

Kennebec and Sagadahoc counties in Maine.

## Martin's Point Generations Advantage Value Plus (HMO-POS) offered by Martin's Point Generations Advantage, Inc.

### Annual Notice of Changes for 2024

You are currently enrolled as a member of Martin's Point Generations Advantage Value Plus. 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 [MartinsPoint.org/EOC](https://MartinsPoint.org/EOC). 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.**

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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 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](http://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 Martin's Point Generations Advantage Value 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 Martin's Point Generations Advantage Value 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 Member Services number at 1-866-544-7504 for additional information. (TTY users should call 711.) Hours are 8am - 8pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. This call is free.
- This document is available for free in Braille or large print. For more information, please call Member Services.
- **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 Martin's Point Generations Advantage Value Plus**

- Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.
- When this document says "we," "us," or "our", it means Martin's Point Generations Advantage, Inc. When it says "plan" or "our plan," it means Martin's Point Generations Advantage Value Plus.

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**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Martin’s Point Generations Advantage Value Plus in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b>                      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>	\$5,750	\$6,350
<p><b>Doctor office visits</b></p>	<p><b>Primary Care visits:</b>                      \$0 for post-operative and post-discharge visits with your PCP.                      \$0 for a brief emotional/behavioral assessment with your PCP.                      \$10 for all other PCP services and visits.</p> <p><b>Specialist visits:</b> \$45 for each specialist office visit for Medicare- covered services.</p>	<p><b>Primary Care visits:</b>                      \$0 for post-operative and post-discharge visits with your PCP.                      \$0 for a brief emotional/behavioral assessment with your PCP.                      \$10 for all other PCP services and visits.</p> <p><b>Specialist visits:</b> \$45 for each specialist office visit for Medicare- covered services.</p>
<p><b>Inpatient hospital stays</b></p>	<p><b>In-network:</b>                      You pay per admission: \$425 copay per day for days 1-5; \$0 per day for days 6-90 \$0 per day for up to 60 Lifetime Reserve Days.</p> <p>This plan covers up to 90 days per benefit period and</p>	<p><b>In-network:</b>                      You pay per admission: \$360 copay per day for days 1-7; \$0 per day for days 8 and beyond.</p> <p>The plan covers unlimited days for inpatient hospital care.</p>

Cost	2023 (this year)	2024 (next year)
	60 additional Lifetime Reserve days over your lifetime.	<b>Out-of-network:</b> You pay 40% of the total cost per admission.
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$275</p> <p>One-month Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> Standard cost sharing: You pay \$4 per prescription. Preferred cost sharing: You pay \$0 per prescription.</p> <p><b>Drug Tier 2:</b> Standard cost sharing: You pay \$18 per prescription. Preferred cost sharing: You pay \$10 per prescription.</p> <p><b>Drug Tier 3:</b> Standard cost sharing: You pay \$47 per prescription. Preferred cost sharing: You pay \$40 per prescription.</p>	<p>Deductible: \$300</p> <p>One-month Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> Standard cost sharing: You pay \$4 per prescription. Preferred cost sharing: You pay \$0 per prescription. You pay \$35 per month supply of each covered insulin product on this tier</p> <p><b>Drug Tier 2:</b> Standard cost sharing: You pay \$18 per prescription. Preferred cost sharing: You pay \$10 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 3:</b> Standard cost sharing: You pay \$47 per prescription.</p>

Cost	2023 (this year)	2024 (next year)
	<p><b>Drug Tier 4:</b>                      Standard cost sharing: You pay \$100 per prescription.                      Preferred cost sharing: You pay \$95 per prescription.</p> <p><b>Drug Tier 5:</b>                      Standard cost sharing: You pay 28% of the total cost.                      Preferred cost sharing: You pay 28% of the total cost.</p>	<p>Preferred cost sharing:                      You pay \$40 per prescription.                      You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b>                      Standard cost sharing: You pay \$100 per prescription.                      Preferred cost sharing: You pay \$95 per prescription.                      You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b>                      Standard cost sharing: You pay 28% of the total cost.                      Preferred cost sharing: You pay 28% of the total cost.                      You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

Cost	2023 (this year)	2024 (next year)
	Three-month Copayment/ Coinsurance during the Initial Coverage Stage: <b>Drug Tier 5:</b> Standard cost sharing: You pay 28% of the total cost. Preferred cost sharing: You pay 28% of the total cost. Mail order cost sharing: You pay 28% of the total cost.	Three-month Copayment/ Coinsurance during the Initial Coverage Stage: <b>Drug Tier 5:</b> Standard cost sharing: Not covered. Preferred cost sharing: Not covered. Mail order cost sharing: Not covered.

**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)
<b>Monthly premium</b> (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)
<p><b>Maximum out-of-pocket amount</b>                      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>\$5,750                      Once you have paid \$5,750 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B including worldwide emergency, eye exams and hearing exams for the rest of the calendar year.</p>	<p>\$6,350                      Once you have paid \$6,350 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B including worldwide emergency, eye exams and hearing exams 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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An updated directory is located on our website at [MartinsPoint.org/MedicareMembers](https://MartinsPoint.org/MedicareMembers). 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 and 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 and 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)
<p><b>Chiropractic services (Medicare covered only)</b></p>	<p>You pay a \$20 copay for each Medicare-covered chiropractic visit.</p>	<p><b>In-network:</b> You pay a \$15 copay for each Medicare-covered chiropractic visit.</p> <p><b>Out-of-network:</b> You pay \$55 for Medicare-covered services when using your POS benefit.</p>

**Dental services – preventative and comprehensive**

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|--|---|
| <ul style="list-style-type: none"> <li>• \$1000 benefit maximum</li> <li>• Category A: Diagnostic/Preventive (You pay: \$50 office visit copay, no coinsurance for Diagnostic/Preventive services)             <ul style="list-style-type: none"> <li>o Oral exam once in a calendar year</li> <li>o Routine cleaning once in a calendar year</li> <li>o Problem-focused exams as needed</li> <li>o Bitewing x-rays once every calendar year and panoramic x-rays once in a 5-calendar year period</li> <li>o X-rays of individual teeth as needed</li> </ul> </li> <li>• Category B: Basic Restorative (You pay: \$50 office visit copay, 50% coinsurance, and a \$50 deductible for Basic Restorative services)             <ul style="list-style-type: none"> <li>o Amalgam (silver) fillings; Resin restorations on anterior teeth and the buccal surface of bicuspid only.</li> <li>o Surgical and routine extractions</li> <li>o Root canals</li> <li>o Treatment of gum disease (periodontics,</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• \$1000 benefit maximum</li> <li>• Category A: Diagnostic/Preventive (You pay: \$50 office visit copay, no coinsurance for Diagnostic/Preventive services)             <ul style="list-style-type: none"> <li>o Oral exam twice in a calendar year</li> <li>o Routine cleaning twice in a calendar year</li> <li>o Problem-focused exams as needed</li> <li>o Bitewing x-rays once every calendar year and panoramic x-rays once in a 5-calendar year period</li> <li>o X-rays of individual teeth as needed</li> </ul> </li> <li>• Category B: Basic Restorative (You pay: \$50 office visit copay, 50% coinsurance, and a \$0 deductible for Basic Restorative services)             <ul style="list-style-type: none"> <li>o Amalgam (silver) fillings; Resin restorations on anterior teeth, posterior teeth, and the buccal surface of bicuspid only.</li> <li>o Surgical and routine extractions</li> <li>o Root canals</li> <li>o Treatment of gum disease (periodontics,</li> </ul> </li> </ul> |
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Cost	2023 (this year)	2024 (next year)
	including periodontal maintenance cleanings)  o Denture repair  o Emergency relief of pain  o Brush biopsy  • Category C: Major Restorative (You pay: \$50 office visit copay, 50% coinsurance, and a \$50 deductible for Major Restorative services)  o Dentures  o Crowns  o Implants	including periodontal maintenance cleanings)  o Denture repair  o Emergency relief of pain  o Brush biopsy  • Category C: Major Restorative (You pay: \$50 office visit copay, 50% coinsurance, and a \$0 deductible for Major Restorative services)  o Dentures  o Crowns  o Implants
<b>Emergency care</b>	You pay a \$95 copay for each Medicare-covered emergency room visit.	You pay a \$120 copay for each Medicare-covered emergency room visit.
<b>Hearing Aids</b> <i>(Please see Evidence of Coverage at <a href="http://MartinsPoint.org/EOC">MartinsPoint.org/EOC</a> for more information and instructions on how to use the benefit).</i>	<b>In network:</b> • You pay \$495, \$695, \$1,095, \$1,495, or \$2,095 copay per ear, per year, depending on Tier selected.  <i>Services must be received from an Amplifon provider.</i>	<b>In network:</b> • There is a \$1,000 benefit maximum (\$500 per ear, per year).  <i>Services must be received from an Amplifon provider.</i>

Cost	2023 (this year)	2024 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b>In-network:</b></p> <p>You pay per admission: \$425 copay per day for days 1-5; \$0 per day for days 6-90; \$0 per day for up to 60 Lifetime Reserve Days.</p> <p>This plan covers up to 90 days per benefit period and 60 additional Lifetime Reserve days over your lifetime.</p>	<p><b>In-network:</b></p> <p>You pay per admission: \$360 copay per day for days 1-7; \$0 per day for days 8 and beyond.</p> <p>The plan covers unlimited days for inpatient hospital care.</p> <p><b>Out-of-network:</b></p> <p>You pay 40% of the total cost per admission.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Medicare Part B prescription drugs</b></p>	<p>You pay 20% of the cost of Medicare-covered services.</p> <p>Note: Certain Part B drugs may be subject to step therapy and/or prior authorization requirements including those in the categories and/or to treat the conditions noted below:</p> <p>Acromegaly Products Alpha1-Proteinase Inhibitors</p> <p>Asthma</p> <p>Autoimmune Products Bevacizumab Products Botulinum Toxins Colony Stimulating Factors – Short Acting Colony Stimulating Factors – Long-Acting Erythropoiesis Stimulating Agents Gaucher Disease Products Gonadotropin Releasing Hormone Agonists Hyaluronates Injectable Chemotherapy and Related Cancer Therapies Multiple Sclerosis Ocular Disorders Radiopharmaceuticals Rituximab Products Trastuzumab Products</p>	<p><b>In- and Out-of-network:</b></p> <p>You pay 20% of the cost of Medicare-covered services.</p> <p>You will pay no more than \$35 for one-month supply of Part B insulin products covered by our plan.</p> <p>Note: Certain Part B drugs may be subject to step therapy and/or prior authorization requirements including those in the categories and/or to treat the conditions noted below:</p> <p>Acromegaly Products Alpha1-Proteinase Inhibitors Asthma Autoimmune Products Bevacizumab Products Botulinum Toxins Colony Stimulating Factors – Short Acting Colony Stimulating Factors – Long-Acting Erythropoiesis Stimulating Agents Gaucher Disease Products Gonadotropin Releasing Hormone Agonists Hyaluronates Injectable Chemotherapy and Related Cancer Therapies Multiple Sclerosis Ocular Disorders Radiopharmaceuticals Rituximab Products Trastuzumab Products</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Ambulatory blood pressure monitors and spirometry</b></p>	<p>You pay a 15% coinsurance for ambulatory blood pressure monitors and spirometry.</p>	<p><b>In- and Out-of-network:</b> You pay a 0% coinsurance for ambulatory blood pressure monitors and spirometry.</p>
<p><b>Outpatient Observation</b></p>	<p><b>In-network:</b> You pay \$200 for Medicare-covered outpatient hospital observation.</p>	<p><b>In-network:</b> You pay \$275 for Medicare-covered outpatient hospital observation.</p> <p><b>Out-of-network:</b> You pay \$345 for Medicare-covered outpatient hospital observation.</p>
<p><b>Podiatry services</b></p>	<p><b>In-network:</b> You pay a \$45 copay for each Medicare-covered podiatry service visit.</p>	<p><b>In-network:</b> You pay \$10 for each Primary Care Physician (PCP) office visit for Medicare-covered services.</p> <p>You pay \$45 for each Medicare-covered specialist office visit.</p> <p><b>Out-of-network:</b> You pay \$55 for each Medicare-covered office visit.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Partial Hospitalization (MH day services)</b></p>	<p><b>In-network:</b></p> <p>You pay a \$55 copay for each Medicare-covered partial hospitalization visit.</p>	<p><b>In-network:</b></p> <p>You pay a \$70 copay for each Medicare-covered partial hospitalization visit.</p>
<p><b>Skilled nursing facility care</b></p>	<p><b>In-network:</b></p> <p>For each benefit period you pay:</p> <p>\$0 copay per day for days 1-20.</p> <p>\$196 copay per day for days 21-100</p>	<p><b>In-network:</b></p> <p>For each benefit period you pay:</p> <p>\$0 copay per day for days 1-20.</p> <p>\$203 copay per day for days 21-100</p>
<p><b>Urgently needed care</b></p>	<p>You pay a \$50 copay for each Medicare-covered urgent care visit when performed at an urgent care center in the United States and its associated territories.</p> <p>You pay a \$95 copay for each Medicare-covered urgent care visit when performed at an urgent care center outside the United States.</p>	<p>You pay a \$50 copay for each Medicare-covered urgent care visit when performed at an urgent care center in the United States and its associated territories.</p> <p>You pay a \$120 copay for each Medicare-covered urgent care visit when performed at an urgent care center outside the United States.</p>
<p><b>Worldwide urgent and emergency care</b></p>	<p>You pay a \$95 copay for each urgent care or emergency room visit when performed outside of the United States and its associated territories.</p>	<p>You pay a \$120 copay for each urgent care or emergency room visit when performed outside of the United States and its associated territories.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Wellness Wallet</b></p>	<p>The plan will reimburse up to \$400 each year for fitness, naturopathic services, acupuncture, nutrition/dietary education, weight management programs, and face masks through the Wellness Wallet benefit.</p> <p>Eyewear is not reimbursable through the Wellness Wallet. Please see Vision Care for your eyewear benefit.</p>	<p>The plan will reimburse up to \$500 each year for fitness, naturopathic services, acupuncture, nutrition/dietary education, weight management programs, and face masks through the Wellness Wallet benefit.</p> <p>Eyewear is not reimbursable through the Wellness Wallet. Please see Vision Care for your eyewear benefit.</p>

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### 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 have included 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<sup>th</sup>, please call Member Services and ask for the LIS Rider.

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

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>The deductible is \$275.</p> <p>During this stage, you pay \$0 or \$4 cost-sharing for drugs on Tier 1, \$10 or \$18 cost sharing for drugs on Tier 2 and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.</p> <p>There is no deductible for Generations Advantage Value Plus for Select Insulins. You pay \$25-35 for a one-month supply of Select Insulins.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$0 or \$4 cost-sharing for drugs on Tier 1, \$10 or \$18 cost sharing for drugs on Tier 2 and the full cost of drugs on Tiers 3, 4, and 5 until you have reached the yearly deductible.</p> <p>There is no deductible for Generations Advantage Value Plus for Insulins. You won’t pay more than \$35 for a one-month supply of insulin.</p>

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

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>

Stage	2023 (this year)	2024 (next year)
<p>of your drugs and <b>you pay your share of the cost.</b></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><b>Drug Tier 1:</b> Standard cost sharing: You pay \$4 per prescription. Preferred cost sharing: You pay \$0 per prescription.</p> <p><b>Drug Tier 2:</b> Standard cost sharing: You pay \$18 per prescription. Preferred cost sharing: You pay \$10 per prescription.</p> <p><b>Drug Tier 3:</b> Standard cost sharing: You pay \$47 per prescription. Preferred cost sharing: You pay \$40 per prescription.</p> <p><b>Drug Tier 4:</b> Standard cost sharing: You pay \$100 per prescription. Preferred cost sharing: You pay \$95 per prescription.</p> <p><b>Drug Tier 5:</b> Standard cost sharing: You pay 28% of the total cost. Preferred cost sharing: You pay 28% of the total cost. next stage (the Catastrophic Coverage Stage).</p>	<p><b>Drug Tier 1:</b> Standard cost sharing: You pay \$4 per prescription. Preferred cost sharing: You pay \$0 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 2:</b> Standard cost sharing: You pay \$18 per prescription. Preferred cost sharing: You pay \$10 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 3:</b> Standard cost sharing: You pay \$47 per prescription. Preferred cost sharing: You pay \$40 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 4:</b> Standard cost sharing: You pay \$100 per prescription. Preferred cost sharing: You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5:</b> Standard cost sharing: You pay 28% of the total cost. Preferred cost sharing: You pay 28% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
	<p><b>Your cost for a one-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$35 per 30-day prescription.</p> <p>Preferred cost sharing: You pay \$25 per 30-day prescription.</p> <p>Mail Order cost sharing: You pay \$25 per 30-day prescription.</p>	<p><b>Your cost for a one-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$35 per 30-day prescription.</p> <p>Preferred cost sharing: You pay \$35 per 30-day prescription.</p> <p>Mail Order cost sharing: You pay \$35 per 30-day prescription.</p>
	<p><b>Your cost for a two-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$70 per 60-day prescription.</p> <p>Preferred cost sharing: You pay \$50 per 60-day prescription.</p> <p>Mail Order cost sharing: You pay \$50 per 60-day prescription.</p>	<p><b>Your cost for a two-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$70 per 60-day prescription.</p> <p>Preferred cost sharing: You pay \$70 per 60-day prescription.</p> <p>Mail Order cost sharing: You pay \$70 per 60-day prescription.</p>
	<p><b>Your cost for a three-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$105 per 90-day prescription.</p> <p>Preferred cost sharing: You pay \$62.50 per 90-day prescription.</p> <p>Mail Order cost sharing: You pay \$62.50 per 90 day prescription.</p>	<p><b>Your cost for a three-month supply of insulin filled at a network pharmacy:</b></p> <p>Standard cost sharing: You pay \$105 per 90-day prescription.</p> <p>Preferred cost sharing: You pay \$105 per 90-day prescription.</p> <p>Mail Order cost sharing: You pay \$105 per 90 day prescription.</p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>The costs in this row are for a one-month 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; at a network pharmacy that offers preferred cost sharing; 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>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <p>Martin’s Point Generations Advantage Value Plus offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$25-35 for a one-month supply.</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> <p>During the Coverage Gap stage, your out-of-pocket costs for a one-month supply of insulin will be capped at \$35.</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.**

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 Martin's Point Generations Advantage Value 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 Martin's Point Generations Advantage Value 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 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](http://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, Martin's Point Generations Advantage, Inc. 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 Martin's Point Generations Advantage Value Plus.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Martin's Point Generations Advantage Value Plus.
- **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 Administrative Changes**

Administrative changes provide a comprehensive overview of upcoming changes for next year. Some changes may be informational and won’t affect your benefits. Meanwhile, other changes may affect how you use your benefits. See below table for specific information about administrative changes planned for next year.

Description	2023 (this year)	2024 (next year)
<b>Health Plan type</b>	Martin’s Point Generations Advantage Value Plus is a Medicare Advantage HMO Only Plan (HMO stands for Health Maintenance Organization) without a point-of-Service (POS) Option.	Martin’s Point Generations Advantage Value Plus is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Point-of-Service (POS) option.  Point-of-Service means you can use providers outside the plan’s network for an additional cost. (See Chapter 3, Section 2.4 in your Evidence of Coverage for information about using the Point-of-Service option.)
<b>Wellness Wallet Reimbursement Request Process</b>	Reimbursement requests for 2023 Wellness Wallet benefits must be received by the plan no later than March 31, 2024.	Reimbursement requests for 2024 Wellness Wallet benefits must be received by the plan no later than 120 days following date of purchase.

## SECTION 4 Deadline for Changing Plans

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

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

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

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

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

## SECTION 5 Programs That Offer Free Counseling about Medicare

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Maine State Health Insurance Assistance Program 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 Maine State Health Insurance Program at 1-877-353-3771. You can learn more about Maine State Health Insurance Assistance Program by visiting their website ([www.maine.gov/dhhs/oads/community-support/ship.html](http://www.maine.gov/dhhs/oads/community-support/ship.html)).

## 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, 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.** Maine has a program called Maine Low Costs Drugs for the Elderly or Disabled (DEL) 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 Maine AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (207) 287-3747.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Martin's Point Generations Advantage Value Plus.

Questions? We're here to help. Please call Member Services at 1-866-544-7504. (TTY only, call 711). We are available for phone calls 8am - 8pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. 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 Martin's Point Generations Advantage Value 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 [MartinsPoint.org/EOC](https://MartinsPoint.org/EOC). 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 **MartinsPoint.org/MedicareMembers**. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy 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 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.



## MARTIN'S POINT<sup>®</sup>

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### HEALTH CARE

Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Martin's Point Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Martin's Point Health Care:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Martin's Point Generations Advantage Member Services Team.

If you believe that Martin's Point Health Care 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 Member Services: Member Services, Martin's Point Generations Advantage, PO Box 9746, Portland, ME 04104, 1-866-544-7504, TTY: 711, Fax: 207-828-7847. (We're available 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year.) You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, the Martin's Point Generations Advantage Member Services Team 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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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 (TDD: 1-800-537-7697)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, and Local PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal.  
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<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-553-7054 (TTY: 711).
<b>Español (Spanish)</b>	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-553-7054 (TTY: 711).
<b>Français (French)</b>	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-553-7054 (ATS : 711).
<b>繁體中文 (Chinese)</b>	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-553-7054 (TTY : 711) 。
<b>नेपाल&amp; (Nepali)</b>	यानि दिनुहोस्: तपाइ/ले नेपाली बोल्नुहुन्छ भने तपाइ/को निमित्त भाषा सहायता सेवाहरू निशुल्क उपलब्ध छ। फोन गर्नुहोस् 1-877-553-7054 (टि।टि।वाइ: 711)।
<b>Português (Portuguese)</b>	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-553-7054 (TTY: 711).
<b>Kiswahili (Swahili)</b>	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-877-553-7054 (TTY: 711).
<b>العربية (Arabic)</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم: (1 877 553 7054) (7 1 1)
<b>Tiếng Việt (Vietnamese)</b>	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-553-7054 (TTY: 711).
<b>አማርኛ (Amharic)</b>	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-553-7054 (ሎስማት ለተሳናቸው: 711)።
<b>ไทย (Thai)</b>	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-553-7054 (TTY: 711).
<b>Deutsch (German)</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-553-7054 (TTY: 711).
<b>한국어 (Korean)</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-553-7054 (TTY: 711) 번으로 전화해 주십시오.
<b>Tagalog (Tagalog)</b>	Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-553-7054 (TTY: 711).
<b>Русский (Russian)</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные