



# Annual Notice of Changes 2025

**Ochsner Health Plan Heroes (HMO-POS)  
H9763-006**

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](http://www.ochsnerhealthplan.com).

## Ochsner Health Plan Heroes (HMO-POS) offered by Ochsner Health Plan, Inc.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Ochsner Health Plan Heroes. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 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](http://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).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers 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 the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Ochsner Health Plan Heroes.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with

Ochsner Health Plan Heroes.

- If you recently moved into, currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- Please contact our 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 (e.g., 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Ochsner Health Plan Heroes**

- Ochsner Health Plan is a Medicare Advantage HMO and HMO D-SNP plan with a Medicare contract. Dual Special Needs Plans also have a contract with the State Medicaid Program. 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 Heroes.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Ochsner Health Plan Heroes in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<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.)	In-network: \$4,900	In-network: \$4,450
	Out-of-network: Not applicable.	Out-of-network: \$8,000
<b>Doctor office visits</b>	Primary care visits:  In-network: \$0 copayment per visit	Primary care visits:  In-network: \$0 copayment per visit
	Out-of-network: 30% coinsurance per visit	Out-of-network: 20% coinsurance per visit
	Specialist visits:  In-network: \$30 copayment per visit	Specialist visits:  In-network: \$25 copayment per visit
	Out-of-network: 30% coinsurance per visit	Out-of-network: 20% coinsurance per visit

Cost	2024 (this year)	2025 (next year)
<b>Inpatient hospital stays</b>	<p>In-network:</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>Out-of-network:</p> <p>30% coinsurance for each Medicare-covered inpatient hospital stay</p>	<p>In-network:</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>Out-of-network:</p> <p>20% coinsurance for each Medicare-covered inpatient hospital stay</p>

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

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0
<b>Part B premium reduction</b>	\$60	\$100



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## Section 1.3 – Changes to the Provider Networks

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Updated directories are located on our website at [www.ochsnerhealthplan.com](http://www.ochsnerhealthplan.com). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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	2024 (this year)	2025 (next year)
<b>Blood</b>	Coverage of whole blood and packed red cells begins only with the fourth pint of blood that you need.	Coverage of whole blood and packed red cells begins only with the first pint of blood that you need.
<b>Comprehensive dental services</b>	Service category applies to the Maximum Out-of-Pocket (MOOP)  Service category applies to the Point of Service (POS) benefit	Service category does not apply to the Maximum Out-of-Pocket (MOOP)  Service category does not apply to the Point of Service (POS) benefit
<b>Medicare-covered dental services</b>	Service category does not apply to the Maximum Out-of-Pocket (MOOP)  Service category does not apply to the Point of Service (POS) benefit	Service category applies to the Maximum Out-of-Pocket (MOOP)  Service category applies to the Point of Service (POS) benefit
<b>Cardiac and pulmonary rehabilitation services</b>	In-network: \$15 copayment per visit  Out-of-network: 30% coinsurance per visit	In-network: \$20 copayment per visit  Out-of-network: 20% coinsurance per visit

Cost	2024 (this year)	2025 (next year)
<p><b>Combined supplemental dental services</b></p>	<p>In-Network:</p> <p>Non-Medicare preventive and comprehensive dental services are limited to up to \$3,000 in total combined cost per calendar year.</p> <p>Oral Exams</p> <p>Prophylaxis (Cleaning)</p> <p>Dental X-Rays</p> <p>Non-routine Services</p> <p>Diagnostic Services</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Extractions</p> <p>Prosthodontics</p> <p>Other Oral/Maxillofacial Surgery</p> <p>Other Services</p>	<p>In-Network:</p> <p>Non-Medicare preventive and comprehensive dental services are limited to up to \$3,000 in total combined cost per calendar year.</p> <p>Oral Exams</p> <p>Prophylaxis (Cleaning)</p> <p>Dental X-Rays</p> <p>Restorative Services</p> <p>Endodontics</p> <p>Periodontics</p> <p>Prosthodontics</p> <p>Oral/Maxillofacial Surgery</p> <p>Adjunctive General Services</p>
<p><b>Emergency services</b></p>	<p>In-network:</p> <p>\$90 copayment per visit</p> <p>Out-of-network:</p> <p>\$90 copayment per visit</p>	<p>In-network:</p> <p>\$125 copayment per visit</p> <p>Out-of-network:</p> <p>\$125 copayment per visit</p>

Cost	2024 (this year)	2025 (next year)
<b>Mental health specialty services</b>	In-network: \$30 copayment for each Medicare-covered Individual session.  \$30 copayment for each Medicare-covered Group session.	In-network: \$25 copayment for each Medicare-covered Individual session.  \$25 copayment for each Medicare-covered Group session.
<b>Other health care professional services</b>	In-network: \$30 copayment per visit	In-network: \$25 copayment per visit
<b>Partial hospitalization</b>	In-network: \$20 copayment per visit	In-network: \$40 copayment per visit
<b>Physician specialist services excluding psychiatric services</b>	In-network: \$30 copayment per visit	In-network: \$25 copayment per visit
<b>Point of service</b>	You pay a 30% coinsurance for each covered service.	You pay a 20% coinsurance for each covered service.
<b>Psychiatric services</b>	In-network: \$30 copayment for each Medicare-covered Individual session.  \$30 copayment for each Medicare-covered Group session.	In-network: \$25 copayment for each Medicare-covered Individual session.  \$25 copayment for each Medicare-covered Group session.

Cost	2024 (this year)	2025 (next year)
<b>Skilled nursing facility (SNF)</b>	In-network: Days 1 – 20: \$0 copayment per day Days 21 – 100: \$178 copayment per day Three (3) consecutive day inpatient hospital stay required prior to SNF admission.	In-network: Days 1 – 20: \$0 copayment per day Days 21 – 100: \$178 copayment per day Prior inpatient hospital stay not required.
<b>Urgently needed services</b>	In-network: \$30 copayment per visit Out-of-network: \$30 copayment per visit	In-network: \$35 copayment per visit Out-of-network: \$35 copayment per visit
<b>Worldwide emergency services</b>	\$90 copayment per visit	\$140 copayment per visit
<b>Worldwide urgently needed services</b>	\$30 copayment per visit	\$35 copayment per visit

## SECTION 2 Deciding Which Plan to Choose

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

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 Heroes.

### 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 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 8.2).

## 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 Heroes.
- 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 Heroes.
- 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, 2025.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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

## SECTION 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 (SHIIP).

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.lidi.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, yearly 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.
- **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. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Louisiana Health Access Program, 504-568-7474 or by email [lahap@la.gov](mailto:lahap@la.gov). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call, Louisiana Health Access Program, 504-568-7474 or by email [lahap@la.gov](mailto:lahap@la.gov). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Ochsner Health Plan Heroes

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 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Ochsner Health Plan Heroes. 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](http://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](http://www.ochsnerhealthplan.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## **Section 6.2 – Getting Help from Medicare**

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

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

### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/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.