistance Bureau (DMAB)<br><a href="https://insurance.delaware.gov/dmab">https://insurance.delaware.gov/dmab</a>   | 1-800-336-9500<br>7364                |
| <b>District of Columbia</b>  | DC State Health Insurance Assistance Program (SHIP)<br>InsuHealth Insurance Assistance<br>500 K Street, NE<br>Washington, D.C. 20002<br><a href="https://dcoa.dc.gov/service/dc-state-health-insurance-assistance-program-ship">https://dcoa.dc.gov/service/dc-state-health-insurance-assistance-program-ship</a>   | 1-202-727-8370                        |

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |   |  |
|--|---|--|
| TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |   |  |
| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>   |
| <b>Florida</b>   | Serving Health Insurance Needs of Elders (SHINE) Program<br>Florida Department of Elder Affairs<br>4040 Esplanade Way<br>Tallahassee, FL 32399-7000<br><a href="https://www.floridashine.org">https://www.floridashine.org</a>  | 1-800-963-5337<br>TTY: 1-800-955-8770                                |
| <b>Georgia</b>   | Georgia SHIP<br>Georgia Department of Human Services' (DHS) Division of Aging Services (DAS) State Health Insurance Assistance Program<br>47 Trinity Ave. S.W.<br>Atlanta, GA. 30334<br><a href="https://aging.georgia.gov/georgia-ship">https://aging.georgia.gov/georgia-ship</a>   | 1-866-552-4464 (Option #4)<br>Monday through Friday, 8 a.m. – 5 p.m. |
| <b>Guam</b>  | Guam Medicare Assistance Program (GUAM MAP) State Health Insurance Assistance Program (SHIP)<br><a href="https://dphss.guam.gov">https://dphss.guam.gov</a>   | 1-671-735-7421<br>1-671-735-7415                                     |
| <b>Hawaii</b>  | Hawaii State Health Insurance Assistance Program (SHIP)<br>Hawaii State Department of Health<br>Executive Office on Aging – No. 1 Capitol District 250 South Hotel St., Suite 406<br>Honolulu, HI 96813-2831<br><a href="https://www.hawaiiiship.org">https://www.hawaiiiship.org</a> | 1-808-586-7299<br>Toll Free 1-888-875-9229                           |
| <b>Idaho</b>   | Senior Health Insurance Benefits Advisors (SHIBA) – Idaho Department of Insurance<br>700 West State St., 3rd Floor<br>P.O. Box 83720<br>Boise, ID 83720-0043<br><a href="https://www.shiba.idaho.gov">https://www.shiba.idaho.gov</a>   | 1-800-247-4422<br>Monday through Friday, 8 a.m. to 5 p.m.            |
| <b>Illinois</b>  | Senior Health Insurance Program (SHIP)<br>One Natural Resources Way, #100<br>Springfield, IL. 62702-1271<br><a href="https://www.illinois.gov/aging/ship">https://www.illinois.gov/aging/ship</a>   | 1-800-252-8966<br>TTY: 711 (TRS)                                     |
| <b>Indiana</b>   | State Health Insurance Assistance Program (SHIP)<br>311 W. Washington St.<br>Indianapolis, IN 46204<br><a href="https://www.in.gov/ship">https://www.in.gov/ship</a>  | 1-800-452-4800   |
| <b>Iowa</b>  | Senior Health Insurance Information Program SHIIP-SMP<br><a href="https://shiip.iowa.gov">https://shiip.iowa.gov</a>  | 1-800-351-4664<br>TTY: 1-800-735-2942                                |

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |   |  |
|--|---|--|
| TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |   |  |
| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>   |
| <b>Kansas</b>  | Senior Health Insurance Counseling for Kansas (SHICK)<br>Kansas Department for Aging and Disability Services<br>New England Building<br>503 South Kansas Ave.<br>Topeka, KS 66603-3404<br><a href="https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick">https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick</a>   | 1-800-860-5260                                       |
| <b>Kentucky</b>  | State Health Insurance Assistance Program (SHIP)<br>Kentucky Cabinet for Health and Family Services<br>Department for Aging and Independent Living Office of the Secretary<br>275 East Main St., 3E-E<br>Frankfort, KY 40621<br><a href="https://chfs.ky.gov/agencies/dail/Pages/ship.aspx">https://chfs.ky.gov/agencies/dail/Pages/ship.aspx</a>   | 1-877-293-7447<br>(Option #2)                        |
| <b>Louisiana</b>   | Senior Health Insurance Information Program (SHIIP)<br>1702 N. Third St. P.O. Box 94214<br>Baton Rouge, LA 70802<br><a href="https://www.lidi.la.gov/consumers/senior-health-shiip">https://www.lidi.la.gov/consumers/senior-health-shiip</a>   | 1-800-259-5300                                       |
| <b>Maine</b>   | Maine State Health Insurance Assistance Program (SHIP)<br>Maine Department of Health and Human Services<br>109 Capital Street<br>11 State House Station<br>Augusta, ME 04333<br><a href="https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance">https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance</a> | 1-800-262-2232<br>(SHIP)<br>1-877-353-3771<br>(ADRC) |
| <b>Maryland</b>  | State Health Insurance Assistance Program (SHIP)<br>Maryland Department of Aging<br>301 West Preston St., Suite 1007<br>Baltimore, MD 21201<br><a href="https://aging.maryland.gov/Pages/state-health-insurance-program.aspx">https://aging.maryland.gov/Pages/state-health-insurance-program.aspx</a>  | 1-800-243-3425                                       |
| <b>Massachusetts</b>   | Serving Health Information Needs of Elders (SHINE)<br><a href="https://www.mass.gov/health-insurance-counseling">https://www.mass.gov/health-insurance-counseling</a>   | 1-800-243-4636<br>TTY/ASCII: (800)-439-2370          |
| <b>Michigan</b>  | Michigan Medicare Assistance Program (MMAP, Inc.)<br><a href="https://www.mmapinc.org">https://www.mmapinc.org</a>  | 1-800-803-7174                                       |
| <b>Minnesota</b>   | Minnesota Senior LinkAge Line<br>540 Cedar St.<br>St. Paul, MN 55164<br><a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a>   | 1-800-333-2433                                       |

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |   |  |
|--|---|--|
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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                               |
| <b>Mississippi</b>   | State Health Insurance Assistance Program (SHIP)<br>Mississippi Department of Human Services Division of Aging & Adult Services<br>200 S. Lamar St.<br>Jackson, MS 39201<br><a href="https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program">https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program</a> | 1-844-822-4622<br>(SHIP)<br>1-601-359-4500 |
| <b>Missouri</b>  | Missouri SHIP, State Health Insurance Assistance Program (SHIP)<br><a href="https://www.missouriship.org">https://www.missouriship.org</a>  | 1-800-390-3330                             |
| <b>Montana</b>   | Montana State Health Insurance Assistance Program (SHIP)<br><a href="https://dphhs.mt.gov/sltc/aging/SHIP">https://dphhs.mt.gov/sltc/aging/SHIP</a>   | 1-800-551-3191                             |
| <b>Nebraska</b>  | Nebraska Senior Health Insurance Information Program (SHIIP)<br>Nebraska Department of Insurance<br>2717 S. 8th St., Suite 4<br>Lincoln, NE 68508<br><a href="https://doi.nebraska.gov/ship">https://doi.nebraska.gov/ship</a>  | 1-800-234-7119                             |
| <b>Nevada</b>  | Nevada Medicare Assistance Program (MAP)<br>3208 Goni Rd., Suite 181<br>Carson City, NV 89706<br><a href="https://www.nevedacareconnection.org/care-options/types-of-services/healthcare/medicare-assistance-program-map/">https://www.nevedacareconnection.org/care-options/types-of-services/healthcare/medicare-assistance-program-map/</a>  | 1-800-307-4444                             |
| <b>New Hampshire</b>   | New Hampshire State Health Insurance Assistance Program (SHIP)<br><a href="https://www.dhhs.nh.gov">https://www.dhhs.nh.gov</a>   | 1-866-634-9412                             |
| <b>New Jersey</b>  | State Health Insurance Assistance Program (SHIP)<br>New Jersey Department of Human Services Division of Aging Services<br><a href="https://www.state.nj.us/humanservices/doas/services/ship/">https://www.state.nj.us/humanservices/doas/services/ship/</a>   | 1-800-792-8820                             |
| <b>New Mexico</b>  | New Mexico ADRC – State Health Insurance Assistance Program (SHIP)<br>New Mexico Aging & Long-Term Services Dept.<br>2550 Cerrillos Road<br>Santa Fe, NM 87505<br><a href="https://aging.nm.gov">https://aging.nm.gov</a>   | 1-800-432-2080<br>TTY: 1-505-476-4937      |
| <b>New York</b>  | Health Insurance Information Counseling and Assistance Program (HIICAP)<br><a href="https://aging.ny.gov/health-insurance-information-counseling-and-assistance">https://aging.ny.gov/health-insurance-information-counseling-and-assistance</a>  | 1-800-701-0501                             |

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |  |   |
|--|--|---|
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| <b>State</b>   | <b>Address/Website</b>   | <b>Phone</b>  |
| <b>North Carolina</b>  | Seniors' Health Insurance Information Program (SHIIP)<br>North Carolina Department of Insurance<br>3200 Beechleaf Court<br>Raleigh, NC 2760<br><a href="https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip">https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip</a> . | 1-855-408-1212  |
| <b>North Dakota</b>  | North Dakota Insurance Department State Health Insurance Assistance Program (SHIP)<br>600 E. Boulevard Ave. Bismarck, ND 58505<br><a href="https://www.insurance.nd.gov/consumers/medicare">https://www.insurance.nd.gov/consumers/medicare</a>  | 1-888-575-6611  |
| <b>Ohio</b>  | Ohio Senior Health Insurance Information Program (OSHIIP)<br>Ohio Department of Insurance<br>50 West Town St., 3rd Floor, Suite 300<br>Columbus, OH 43215<br><a href="https://insurance.ohio.gov/about-us/divisions/oshiip">https://insurance.ohio.gov/about-us/divisions/oshiip</a>   | 1-800-686-1578<br>Monday through Friday, 7:30 a.m. – 5 p.m. |
| <b>Oklahoma</b>  | Senior Health Insurance Counseling Program (SHIP)<br>Oklahoma Insurance Department<br>400 NE 50th St.<br>Oklahoma City, OK 73105<br><a href="https://www.oid.ok.gov">https://www.oid.ok.gov</a>  | 1-800-763-2828  |
| <b>Oregon</b>  | Senior Health Insurance Benefits Assistance (SHIBA)<br><a href="https://shiba.oregon.gov">https://shiba.oregon.gov</a>   | 1-800-722-4134  |
| <b>Pennsylvania</b>  | Pennsylvania Medicare Education and Decision Insight – PA MEDI<br><a href="http://www.aging.pa.gov">http://www.aging.pa.gov</a>  | 1-800-783-7067<br>8 a.m. to 5 p.m.<br>Monday-Friday         |
| <b>Puerto-Rico</b>   | State Health Insurance Assistance Program SHIP<br><a href="https://agencias.pr.gov/ship">https://agencias.pr.gov/ship</a>  | 1-877-725-4300<br>TTY: 787-919-7291                         |
| <b>Rhode Island</b>  | Rhode Island State Health Insurance Assistance Program (SHIP)<br>Rhode Island Department of Human Services<br>Office of Healthy Aging<br>25 Howard Ave. Building 57<br>Cranston, RI 02920<br><a href="https://oha.ri.gov/medicare">https://oha.ri.gov/medicare</a>   | 1-888-884-8721<br>TTY: 1-401-462-0740                       |
| <b>South Carolina</b>  | State Health Insurance Assistance Program (SHIP)<br>1301 Gervais St., Suite 350<br>Columbia, SC 29201<br><a href="https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid">https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid</a>   | 1-800-868-9095  |



| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |   |  |
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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>   |
| <b>South Dakota</b>  | Senior Health Information and Insurance Education (SHIINE)<br><a href="https://www.shiine.net">https://www.shiine.net</a>   | Eastern South Dakota: 1-800-536-8197<br>Central South Dakota: 1-877-331-4834<br>Western South Dakota: 1-877-286-9072 |
| <b>Tennessee</b>   | Tennessee State Health Insurance Assistance Program (SHIP)<br><a href="https://tn.gov/aging/ship">https://tn.gov/aging/ship</a>   | 1-877-801-0044   |
| <b>Texas</b>   | Health Information Counseling and Advocacy Program (HICAP) – Texas Department of Aging and Disability<br><a href="https://www.hhs.texas.gov/services/health/medicare">https://www.hhs.texas.gov/services/health/medicare</a>  | 1-800-252-9240   |
| <b>US Virgin Islands</b>   | The Virgin Islands State Health Insurance Assistance Program (VI SHIP)<br><a href="https://ltg.gov.vi/departments/vi-ship-medicare">https://ltg.gov.vi/departments/vi-ship-medicare</a>   | 1-340-773-6449 (St. Croix)<br>1-340-774-2991 (St. Thomas/St. John)   |
| <b>Utah</b>  | Senior Health Insurance Information Program (SHIP) Aging and Adult Services of Utah<br><a href="https://daas.utah.gov/seniors/">https://daas.utah.gov/seniors/</a>  | 1-800-541-7735   |
| <b>Vermont</b>   | State Health Insurance Assistance Program (SHIP) Vermont Association for Area Agencies on Aging<br><a href="https://asd.vermont.gov">https://asd.vermont.gov</a>  | 1-800-642-5119<br>802-241-0294   |
| <b>Virginia</b>  | Virginia Insurance Counseling and Assistance Program (VICAP)<br>Virginia Division for the Aging<br>1610 Forest Ave., Suite 100<br>Henrico, VA 23229<br><a href="https://www.vda.virginia.gov/vicap.htm">https://www.vda.virginia.gov/vicap.htm</a>                            | 1-800-552-3402   |
| <b>Washington</b>  | Statewide Health Insurance Benefits Advisors (SHIBA) Office of the Insurance Commissioner<br><a href="https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/">https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/</a>    | 1-800-562-6900<br>TTY: 1-360-586-0241<br>8 a.m. to 5 p.m.<br>Monday-Friday   |
| <b>West Virginia</b>   | West Virginia State Health Insurance Assistance Program (WV SHIP)<br>West Virginia Bureau of Senior Services<br>1900 Kanawha Boulevard East<br>Town Center Mall, 3 <sup>rd</sup> Level<br>Charleston, WV 25305<br><a href="https://www.wvship.org">https://www.wvship.org</a> | 1-877-987-4463<br>304-558-3317   |

| <b>State Health Insurance Assistance Programs (SHIPs)</b>  |  |                |
|--|--|----------------|
| TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |  |                |
| <b>State</b>   | <b>Address/Website</b>   | <b>Phone</b>   |
| <b>Wisconsin</b>   | State Health Insurance Assistance Program (SHIP)<br><a href="https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm">https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm</a>  | 1-800-242-1060 |
| <b>Wyoming</b>   | Wyoming State Health Insurance Information Program (WSHIIP)<br><a href="http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program">http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program</a> | 1-800-856-4398 |

**APPENDIX 2 AIDS Drug Assistance Programs (ADAPs)**

| <b>AIDS Drug Assistance Programs (ADAPs)</b>   |  |   |
|--|--|---|
| TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |  |   |
| <b>State</b>   | <b>Address/Website</b>   | <b>Phone</b>  |
| <b>Alabama</b>   | Alabama AIDS Drug Assistance Program<br>Alabama Department of Public Health<br>HIV/AIDS Division, The RSA Tower<br>201 Monroe St., Suite 1400<br>Montgomery, AL 36104<br><a href="https://www.alabamapublichealth.gov/hiv/adap.html">https://www.alabamapublichealth.gov/hiv/adap.html</a>                       | 1-866-574-9964  |
| <b>Alaska</b>  | Alaskan AIDS Assistance Association<br>1057 W. Fireweed Ln., Suite 102<br>Anchorage, AK 99503<br><a href="https://www.alaskanids.org/">https://www.alaskanids.org/</a>   | 1-800-478-2437  |
| <b>Arizona</b>   | Arizona Department of Health Services<br>150 N. 18th Ave., Suite 280<br>Phoenix, AZ 85007<br><a href="https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php">https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php</a> | 1-800-334-1540<br>602-364-4571                          |
| <b>Arkansas</b>  | Arkansas Department of Health<br>HIV/STD/Hepatitis C section – ADAP Division<br>4815 W. Markham St., Slot 33<br>Little Rock, AR 72205<br><a href="https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program">https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program</a> | 1-501-661-2408<br>1-800-462-0599                        |
| <b>California</b>  | Office of AIDS<br>California Department of Public Health<br>MS 0500, P.O. Box 997377<br>Sacramento, CA 95899-7377<br><a href="https://www.cdph.ca.gov/Programs/CID/DOA/Pages/AMain.aspx">https://www.cdph.ca.gov/Programs/CID/DOA/Pages/AMain.aspx</a>   | 1-844-421-7050<br>ADAP<br>CALL CENTER<br>1-916-558-1784 |
| <b>Colorado</b>  | Colorado Department of Public Health Environment<br>Care and Treatment Program ADAP-3800<br>4300 Cherry Creek Dr. South<br>Denver, CO 80246<br><a href="https://colorado.gov/PACIFIC/CDPHE/state-drug-assistance-program">https://colorado.gov/PACIFIC/CDPHE/state-drug-assistance-program</a>                   | 1-303-692-2000  |
| <b>Connecticut</b>   | Connecticut Department of Public Health, AIDS Drug Assistance Program (CADAP)<br>Magellan Rx Management<br>410 Capitol Ave.<br>Hartford, CT 06134<br><a href="https://ctdph.magellanrx.com">https://ctdph.magellanrx.com</a>   | 1-800-424-3310  |
| <b>Delaware</b>  | Division of Public Health, Ryan White Program<br>Thomas Collins Building<br>540 S. DuPont Highway<br>Dover, DE 19901<br><a href="https://ramsellcorp.com/medical_professionals/de.aspx">https://ramsellcorp.com/medical_professionals/de.aspx</a>  | Local: 1-302-744-1050                                   |

| <b>AIDS Drug Assistance Programs (ADAPs)</b><br>TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711. |   |  |
|--|---|--|
| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>   |
| <b>District of Columbia</b>  | District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration, AIDS Drug Assistance Program<br>2201 Shannon Place, SE<br>Washington, DC 20020<br><a href="https://dchealth.dc.gov/DC-ADAP">https://dchealth.dc.gov/DC-ADAP</a>   | 202-671-4815   |
| <b>Florida</b>   | Florida Department of Health<br>HIV/AIDS Section<br>AIDS Drug Assistance Program<br>4052 Bald Cypress Way<br>Tallahassee, FL 32399<br><a href="https://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html">https://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html</a>   | 1-850-245-4422<br>1-844-381-2327<br>ADAP<br>HELP DESK<br>1-800-352-2437<br>HIV/AIDS<br>HOTLINE |
| <b>Georgia</b>   | Georgia Department of Public Health, Health Protections, Office of HIV/AIDS<br>200 Piedmont Avenue SE<br>Atlanta, GA 30334<br><a href="https://dph.georgia.gov/hiv-care/aids-drug-assistance-program">https://dph.georgia.gov/hiv-care/aids-drug-assistance-program</a>   | 1-404-656-9805   |
| <b>Hawaii</b>  | Hawaii Department of Health<br>Harm Reduction Services Branch, Drug Assistance Program (HDAP)<br>3627 Kilauea Ave.<br>Honolulu, HI 96816<br><a href="https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/">https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/</a> | 1-808-733-9362<br>or<br>1-808-733-9361   |
| <b>Idaho</b>   | Idaho Ryan White Part B Program<br>450 West State St.<br>P.O. Box 83720<br>Boise, ID 83720<br><a href="https://healthandwelfare.idaho.gov/Health-wellness/diseases-conditions/hiv">https://healthandwelfare.idaho.gov/Health-wellness/diseases-conditions/hiv</a>   | 1-208-334-5612   |
| <b>Illinois</b>  | Illinois Medication Assistance Program<br>525 W. Jefferson St., 1st Floor<br>Springfield, IL 62761<br><a href="https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services">https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services</a>   | 1-800-825-3518   |
| <b>Indiana</b>   | Indiana State Department of Health, HIV/STD Viral Hepatitis Division<br>2 North Meridian St., Suite 6C<br>Indianapolis, IN 46204<br><a href="https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/#programs">https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/#programs</a>   | 1-866-588-4948   |

| <b>AIDS Drug Assistance Programs (ADAPs)</b>   |   |  |
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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                             |
| <b>Iowa</b>  | Iowa Department of Public Health<br>321 East 12th St.<br>Des Moines, IA 50319-0075<br><a href="https://idph.iowa.gov/hivstdhep/hiv/support">https://idph.iowa.gov/hivstdhep/hiv/support</a>   | 1-515-380-6942                           |
| <b>Kansas</b>  | Kansas Department of Health & Environment<br>1000 South West Jackson, Suite 210<br>Topeka, KS 66612<br><a href="https://www.kdhe.ks.gov/355/The-Ryan-White-Part-B-Program">https://www.kdhe.ks.gov/355/The-Ryan-White-Part-B-Program</a>  | 1-785-296-8844                           |
| <b>Kentucky</b>  | Kentucky Department for Public Health<br>Cabinet for Health and Family Services<br>HIV/AIDS Branch<br>275 East Main St., HS2E-C<br>Frankfort, KY 40621<br><a href="https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx">https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx</a>       | 1-502-564-6539<br>1-800-420-7431         |
| <b>Louisiana</b>   | Louisiana Office of Public Health<br>Louisiana Health Access Program<br>1450 Poydras St., Suite 2136<br>New Orleans, LA 70112<br><a href="https://www.lahap.org/">https://www.lahap.org/</a>  | 1-504-568-7474                           |
| <b>Maine</b>   | Maine Center for Disease Control and Prevention ADAP<br>40 State House Station<br>Augusta, ME 04330<br><a href="https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml">https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml</a>      | 1-207-287-3747                           |
| <b>Maryland</b>  | Maryland AIDS Drug Assistance Program (MADAP)<br>1223 W. Pratt St.<br>Baltimore, MD 21223<br><a href="https://health.maryland.gov/OIDPCS/Pages/madap.aspx">https://health.maryland.gov/OIDPCS/Pages/madap.aspx</a>  | 1-410-767-6535<br>1-800-205-6308         |
| <b>Massachusetts</b>   | AccessHealth MA<br>Attn: HIV Drug Assistance Program<br>The Schraff's City Center<br>529 Main St., Suite 301<br>Boston, MA 02129<br><a href="https://accesshealthma.org">https://accesshealthma.org</a>   | 1-800-228-2714<br>617-502-1700<br>ext. 2 |
| <b>Michigan</b>  | Michigan Department of Health and Human Services<br>Michigan Drug Assistance Program, HIV Care Section,<br>Division of Health Wellness and Disease Control<br>(MIDAP)<br>109 Michigan Ave., 9th Floor<br>Lansing, MI 48913<br><a href="https://www.michigan.gov/mdhhs">https://www.michigan.gov/mdhhs</a> | 1-888-826-6565                           |

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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                     |
| <b>Minnesota</b>   | HIV/AIDS Programs<br>Minnesota Department of Human Services<br>P.O. Box 64972<br>St. Paul, MN 55164<br><a href="https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/">https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/</a>  | 1-800-657-3761                   |
| <b>Mississippi</b>   | Mississippi State Department of Health<br>Office of STD/HIV<br>Care and Services Division<br>570 East Woodrow Wilson Dr.<br>Jackson, MS 39216<br><a href="https://msdh.ms.gov/msdhsite/_static/14,13047,150.html">https://msdh.ms.gov/msdhsite/_static/14,13047,150.html</a>  | 1-888-343-7373                   |
| <b>Missouri</b>  | Bureau of HIV, STD, and Hepatitis<br>Missouri Department of Health and Senior Services<br>P.O. Box 570<br>Jefferson City, MO 65102<br><a href="https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php">https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php</a> | 1-573-751-6439                   |
| <b>Montana</b>   | Montana AIDS Drug Assistance Program<br>The Ryan White HIV/AIDS Program<br>1400 Broadway<br>Cogswell Bldg Room C-211<br>Helena, MT 59620<br><a href="https://dphhs.mt.gov/publichealth/hivstd/treatmentprogram.aspx">https://dphhs.mt.gov/publichealth/hivstd/treatmentprogram.aspx</a>                               | 1-406-444-3565<br>1-406-444-5622 |
| <b>Nebraska</b>  | Nebraska AIDS Drug Assistance Program<br>P.O. Box 95026<br>Lincoln, NE 68509<br><a href="https://dhhs.ne.gov/Pages/HIV-Care.aspx">https://dhhs.ne.gov/Pages/HIV-Care.aspx</a>   | 1-402-471-2101                   |
| <b>Nevada</b>  | Nevada AIDS Drug Assistance Program<br>2290 S. Jones Blvd, Suite 110<br>Las Vegas, NV 89104<br><a href="https://endhivnevada.org">https://endhivnevada.org</a>  | 1-702-486-0768                   |
| <b>New Hampshire</b>   | DHHS-NH CARE Program<br>29 Hazen Dr.<br>Concord, NH 03301<br><a href="https://www.dhhs.nh.gov">https://www.dhhs.nh.gov</a>  | 1-603-271-4496                   |
| <b>New Jersey</b>  | New Jersey ADDP Office<br>P.O. Box 360<br>Trenton, NJ 08625<br><a href="https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml">https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml</a>  | 1-877-613-4533                   |

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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                           |
| <b>New Mexico</b>  | New Mexico Department of Health<br>HIV Services Program<br>1190 St. Francis Dr., Suite S-1200<br>Santa Fe, NM 87502<br><a href="https://nmhealth.org/about/phd/idb/hats/">https://nmhealth.org/about/phd/idb/hats/</a>  | 1-505-476-3628                         |
| <b>New York</b>  | HIV Uninsured Care Programs, Empire Station<br>P.O. Box 2052<br>Albany, NY 12220<br><a href="https://www.health.ny.gov/diseases/aids/general/resources/adap/">https://www.health.ny.gov/diseases/aids/general/resources/adap/</a>   | 1-800-542-2437<br>or<br>1-844-682-4058 |
| <b>North Carolina</b>  | N.C. Dept. of Health and Human Services,<br>Epidemiology Section<br>Communicable Disease Branch<br>1907 Mail Service Center<br>Raleigh, NC 27699<br><a href="https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html">https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html</a>   | 1-877-466-2232<br>or<br>919-733-9161   |
| <b>North Dakota</b>  | North Dakota Department of Health<br>Division of Disease Control<br>600 East Blvd. Ave.<br>Bismarck, ND 58506<br><a href="https://www.ndhealth.gov/hiv/RyanWhite/">https://www.ndhealth.gov/hiv/RyanWhite/</a>  | 1-800-472-2622<br>or<br>701-328-2310   |
| <b>Ohio</b>  | Ohio HIV Drug Assistance Program (OHDAP), HIV<br>Ohio Department of Health<br>246 North High St.<br>Columbus, OH 43215<br><a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/</a> | 1-800-777-4775                         |
| <b>Oklahoma</b>  | Oklahoma State Department of Health<br>123 Robert S. Kerr Ave., St. 1702<br>Oklahoma City, OK 73117-1299<br><a href="http://Oklahoma.gov">http://Oklahoma.gov</a>   | 1-405-426-8400                         |
| <b>Oregon</b>  | CAREAssist Program<br>800 NE Oregon St., Suite 1105<br>Portland, OR 97232<br><a href="https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx">https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx</a>  | 1-971-673-0144                         |
| <b>Pennsylvania</b>  | Pennsylvania Department of Health<br>Special Pharmaceutical Benefits Program<br>625 Forster St., H & W Bldg, Rm 611<br>Harrisburg, PA 17120<br><a href="https://www.health.pa.gov/topics/programs/HIV/Pages/Services.aspx">https://www.health.pa.gov/topics/programs/HIV/Pages/Services.aspx</a>  | 1-800-922-9384                         |

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|--|---|--------------------------------------|
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| <b>State</b>   | <b>Address/Website</b>  | <b>Phone</b>                         |
| <b>Rhode Island</b>  | Executive Office of Health and Human Services<br>Office of HIV/AIDS<br>Virks Building<br>3 West Rd. Suite 227<br>Cranston, RI 02920<br><a href="https://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx">https://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx</a>  | 1-401-462-3295                       |
| <b>South Carolina</b>  | South Carolina Drug Assistance Program<br>2600 Bull Street<br>Columbia, SC 29211<br><a href="https://scdhec.gov/aids-drug-assistance-program">https://scdhec.gov/aids-drug-assistance-program</a>   | 1-800-856-9954                       |
| <b>South Dakota</b>  | South Dakota Department of Health<br>Ryan White Part B CARE Program<br>615 East 4th St.<br>Pierre, SD 57501<br><a href="https://doh.sd.gov/topics/diseases-conditions/infectious/ryanwhite/">https://doh.sd.gov/topics/diseases-conditions/infectious/ryanwhite/</a>  | 1-800-592-1861<br>or<br>605-773-3737 |
| <b>Tennessee</b>   | Tennessee Department of Health, HIV/STD Program,<br>Ryan White Part B Services<br>710 James Robertson Parkway 4th Floor<br>Andrew Johnson Tower<br>Nashville, TN 37243<br><a href="https://www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b.html">https://www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b.html</a> | 1-800-525-2437<br>or<br>615-741-7500 |
| <b>Texas</b>   | Texas HIV Medication Program<br><a href="https://www.dshs.texas.gov/hivstd/meds/">https://www.dshs.texas.gov/hivstd/meds/</a>   | 1-800-255-1090<br>or<br>737-255-4300 |
| <b>Vermont</b>   | State of Vermont<br>Department of Health<br>Vermont Medication Assistance Program (VMAP)<br>108 Cherry St., P.O. Box 70 Burlington, VT 05402<br><a href="https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care">https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care</a>                                       | 1-802-951-4005<br>1-802-863-7314     |
| <b>Virginia</b>  | Virginia Department of Health<br>Virginia Medication Assistance Program (VA MAP)<br><a href="https://www.vdh.virginia.gov/disease-prevention/vamap/">https://www.vdh.virginia.gov/disease-prevention/vamap/</a>   | 1-855-362-0658                       |
| <b>Washington</b>  | Client Services<br>The Early Intervention Program (EIP)<br><a href="https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/ADAPandEIP">https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/ADAPandEIP</a>  | 1-877-376-9316                       |
| <b>West Virginia</b>   | West Virginia Office of Epidemiology & Prevention<br>Services<br>Jay Adams, HIV Care Coordinator<br><a href="https://oepe.wv.gov/rwp/pages/default.aspx">https://oepe.wv.gov/rwp/pages/default.aspx</a>   | 1-304-232-6822                       |



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| <b>State</b>   | <b>Address/Website</b>   | <b>Phone</b>                           |
| <b>Wisconsin</b>   | Department of Health Services<br>HIV Drug Assistance Program (HDAP)<br><a href="https://www.dhs.wisconsin.gov/hiv/adap-consumer-client.htm">https://www.dhs.wisconsin.gov/hiv/adap-consumer-client.htm</a>   | 1-800-991-5532                         |
| <b>Wyoming</b>   | Wyoming Department of Health<br>Public Health Sciences Section Communicable Disease<br><a href="https://health.wyo.gov/publichealth/communicable-disease-unit/hiv/resources-for-patients">https://health.wyo.gov/publichealth/communicable-disease-unit/hiv/resources-for-patients</a> | 1-307-777-7556<br>or<br>1-866-571-0944 |

## Notice of Availability of Language Assistance and Auxiliary Aids and Services



### ENGLISH

ATTENTION: If you speak [language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

### SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

### GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### ARABIC

العربية  
إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية تنبيه:  
كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات المجانية.  
اتصل على الرقم بتنسيقات يمكن الوصول إليها مجانًا.  
1-800-382-5729 (TTY: 711)

### PENNSYLVANIA DUTCH

WICHDICH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

### RUSSIAN

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

### FRENCH

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY : 711) ou parlez à votre fournisseur.

### VIETNAMESE

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

### CUSHITE/OROMO

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

### KOREAN

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

### ITALIAN

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

### JAPANESE

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

**DUTCH**

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

**UKRAINIAN**

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

**TAGALOG**

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

**NAVAJO**

SHOOH: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiiik'eh n1 h0l=. Bee ahij hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiiik'eh h0l=. Kohj8' 1-800-382-5729 (TTY: 711) hod7ilnih doodago nika'an1lwo'7 bich'8' hanidziih.

**ROMANIAN**

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

**CHINESE**

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-982-3117（文本电话：711）或咨询您的服务提供商。

## **Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law**

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com).

If you believe that Medical Mutual of Ohio has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator, 100 American Road, Cleveland, OH 44144, call 1-800-382-5729 (TTY: 711), or email [CivilRightsCoordinator@MedMutual.com](mailto:CivilRightsCoordinator@MedMutual.com). You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Medical Mutual's website: [www.MedMutual.com](http://www.MedMutual.com).