



Annual Notice of Changes 2024

**Ochsner Health Plan Premier (HMO)
H9763-003-002**

If you have any questions about this notice, please contact Member Services at 1-833-674-2112 (TTY users should call 711) 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th or at www.ochsnerhealthplan.com.

Ochsner Health Plan Premier (HMO) offered by Ochsner Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Ochsner Health Plan Premier. 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 www.ochsnerhealthplan.com. 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 Ochsner Health Plan Premier.
- 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 Ochsner Health Plan Premier.
- 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 1-833-674-2112 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday April 1st to September 30th. This call is free.
- This document is available in alternate formats (braille, large print, etc.) upon request. Please contact Member Services for more information. (Phone numbers are printed on the back cover of this booklet).
- **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 Ochsner Health Plan Premier

- Ochsner Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Ochsner Health Plan, Inc. When it says "plan" or "our plan," it means Ochsner Health Plan Premier.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Ochsner Health Plan Premier in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p> | \$0 | \$0 |
| <p>Maximum out-of-pocket amount</p> <p>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> | \$3,500 | \$4,500 |
| <p>Doctor office visits</p> | <p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$20 copayment per visit</p> | <p>Primary care visits: \$0 copayment per visit</p> <p>Specialist visits: \$25 copayment per visit</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| Inpatient hospital stays | <p>For each Medicare-covered inpatient stay, your copayment is:</p> <p>Days 1-10: \$65 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> | <p>For each Medicare-covered inpatient stay, your copayment is:</p> <p>Days 1-10: \$175 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> |
| Part D prescription drug coverage (See Section 1.5 for details.) | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2¹: \$10 copayment • Drug Tier 3: \$45 copayment <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: \$100 copayment <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5²: 33% of the total cost <p>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"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, | <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2¹: \$10 copayment • Drug Tier 3: \$45 copayment <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 4: \$100 copayment <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Drug Tier 5²: 33% of the total cost <p>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"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit. |

**Part D prescription drug coverage
(Continued)**

(See Section 1.5 for details.)

you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)

¹ Tier 2 copayment for a 3-month supply \$25. Tier 2 also includes enhanced drug coverage.

² Limited up to a 30-day supply.

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 There is no change for the upcoming benefit year. |
| Part B premium reduction | Up to \$17 | Up to \$10 |

- 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 Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$3,500 | \$4,500 Once you have paid \$4,500 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. |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.ochsnerhealthplan.com. 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 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 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>Diabetic Services and Supplies</p> | <p>You pay 20% of the total cost for Medicare-covered Diabetic Therapeutic Shoes or Inserts.</p> <p>Diabetic Testing Supplies (i.e., continuous glucose monitors, glucometers, blood glucose strips, etc.) are limited to the manufacturers and brands provided by in-network DME (Durable Medical Equipment) providers or those covered by Ochsner Health Plan through participating pharmacies.</p> <p>All other manufacturers and brands of diabetic testing supplies are not covered.</p> | <p>\$0 copay for each Medicare-covered diabetic testing supply from a participating pharmacy.</p> <p>Specific manufacturers covered and other limits may apply.</p> <p>20% coinsurance for each Medicare-covered diabetic testing supply from a participating DME supplier.</p> <p>20% coinsurance for Diabetic Therapeutic Shoes/Inserts from a participating DME supplier.</p> |
| <p>Inpatient hospital stays</p> | <p>For each Medicare-covered inpatient stay, your copayment is:</p> <p>Days 1-10: \$65 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> | <p>For each Medicare-covered inpatient stay, your copayment is:</p> <p>Days 1-10: \$175 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> |
| <p>Inpatient Hospital Psychiatric</p> | <p>Days 1-10: \$65 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> | <p>Days 1-10: \$175 copayment per day</p> <p>Days 11-90: \$0 copayment per day</p> |
| <p>Physician Specialist Services</p> | <p>In-network: \$20 copayment</p> | <p>In-network: \$25 copayment</p> |
| <p>Skilled Nursing Facility (SNF)</p> | <p>\$0 copayment per day for days 1-20</p> | <p>\$0 copayment per day for days 1-20</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>Skilled Nursing Facility (SNF) (Continued)</p> | <p>\$165 copayment per day for days 21-100</p> <p>Prior inpatient hospital stay not required.</p> | <p>\$165 copayment per day for days 21-100</p> <p>Three (3) consecutive day inpatient hospital stay required prior to SNF admission.</p> |
| <p>Ambulatory Surgical Center (ASC) Services</p> | <p>\$125 copayment</p> | <p>\$175 copayment</p> |
| <p>Outpatient Hospital Services</p> | <p>\$125 copayment</p> | <p>\$175 copayment</p> |
| <p>OTC (over-the-counter) Benefit</p> | <p>\$85 allowance every calendar quarter for specific over-the-counter drugs and other health-related products.</p> | <p>\$85 maximum allowance every per calendar quarter for covered over-the-counter (OTC) drugs and health-related items.</p> <p>Members access this allowance through a designated “wallet” on the Ochsner Health Plan Flex Card. See Over-the-Counter (OTC) Benefit in Chapter 4 of the Evidence of Coverage for more information.</p> |
| <p>Durable Medical Equipment (DME)</p> | <p>0% coinsurance for Medicare-covered items from preferred providers.</p> <p>20% coinsurance for Medicare-covered items from other providers.</p> | <p>\$0 copayment for each Medicare-covered continuous glucose monitor (CGM) from a participating pharmacy.</p> <p>Specific manufacturers covered and other limits may apply.</p> <p>20% coinsurance for each Medicare-covered continuous glucose monitor (CGM) from a participating DME supplier.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| Fitness Benefit | Wellness program includes free Home Fitness Kit with a wearable (Fitbit or Garmin). | Wellness program includes free Home Fitness Kit |
| Medicare Part B prescription drugs | 20% coinsurance for Medicare-covered Chemotherapy and Radiation drugs | 0% - 20% coinsurance for Medicare-covered Chemotherapy and Radiation drugs |
| Preventive Dental Services | Preventive and comprehensive dental services are limited to up to \$2000 in total combined cost per calendar year. | Preventive and comprehensive dental services are limited to up to \$3000 in total combined cost per calendar year. |
| Comprehensive Dental Services | \$50 deductible for comprehensive dental services Endodontics not covered | No deductible for comprehensive dental services \$15 - \$270 copayment for endodontics Endodontics therapy limited to 1 per lifetime. \$56 copayment for surgical extraction of an erupted tooth |
| Routine Eye Exams | \$0 copayment for routine eye exams | \$20 copayment for routine eye exams |
| Routine Eyewear | \$0 copayment up to the \$200 eyewear allowance. | \$0 copayment up to the \$400 eyewear allowance. |
| Routine Hearing Exams, Hearing Aid Fitting/Evaluations, and Hearing Aids | \$20 copayment for each routine hearing exam. \$20 copayment for each hearing aid fitting/evaluation | Members receive a \$2,000 combined maximum allowance per calendar year for routine hearing exams, hearing aid fitting/evaluations and hearing aids. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------------------------|--|
| Routine Hearing Exams, Hearing Aid Fitting/Evaluations, and Hearing Aids (Continued) | \$1,000 allowance for hearing aids | Members access this allowance through a designated “wallet” on the Ochsner Health Plan Flex Card. See Hearing Services in Chapter 4 of the Evidence of Coverage for more information. |
| Enhanced Hypertension Disease Management | \$0 copayment | Not covered. |
| Virtual Care Medical Exam Kit | \$0 copayment | Not covered. |
| Post Discharge In-Home Medication Reconciliation | \$0 copayment | Not covered. |
| Digital Medicine | \$0 copayment | Not covered. |
| 24/7 Ochsner On Call | \$0 copayment | Not covered. |
| Urgently Needed Services | \$20 copayment per visit | \$25 copayment per visit |
| Worldwide Emergency/Urgent Coverage | \$20 copayment per visit | \$25 copayment per visit |
| Partial Hospitalization | \$20 copayment per day | \$40 copayment per day |
| Therapy (Physical Therapy, Speech Therapy and Occupational Therapy) | \$10 copayment per visit | \$20 copayment per visit |
| Diagnostic Radiological Services | \$20 copayment per visit | \$125 copayment per visit |

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. The “Drug List” includes many – but not all – of the drugs that we

will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website (www.ochsnerhealthplan.com).

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, of 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 didn’t receive this insert with this packet, 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) |
|---|--|--|
| Stage 1: Yearly Deductible Stage | Because we have no deductible, this payment stage does not apply to you. | Because we have no deductible, this payment stage does not apply to you. |

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy 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>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 - Preferred Generics You pay \$0 per prescription.</p> <p>Tier 2 – Generic Drugs¹ You pay \$10 per prescription</p> <p>Tier 3 – Preferred Brands You pay \$45 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – Non-Preferred Drugs You pay \$100 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 – Specialty Drugs² You pay 33% per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 - Preferred Generics You pay \$0 per prescription.</p> <p>Tier 2 – Generic Drugs¹ You pay \$10 per prescription</p> <p>Tier 3 – Preferred Brands You pay \$45 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 – Non-Preferred Drugs You pay \$100 per prescription You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 – Specialty Drugs² You pay 33% per prescription You pay \$35 per month supply of each covered insulin product on</p> |

**Stage 2: Initial Coverage Stage
(continued)**

Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage).

this tier.

Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).

¹ Tier 2 copayment for a 3-month supply \$25. Tier 2 also includes enhanced drug coverage.

² Limited up to a 30-day supply.

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Ochsner Health Plan Premier

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 Ochsner Health Plan Premier.

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 for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (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 Ochsner Health Plan Premier.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Ochsner Health Plan Premier.
- 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 Louisiana, the SHIP is called Louisiana Senior Health Insurance Information Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Louisiana Senior Health Insurance Information 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 the Louisiana Senior Health Insurance Information Program at 1-800-259-5300. You can learn more about the Louisiana Senior Health Insurance Information Program by visiting their website (<https://www.ldi.la.gov/consumers/senior-health-shiip>).

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.** Louisiana has a program called Louisiana SenioRx 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 Louisiana Health Access Program, 504-568-7474 or by email lahap@la.gov. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Louisiana Health Access Program, 504-568-7474 or by email lahap@la.gov.

SECTION 6 Questions?

Section 6.1 – Getting Help from Ochsner Health Plan Premier

Questions? We’re here to help. Please call Member Services at 1-833-674-2112. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m. Monday through Friday, April 1st to September 30th. 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 Ochsner Health Plan Premier. 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 www.ochsnerhealthplan.com. 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 www.ochsnerhealthplan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

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.