

Annual Notice of Change

Sparrow Advantage Plus (HMO-POS)
CY2024



Sparrow Advantage Plus (HMO-POS) offered by PHP Medicare

Annual Notice of Changes for 2024

You are currently enrolled as a member of Sparrow Advantage Plus. Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 for a Summary of Important Costs, including Premium.***

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

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at Medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Sparrow Advantage Plus.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Sparrow Advantage Plus.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 844.529.3757 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. This call is free.
- This document may be available in other formats such as braille, large print, or other alternate formats.
- **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 [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

About Sparrow Advantage Plus

- Sparrow Advantage Plus is an HMO-POS with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal.
- When this document says "we," "us," or "our," it means PHP Medicare. When it says "plan" or "our plan," it means Sparrow Advantage Plus.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844.529.3757 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844.529.3757 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844.529.3757 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844.529.3757 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844.529.3757 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844.529.3757 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844.529.3757 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844.529.3757 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844.529.3757 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844.529.3757 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 844.529.3757. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी पश्नर् का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 844.529.3757 (711) पर कॉल करें। अंगरेजी/भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निशुल्क सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844.529.3757 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844.529.3757 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844.529.3757 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844.529.3757 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844.529.3757 (TTY:711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$25	\$25
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>In-Network \$3,600</p> <p>Out-Of-Network \$6,700 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>	<p>In-Network \$3,600</p> <p>Out-Of-Network \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>
<p>Doctor office visits</p>	<p>In-Network Primary care visits: \$0 per visit</p> <p>Specialist visits: \$30 per visit</p> <p>Out-Of-Network Primary care visits: Not covered</p> <p>Specialist visits: 20% coinsurance</p>	<p>In-Network Primary care visits: \$0 per visit</p> <p>Specialist visits: \$30 per visit</p> <p>Out-Of-Network Primary care visits: Not covered</p> <p>Specialist visits: 20% coinsurance</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>In-Network \$200 copay per day: Days 1-7 for each stay.</p> <p>\$0 copay per day: Days 8 and beyond for each stay.</p> <p>Out-Of-Network 20% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at an in-network hospital.</p>	<p>In-Network \$200 copay per day: Days 1-7 for each stay.</p> <p>\$0 copay per day: Days 8 and beyond for each stay.</p> <p>Out-Of-Network 20% coinsurance for each Medicare-covered inpatient hospital stay (based on the Medicare allowable amount).</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at an in-network hospital.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><u>Preferred Retail Pharmacy 30-day Supply</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2: \$0 copay, including a month supply of each covered insulin product on this tier. 	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><u>Preferred Retail Pharmacy 30-day Supply</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2: \$0 copay, including a month supply of each covered insulin product on this tier.

Part D prescription drug coverage (continued)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Drug Tier 3:
\$40 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4:
\$90 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5:
33% coinsurance | <ul style="list-style-type: none"> • Drug Tier 3:
\$40 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4:
\$90 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5:
33% coinsurance |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Standard Retail Pharmacy 30-day Supply**Standard Retail Pharmacy 30-day Supply**

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Drug Tier 1:
\$5 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2:
\$10 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 3:
\$45 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4:
\$95 copay
You pay \$35 per month supply of each covered insulin product on this tier. | <ul style="list-style-type: none"> • Drug Tier 1:
\$5 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 2:
\$10 copay, including a month supply of each covered insulin product on this tier. • Drug Tier 3:
\$45 copay
You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4:
\$95 copay
You pay \$35 per month supply of each covered insulin product on this tier. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (continued)</p>	<ul style="list-style-type: none"> • Drug Tier 5: 33% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copay (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). 	<ul style="list-style-type: none"> • Drug Tier 5: 33% coinsurance <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You may have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium	\$25	\$25
<p>There is no change for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>		

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>In-Network \$3,600</p>	<p>In-Network \$3,600 Once you have paid \$3,600 out of pocket for covered In-Network Part A and Part B services, you will pay nothing for your covered In-Network Part A and Part B services for the rest of the calendar year.</p>
	<p>Out-Of-Network \$6,700 out-of-network only, not combined with in-network maximum out-of-pocket amount.</p>	<p>Out-Of-Network \$5,000 out-of-network only, not combined with in-network maximum out-of-pocket amount. Once you have paid \$5,000 out of pocket for covered Out-Of-Network Part A and Part B services, you will pay nothing for your covered Out-Of-Network Part A and Part B services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at Member.PHPMedicare.com. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see if your providers (primary care providers, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider/Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors 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 Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2023 (this year)	2024 (next year)
Dental services	<p><u>Routine dental:</u> Enhanced preventive Dental In-Network <u>Diagnostic:</u> Comprehensive oral evaluation – 1 per 36 months.</p> <p>\$1,750 max benefit per calendar year (combined enhanced preventive and comprehensive).</p>	<p><u>Routine dental:</u> Enhanced preventive Dental In-Network <u>Diagnostic:</u> Comprehensive oral evaluation – 2 per calendar year.</p> <p>\$2,000 max benefit per calendar year (combined enhanced preventive and comprehensive).</p>
	<p>Comprehensive dental services In-Network <u>Restorative Services:</u> You pay a 20% coinsurance for amalgam and resin fillings – 1 per tooth, per surface every 2 calendar years.</p>	<p>Comprehensive dental services In-Network <u>Restorative Services:</u> You pay a 0% coinsurance for amalgam and resin fillings – 1 per tooth, per surface every 2 calendar years.</p>
	<p><u>Periodontics:</u> Scaling and root planing – 1 per quadrant every 3 calendar years.</p>	<p><u>Periodontics:</u> Scaling and root planing – 1 per quadrant every 2 calendar years. No more than 2 quadrants on the same date of service.</p>

Cost	2023 (this year)	2024 (next year)
<p>Dental services (continued)</p>	<p>Comprehensive dental services In-Network (continued)</p> <p><u>Extractions:</u> 20% coinsurance.</p> <p><u>Adjunct General Services:</u> 50% coinsurance.</p> <p><u>Emergency Palliative Treatment:</u> 0% coinsurance.</p> <p><u>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:</u> 20%-50% coinsurance.</p> <p>\$1,750 max benefit per calendar year (combined enhanced preventive and comprehensive).</p>	<p>Comprehensive dental services In-Network (continued)</p> <p><u>Extractions:</u> 20% coinsurance.</p> <p><u>Adjunct General Services:</u> 50% coinsurance We made clarifying changes to how we report extractions and adjunctive general services to Medicare. However, the benefit did not change.</p> <p><u>Emergency Palliative Treatment:</u> 0% coinsurance.</p> <p><u>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:</u> 20%-50% coinsurance We made clarifying changes to how we report emergency palliative treatment and prosthodontics, other oral/maxillofacial surgery, other services to Medicare. However, the benefit did not change.</p> <p>\$2,000 max benefit per calendar year (combined enhanced preventive and comprehensive).</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient mental health care</p>	<p>Out-Of-Network A referral from your PCP <u>is</u> required for Medicare-covered mental health care services.</p>	<p>Out-Of-Network A referral from your PCP is <u>not</u> required for Medicare-covered mental health care services.</p>
<p>Outpatient rehabilitation services</p>	<p>In-Network You pay a \$30 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay a \$30 copay for each Medicare-covered physical therapy and/or speech and language pathology visit.</p>	<p>In-Network You pay a \$25 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay a \$25 copay for each Medicare-covered physical therapy and/or speech and language pathology visit.</p>
<p>Over-the-counter items</p>	<p>In-Network There is a quarterly credit of \$89.</p> <p>Flex card <u>not</u> offered.</p> <p>Benefits can be utilized online through Convey, limited to two transactions per quarter.</p>	<p>In-Network There is a quarterly credit of \$110.</p> <p>You will receive a Flex Card provided by InComm and administered through Convey. Flex Cards have a quarterly credit that will allow you to purchase approved over-the-counter (OTC) items in participating retail stores. Orders placed through Convey are limited to one per quarter.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2024 Evidence of Coverage for additional details.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We 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 October 15, 2023, please call Customer Service and ask for the LIS Rider.

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

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs: for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred Generic: <i>Standard cost sharing:</i> You pay \$5 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Generic: <i>Standard cost sharing:</i> You pay \$10 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Preferred Brand: <i>Standard cost sharing:</i> You pay \$45 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred Generic: <i>Standard cost sharing:</i> You pay \$5 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Generic: <i>Standard cost sharing:</i> You pay \$10 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p>Preferred Brand: <i>Standard cost sharing:</i> You pay \$45 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p><i>Preferred cost sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Preferred cost sharing:</i> You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Non-Preferred Brand: <i>Standard cost sharing:</i> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Non-Preferred Brand: <i>Standard cost sharing:</i> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p><i>Preferred cost sharing:</i> You pay \$90 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Preferred cost sharing:</i> You pay \$90 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost.</p>	<p>Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost.</p>
	<p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>	<p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>
	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost-sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Sparrow Advantage Plus

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Sparrow Advantage Plus.

Section 2.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, PHP Medicare offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

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

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Michigan Medicare/Medicaid Assistance Program (MMAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Michigan Medicare/Medicaid Assistance Program (MMAP) at 800.803.7174. You can learn more about MMAP by visiting their website at (MMAPINC.org).

SECTION 5 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please contact:

Attn: Michigan Drug Assistance Program
HIV Care Section
Division of HIV and STI Programs
Michigan Department of Health and Human Services
P.O. Box 30727
Lansing, MI 48909
Phone: 888.826.6565 (toll-free) (Monday-Friday, 9 a.m. – 5 p.m.)
Fax: 517.335.7723

SECTION 6 Questions?

Section 6.1 – Getting Help from Sparrow Advantage Plus

Questions? We’re here to help. Please call Customer Service at 844.529.3757. (TTY only, call 711). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. Calls to this number are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Sparrow Advantage Plus. 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 Member.PHPMedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (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 Medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (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.

COUNTIES

Clinton

Eaton

Gratiot

Ingham

Ionia

Montcalm

Shiawassee

Member.PHPMedicare.com

Toll-free: 844.529.3757 (TTY: 711), 8 a.m. to 8 p.m., seven days a week[‡]

PO Box 7119, Troy, MI 48007

[‡] You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message and your call will be returned the next business day.

Sparrow Advantage is an HMO-POS plan with a Medicare contract. Enrollment in Sparrow Advantage depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat PHP Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

PHP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.529.3757 (TTY: 711). [‡]

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 844.529.3757 (هاتف الصم والبكم: 711).