

2024

Annual Notice of Changes

Molina Medicare Choice Care (HMO)

Nevada H2478_002

Serving the following counties: Clark and Washoe

Effective January 1 through December 31, 2024.



Molina Medicare Choice Care (HMO) offered by Molina Healthcare of Nevada, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Molina Medicare Choice Care. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

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

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

What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2023, you will stay in Molina Medicare Choice Care.
- 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 Molina Medicare Choice Care.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at (833) 306-3393 for additional information. (TTY users should call 711.) Hours are days a week, 8:00 a.m. to 8:00 p.m., local time. This call is free.
- You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (833) 306-3393, TTY:711. This call is free.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Molina Medicare Choice Care

- Molina Healthcare is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- When this document says “we,” “us,” or “our”, it means Molina Healthcare of Nevada, Inc. When it says “plan” or “our plan,” it means Molina Medicare Choice Care.

H2478_24_002_NVANOC_M

NVM02ACEN0823

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 20244

SECTION 1 Changes to Benefits and Costs for Next Year5

 Section 1.1 – Changes to the Monthly Premium 5

 Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount 6

 Section 1.3 – Changes to the Provider and Pharmacy Networks 6

 Section 1.4 – Changes to Benefits and Costs for Medical Services 6

 Section 1.5 – Changes to Part D Prescription Drug Coverage 10

SECTION 2 Deciding Which Plan to Choose 12

 Section 2.1 – If you want to stay in Molina Medicare Choice Care 12

 Section 2.2 – If you want to change plans 12

SECTION 3 Deadline for Changing Plans 13

SECTION 4 Programs That Offer Free Counseling about Medicare 13

SECTION 5 Programs That Help Pay for Prescription Drugs 14

SECTION 6 Questions? 14

 Section 6.1 – Getting Help from Molina Medicare Choice Care 14

 Section 6.2 – Getting Help from Medicare 15

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Molina Medicare Choice Care in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly plan premium* | \$0 | \$0 |
| * Your premium may be higher than this amount. See Section 1.1 for details. | | |
| Maximum out-of-pocket amount | \$8,300 | \$8,300 |
| 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.) | | |
| Doctor office visits | Primary care visits: \$0 copay per visit | Primary care visits: \$0 copay per visit |
| | Specialist visits: \$20 copay per visit | Specialist visits: \$10 copay per visit |
| Inpatient hospital stays | The amounts for each benefit period are: \$295 copay per day for days 1 through 6 of the benefit period. \$0 copay per day for days 7 through 90 of the benefit period. \$0 copay for Medicare-covered lifetime reserve days. | The amounts for each benefit period are: \$325 copay per day for days 1 through 6 of the benefit period. \$0 copay per day for days 7 through 90 of the benefit period. \$0 copay for Medicare-covered lifetime reserve days. |

| Cost | 2023 (this year) | 2024 (next year) |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part D prescription drug coverage (See Section 1.5 for details.) | Deductible: \$125 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none">• Drug Tier 1: \$3 copay• Drug Tier 2: \$12 copay• Drug Tier 3: \$47 copay• Drug Tier 4: \$100 of the cost• Drug Tier 5: 31% of the cost• Drug Tier 6: \$0 copay Catastrophic Coverage: <ul style="list-style-type: none">• During this payment stage, the plan pays most of the cost for your covered drugs. | Deductible: \$125 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none">• Drug Tier 1: \$3 copay• Drug Tier 2: \$12 copay• Drug Tier 3: \$47 copay• Drug Tier 4: \$100 of the cost• Drug Tier 5: 35% of the cost• Drug Tier 6: \$0 copay Catastrophic Coverage: <ul style="list-style-type: none">• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|-----------------------------------------------------------------------------------------|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$0 | \$0 |

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

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

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

| Cost | 2023 (this year) | 2024 (next year) |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum out-of-pocket amount | \$8,300 | \$8,300 |
| Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. | Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. | Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. |
| Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | | |

Section 1.3 – Changes to the Provider and Pharmacy Networks

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

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

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

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

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

| Cost | 2023 (this year) | 2024 (next year) |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inpatient hospital care | You pay \$295 copay per day for days 1 through 6 of the benefit period. \$0 copay per day for days 7 through 90 of the benefit period. \$0 copay for Medicare-covered lifetime reserve days. | You pay \$325 copay per day for days 1 through 6 of the benefit period. \$0 copay per day for days 7 through 90 of the benefit period. \$0 copay for Medicare-covered lifetime reserve days. |

| Cost | 2023 (this year) | 2024 (next year) |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skilled nursing facility (SNF) care | You pay \$0 copay per day, days 1-20 and \$184 copay per day, days 21-100 | You pay \$0 copay per day, days 1-20 and \$200 copay per day, days 21-100 |
| Pulmonary rehabilitation services | You pay \$20 copay for each Medicare-covered Pulmonary rehabilitative visit. | You pay \$15 copay for each Medicare-covered Pulmonary rehabilitative visit. |
| Emergency care | You pay \$90 copay for each Emergency room visit. | You pay \$100 copay for each Emergency room visit. |
| Outpatient rehabilitation services | You pay \$30 copay for each medically-necessary Outpatient physical therapy (PT), occupational therapy (OT) and/or speech-language (SP) visit. | You pay \$40 copay for each medically-necessary Outpatient physical therapy (PT), occupational therapy (OT) and/or speech-language (SP) visit. |
| Physician/Practitioner services, including doctor's office visits | You pay \$20 copay for each visit provided by a Specialty care physician. | You pay \$10 copay for each visit provided by a Specialty care physician. |
| Outpatient diagnostic tests and therapeutic services and supplies | <p>You pay \$125 to \$225 copay for Outpatient diagnostic radiological services.</p> <p>\$225 - complex services; \$125 - all other</p> <p>You pay 20% coinsurance for Medicare-covered outpatient therapeutic radiological services.</p> <p>You pay \$0 copay Outpatient lab. Genetic lab testing requires prior authorization. Outpatient lab services do not require prior authorization.</p> | <p>You pay \$0 to \$225 copay for Outpatient diagnostic radiological services.</p> <p>\$0 - performed at a physician office; \$125 - freestanding; \$225 - facility</p> <p>You pay 0% to 20% coinsurance for Medicare-covered outpatient therapeutic radiological services.</p> <p>0% - physician office or freestanding; 20% - facility</p> <p>You pay 0% to 20% coinsurance Outpatient lab. Genetic lab testing requires prior authorization. Outpatient lab services do not require prior authorization.</p> |
| Partial hospitalization services | You pay \$55 copay for each Partial hospitalization. | You pay \$70 copay for each Partial hospitalization. |
| Outpatient hospital services | You pay \$225 copay for each Outpatient surgery event. | You pay \$0 to \$500 copay for each Outpatient surgery event. \$0 - colonoscopy; \$500 - other |
| Outpatient hospital observation | You pay \$0 copay for each Outpatient hospital observation stay. | You pay \$325 copay for each Outpatient hospital observation stay. |

| Cost | 2023 (this year) | 2024 (next year) |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers | You pay \$50 copay for each Ambulatory surgical center visit. | You pay \$0 to \$250 copay for each Ambulatory surgical center visit. \$0-colonoscopy; \$250-other |
| Outpatient mental health care | You pay \$20 copay per event for non-physician Outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. | You pay \$45 copay per event for non-physician Outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. |
| Substance abuse | You pay \$30 copay for each Substance abuse visit. | You pay \$40 copay for each Substance abuse visit. |
| Ambulance services | You pay \$200 copay for each one-way Ground Ambulance trip. You pay \$200 copay for each one-way Air Ambulance trip. Prior authorization required for non-emergent ambulance only. | You pay 20% coinsurance for each one-way Ground Ambulance trip. You pay 20% coinsurance for each one-way Air Ambulance trip. Prior authorization required for non-emergent ambulance only. |
| Chiropractic services (Medicare-covered) | You pay \$0 copay for each Medicare-covered Chiropractic visit. | You pay \$15 copay for each Medicare-covered Chiropractic visit. |
| Chiropractic services (Supplemental) | You pay \$0 copay for up to 12 medically necessary Chiropractic services every calendar year. | This is not covered as a supplemental benefit. |
| Acupuncture for chronic low back pain | You pay \$0 Copay for each Medicare-covered Acupuncture visit. | You pay \$15 Copay for each Medicare-covered Acupuncture visit. |
| Acupuncture (Supplemental) | You pay \$0 copay for up to 12 medically necessary Acupuncture services every calendar year. | This is not covered as a supplemental benefit. |
| Podiatry services (Supplemental) | You pay \$0 copay for up to 6 medically necessary Podiatry services every calendar year. | This is not covered as a supplemental benefit. |
| Dental services (Supplemental) | You have \$2,000 maximum allowance each calendar year for all supplemental preventive and comprehensive dental services combined. You may be responsible for costs if you exceed your maximum annual allowance. | You have \$1,150 maximum allowance each calendar year for all supplemental preventive and comprehensive dental services combined. You pay \$0 for supplemental dental services but may be responsible for costs if you |

| Cost | 2023 (this year) | 2024 (next year) |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | exceed your maximum annual allowance. Services are offered as unlimited up to your annual maximum allowance. Cosmetic services are not covered by the plan and you may not use your MyChoice card to pay for it and other services not covered by Medicare and/or Medicaid. |
| Hearing services (Supplemental) | You can get up to 2 pre-selected hearing aids covered from a plan approved provider every calendar year. | You can get a routine hearing exam and up to 2 pre-selected hearing aids every 2 years. |
| Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce | <p>You get a \$30 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p> | <p>You get \$50 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p> |
| Over-the-counter (OTC) items (Supplemental) | You get \$90 every quarter (3 months) for OTC items. | You get \$105 every quarter (3 months) for OTC items. |

| Cost | 2023 (this year) | 2024 (next year) |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| In-Home Support Services | You get up to 90 hours. We offer access to in-home support services, including cleaning, household chores and meal preparation as well as provide assistance with activities of daily living. | This is not covered as a supplemental benefit. |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

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

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

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

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, please call Member Services and ask for the LIS Rider.

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

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

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

• **Additional Resources to Help** – Please contact our Member Services number at (833) 306-3393 for additional information. (TTY users should call 711.) Hours are 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your tiers 1-5 drugs until you have reached the yearly deductible. | The deductible is \$125. During this stage, you pay \$0 cost sharing for drugs on tier 6, and the full cost of drugs on tiers 1-5 until you have reached the yearly deductible. | The deductible is \$125. During this stage, you pay \$0 cost sharing for drugs on tier 6, and the full cost of drugs on tiers 1-5 until you have reached the yearly deductible. |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2023 (this year) | 2024 (next year) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. Most adult Part D vaccines are covered at no cost to you | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Preferred Generic - Tier 1: You pay \$3 copay per prescription. Generic - Tier 2: You pay \$12 copay per prescription. Preferred Brand - Tier 3: You pay \$47 copay per prescription. Non-Preferred Drug - Tier 4: You pay \$100 copay per prescription. Specialty Tier - Tier 5: You pay 31% of the total cost. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Preferred Generic - Tier 1: You pay \$3 copay per prescription. Generic - Tier 2: You pay \$12 copay per prescription. Preferred Brand - Tier 3: You pay \$47 copay per prescription. Non-Preferred Drug - Tier 4: You pay \$100 copay per prescription. Specialty Tier - Tier 5: You pay 31% of the total cost. |

| Stage | 2023 (this year) | 2024 (next year) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> . We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." | Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). |

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

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 Molina Medicare Choice Care

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 Molina Medicare Choice Care.

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 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Molina Medicare Choice Care.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Molina Medicare Choice Care.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 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 Nevada, the SHIP is called Nevada Medicare Assistance Program (MAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Nevada Medicare Assistance Program (MAP) 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 Nevada Medicare Assistance Program (MAP) at 1-800-307-4444. You can learn more about Nevada Medicare Assistance Program (MAP) by visiting their website (<https://www.nevadacareconnection.org/care-options/request-help/>).

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).
- **Help from your state's pharmaceutical assistance program.** Nevada has a program called Nevada Senior & Disability Rx Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 Nevada's AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 702-688-3250.

SECTION 6 Questions?

Section 6.1 – Getting Help from Molina Medicare Choice Care

Questions? We're here to help. Please call Member Services at (833) 306-3393. (TTY only, call 711). We are available for phone calls days a week, 8:00 a.m. to 8:00 p.m., local time. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Molina Medicare Choice Care. 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 MolinaHealthcare.com/Medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at MolinaHealthcare.com/Medicare. 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 (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Getting Important Plan Materials



How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2024 plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2023**.

Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary:** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at [MolinaHealthcare.com/ProviderSearch](https://www.molinahealthcare.com/ProviderSearch).
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx

How to view or request a copy of a plan document



Online at [MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare)

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2024 plan documents will be available online by October 15, 2023.



Online at [MyMolina.com](https://www.mymolina.com).

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at [MyMolina.com](https://www.mymolina.com). Click “Create an Account” and follow the step-by-step instructions to sign up.



Call toll-free.

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(800) 665-3086**, TTY: 711, **Monday - Friday, 8 a.m. to 8 p.m., local time.**

We're here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, or would like to opt-out of mailed materials, please call Member Services toll-free at **(800) 665-3086, TTY: 711**.



Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-665-3086 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-665-3086. Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-665-3086. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-665-3086。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-665-3086。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-665-3086. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-665-3086. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Medicare (ID (MAPD), IL, MI, NV, OH, SC, TX, UT, WA, WI, NE, IN)
Y0050_23_49_LRStateMLI_C

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-665-3086 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-3086. 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 1-800-665-3086 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-665-3086. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-665-3086. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-665-3086 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-665-3086. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Medicare (ID (MAPD), IL, MI, NV, OH, SC, TX, UT, WA, WI, NE, IN)
Y0050_23_49_LRStateMLI_C

Português:

Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-665-3086. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-3086. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-665-3086. Ta usługa jest bezpłatna.

Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-665-3086 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。

