Pennsylvania Public School Employees' Retirement System (PSERS)

Health Options Program

2024 Annual Notice of Changes for the Enhanced & Basic Medicare Rx Options

You are currently enrolled as a member of the Enhanced or Basic Medicare Rx Option. Next year, there will be some changes to the costs and benefits. *Please see pages 3 and 4 for a Summary of Important Costs, including Premium.*

You have from early October until November 17, 2023, to make changes to your coverage under the Health Options Program for next year.

Note that the Centers for Medicare & Medicaid Services (CMS) conducts a fall open enrollment each year for Medicare (known as the "Annual Election Period"). This happens from October 15 through December 7 in 2023. This is not the same enrollment as the one for the Health Options Program.

MEMBER SERVICES

For help or information about prescription drugs, please call **OptumRx.**

Phone: 1-888-239-1301 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Hours: 24 hours a day, 7 days a week

For help or information about enrollment, billing, or ID cards, please call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

Phone: 1-800-773-7725 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m.–8:00 p.m.

ENHANCED AND BASIC MEDICARE Rx OPTIONS ANNUAL NOTICE OF CHANGES FOR 2024

Additional Resources

- The HOP Administration Unit has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- Contact the HOP Administration Unit for more information about the availability of Braille, large print, and audio materials.

About the Enhanced and Basic Medicare Rx Options

- The Enhanced and Basic Medicare Rx Options are stand-alone prescription drug plans with a Medicare contract.
- When this document says "we," "us," or "our," it means the PSERS Health Options Program. When it says "plan" or "our plan," it means the Enhanced and Basic Medicare Rx Options.

THINK ABOUT YOUR MEDICARE COVERAGE FOR NEXT YEAR

Each fall, the Health Options Program allows you to change your Medicare health and drug coverage during the Option Selection Period. It is important to review your coverage now to make sure it will meet your needs 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 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.
- ❑ 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 personalized search feature on the Medicare Plan Finder **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 decide to <u>stay</u> with the Enhanced or Basic Medicare Rx Option:
If you want to stay with the same option next year, it's easy—you don't need to do anything.

If you decide to <u>change</u> plans:
If you decide other coverage will better meet your needs, you can switch plans starting in early October through November 17, 2023. If you enroll in a new plan, your new coverage will begin on January 1, 2024. Look in Section 2.2 on page 8 of this booklet to learn more about your choices.

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SUMMARY OF IMPORTANT COSTS FOR 2024

The tables below and on the next page compare the 2023 costs and 2024 costs for the Enhanced and Basic Medicare Rx Options in several important areas. **Please note that these are only summaries of costs.**

	ENHANCED MEDICARE Rx OPTION			
	2023 (this year)		**2024 (next year)**	
Monthly Plan Premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$126		$126	
Part D Prescription Drug Coverage (See Section 1.3 for details.)	**Copays during the Initial Coverage Stage**			
	Retail Pharmacy	**Mail Order**	**Retail Pharmacy**	**Mail Order**
	2023 (this year)		**2024 (next year)**	
Preferred Generic Drugs (Tier 1)	$4 for up to a 30-day supply; $12 for a 31– to 90-day supply	$12 for a 31– to 90-day supply	$4 for up to a 30-day supply; $12 for a 31– to 90-day supply	$12 for a 31– to 90-day supply
Non-Preferred Generic Drugs (Tier 2)	$11 for up to a 30–day supply; $33 for a 31– to 90-day supply	$33 for a 31– to 90–day supply	$11 for up to a 30–day supply; $33 for a 31– to 90-day supply	$33 for a 31– to 90-day supply
Preferred Brand-Name Drugs (Tier 3)	25% to a maximum of $150 for up to a 30-day supply and $300 for a 31– to 90-day supply	25% to a maximum of $280 for a 31– to 90–day supply	25% to a maximum of $150 for up to a 30–day supply and $300 for a 31– to 90– day supply	25% to a maximum of $280 for a 31– to 90–day supply
Non-Preferred Brand-Name Drugs (Tier 4)	35% to a maximum of $200 for up to a 30–day supply and $400 for a 31– to 90–day supply	35% to a maximum of $380 for a 31– to 90–day supply	35% to a maximum of $200 for up to a 30–day supply and $400 for a 31– to 90–day supply	35% to a maximum of $380 for a 31– to 90–day supply
Specialty Drugs (Tier 5) Limited to a 30-day supply	25%	25%	25%	25%
Catastrophic Coverage During this payment stage, the plan pays most of the cost for your covered drugs	**Generic** (or drugs treated as generic): The greater of 5% or $4.15 to a maximum of $100 **All others:** The greater of 5% or $10.35 to a maximum of $100		The plan pays the full cost for your covered Part D drugs. You may have cost sharing for drugs that are covered under our bonus drug list.	

Important message about what you pay for insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by the Enhanced Medicare Rx Option, no matter which cost-sharing tier it's on.

	BASIC MEDICARE Rx OPTION			
	2023 (this year)		2024 (next year)	
Monthly Plan Premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$67		$67	
Part D Prescription Drug Coverage (See Section 1.3 for details.)	**Copays during the Initial Coverage Stage**			
	Retail Pharmacy	**Mail Order**	**Retail Pharmacy**	**Mail Order**
	2023 (this year)		**2024 (next year)**	
Annual Deductible Except for covered insulin products and most adult Part D vaccines	$100 (brand-name and specialty only)	$100 (brand-name and specialty only)	$100 (brand-name and specialty only)	$100 (brand-name and specialty only)
Preferred Generic Drugs (Tier 1)	$5 for up to a 30–day supply; $15 for a 31– to 90–day supply	$15 for a 31– to 90–day supply	$5 for up to a 30–day supply; $15 for a 31– to 90–day supply	$15 for a 31– to 90–day supply
Non-Preferred Generic Drugs (Tier 2)	$12 for up to a 30–day supply; $36 for a 31– to 90–day supply	$36 for a 31– to 90–day supply	$12 for up to a 30–day supply; $36 for a 31– to 90–day supply	$36 for a 31– to 90–day supply
Preferred Brand-Name Drugs (Tier 3)	30% to a maximum of $200 for up to a 30–day supply and $500 for a 31– to 90–day supply	30% to a maximum of $450 for a 31– to 90–day supply	30% to a maximum of $200 for up to a 30–day supply and $500 for a 31– to 90–day supply	30% to a maximum of $450 for a 31– to 90–day supply
Non-Preferred Brand-Name Drugs (Tier 4)	40%	40%	40%	40%
Specialty Drugs (Tier 5) Limited to a 30-day supply	30%	30%	30%	30%
Catastrophic Coverage During this payment stage, the plan pays most of the cost for your covered drugs	**Generic** (or drugs treated as generic): The greater of 5% or $4.15 to a maximum of $250 **All others:** The greater of 5% or $10.35 to a maximum of $250		The plan pays the full cost for your covered Part D drugs.	

Important message about what you pay for insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by the Basic Medicare Rx Option, no matter which cost-sharing tier it's on.

SECTION 1
CHANGES TO BENEFITS AND COSTS FOR NEXT YEAR

Section 1.1 Changes to the Monthly Premium

	ENHANCED MEDICARE Rx OPTION		BASIC MEDICARE Rx OPTION	
	2023 (this year)	2024 (next year)	2023 (this year)	2024 (next year)
Monthly Plan Premium (You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$126	$126	$67	$67

- 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, Medicare may require you to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs. Please see Section 5 regarding "Extra Help" from Medicare.

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year.

An updated Pharmacy Directory is available through the online **Pricing & Pharmacy Lookup Tool** (available at **HOPbenefits.com**). You may also call OptumRx for updated provider information or the HOP Administration Unit to ask us to mail you a Pharmacy Directory. **Please review the online Pricing & Pharmacy Lookup Tool to see which pharmacies are in our network.**

It is important to know that we may make changes to the pharmacies that are part of your plan during the year. If a midyear change in our pharmacies affects you, please contact Member Services so that we may assist.

Section 1.3 Changes to Part D Prescription Drug Coverage

Changes to our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." We sent you a copy of our Abridged "Drug List" in this envelope. The "Drug List" we included in this envelope 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 the HOP Administration Unit (see the front cover) or visiting our website (**HOPbenefits.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. **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.

Current formulary exceptions will still be covered next year. You do not need to resubmit an exception.

We may immediately remove a brand-name drug on our "Drug List" if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our "Drug List," but immediately move it to a higher cost-sharing tier or add new restrictions, or both. This means, for instance, if you are taking a brand-name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand-name drug at a network pharmacy. If you are taking the brand-name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to prescription drug costs

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

There are four "drug payment stages."

The information on the next page 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

Because the Enhanced Medicare Rx Option has no deductible, this payment stage may not apply to you if you are enrolled in this plan. However, the Basic Medicare Rx Option does have a deductible, and it is not changing for 2024. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Refer to the table on page 4.

Changes to your cost sharing in the Initial Coverage Stage

Initial Coverage Stage

Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.

The costs in this table 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 or for mail-order prescriptions, look in Chapter 4, Section 5 of your *Evidence of Coverage*. 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."

ENHANCED MEDICARE Rx OPTION	
2023 (this year)	**2024 (next year)**
Your cost for a one-month supply filled at a network pharmacy: **Preferred Generic Drugs (Tier 1)** You pay $4 per prescription **Non-Preferred Generic Drugs (Tier 2)** You pay $11 per prescription **Preferred Brand-Name Drugs (Tier 3)** You pay 25% to a maximum of $150 **Non-Preferred Brand-Name Drugs (Tier 4)** You pay 35% to a maximum of $200 **Specialty Drugs (Tier 5; 30-day supply limit)** You pay 25% Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy: **Preferred Generic Drugs (Tier 1)** You pay $4 per prescription **Non-Preferred Generic Drugs (Tier 2)** You pay $11 per prescription **Preferred Brand-Name Drugs (Tier 3)** You pay 25% to a maximum of $150 **Non-Preferred Brand-Name Drugs (Tier 4)** You pay 35% to a maximum of $200 **Specialty Drugs (Tier 5; 30-day supply limit)** You pay 25% Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).
BASIC MEDICARE Rx OPTION	
2023 (this year)	**2024 (next year)**
Your cost for a one-month supply filled at a network pharmacy: **Preferred Generic Drugs (Tier 1)** You pay $5 per prescription; not subject to the annual deductible **Non-Preferred Generic Drugs (Tier 2)** You pay $12 per prescription; not subject to the annual deductible **Preferred Brand-Name Drugs (Tier 3)** You pay 30% to a maximum of $200 **Non-Preferred Brand-Name Drugs (Tier 4)** You pay 40% **Specialty Drugs (Tier 5; 30-day supply limit)** You pay 30% Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy: **Preferred Generic Drugs (Tier 1)** You pay $5 per prescription; not subject to the annual deductible **Non-Preferred Generic Drugs (Tier 2)** You pay $12 per prescription; not subject to the annual deductible **Preferred Brand-Name Drugs (Tier 3)** You pay 30% to a maximum of $200 **Non-Preferred Brand-Name Drugs (Tier 4)** You pay 40% **Specialty Drugs (Tier 5; 30-day supply limit)** You pay 30% Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

You won't pay more than $35 for a one-month supply of each insulin product covered by the Enhanced or Basic Medicare Rx Option, no matter which cost-sharing tier it's on, even if you haven't paid your deductible.

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 the bonus drug list of the Enhanced Medicare Rx Option. For specific information about your costs in these stages, look at Chapter 4, 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 the Enhanced or Basic Medicare Rx Option

To stay in your plan, you don't need to do anything. If you want to switch from your current plan to the Enhanced, Basic, or Value Medicare Rx Option (as applicable), you must submit an application to the HOP Administration Unit by November 17, 2023. If you do not sign up for a different plan by November 17, you will automatically stay enrolled in your current option for 2024.

Section 2.2 If You Want to Change Plans

If you want to change for 2024, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan, OR
- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage, OR
- You can keep your current Medicare health coverage and drop your Medicare prescription drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (**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, the Health Options Program offers Medicare Advantage plans that include prescription drug coverage. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare prescription drug plan,** enroll in the new plan. You will automatically be disenrolled from the Enhanced or Basic Medicare Rx Option.
- To **change to a Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from the Enhanced or Basic Medicare Rx Option.
  - You will automatically be disenrolled from the Enhanced or Basic Medicare Rx Option if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
  - If you choose a Private Fee-for-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan or a Medicare Cost Plan, you can enroll in that new plan and keep the Enhanced or Basic Medicare Rx Option for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from the Enhanced or Basic Medicare Rx Option. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from the Enhanced or Basic Medicare Rx Option.

To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

- To **change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll; contact the HOP Administration Unit if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet), 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 prescription drug plan or to a Medicare Advantage plan offered by the Health Options Program for next year, you can do it from **early October until November 17, 2023**. 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 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. It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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. A list of phone numbers for the SHIP in each state is in Chapter 2, Section 3 of your *Evidence of Coverage.*

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 8:00 a.m. and 7:00 p.m., 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.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. To learn more about the program in your state, 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/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance.

  In Pennsylvania, the program is called the **Special Pharmaceutical Benefits Program (SPBP).** For information on eligibility criteria, covered drugs, or how to enroll in the SPBP, please call 1-800-922-9384, or send an email to SPBP@pa.gov. You can also go online to **health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx**. If you need help contacting an ADAP outside of Pennsylvania, call the HOP Administration Unit. (Phone numbers for the HOP Administration Unit are printed on the front cover of this booklet.)

SECTION 6
QUESTIONS?

Section 6.1 Getting Help From the Enhanced or Basic Medicare Rx Option

Questions? We're here to help. For questions about prescription drugs, please call OptumRx at 1-888-239-1301. (TTY only, call 1-800-498-5428.) OptumRx is available for phone calls 24 hours a day, 7 days a week. For questions about enrollment, billing, or ID cards, please call the HOP Administration Unit at 1-800-773-7725. (TTY only, call 1-800-498-5428.) We are available for phone calls Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for the Enhanced and Basic Medicare Rx Options. 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 available online at **HOPbenefits.com**. You may also call the HOP Administration Unit to ask us to mail you an *Evidence of Coverage*.

Visit our website

You can also visit our website at **HOPbenefits.com**. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/"Drug List").

Section 6.2 Getting Help From Medicare

To get information directly from Medicare:

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

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

Visit the Medicare website

Visit the Medicare website (**medicare.gov**). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to **medicare.gov/plan-compare**.

Read Medicare & You 2024

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

Notes

MEMBER SERVICES

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Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m.–8:00 p.m.

State Health Insurance Assistance Program (SHIP)

To find a SHIP in your state, go to Chapter 2, Section 3 in the *Evidence of Coverage*.

A STAND-ALONE PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT
CMS CONTRACT NUMBER: E3014
EFFECTIVE: OCTOBER 2023

HOP
HEALTH OPTIONS PROGRAM
WWW.HOPBENEFITS.COM ®

Pennsylvania Public School Employees' Retirement System (PSERS)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725; TTY: 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725; TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-773-7725; TTY: 711。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-773-7725; TTY: 711。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-773-7725; TTY: 711]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-773-7725; TTY: 711]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi [1-800-773-7725; TTY: 711] sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-773-7725; TTY: 711]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725; TTY: 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725; TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725; TTY:711 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न केजवाब देने केलिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने केलिए, बस हमें 1-800-773-7725; TTY: 711. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725; TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725; TTY: 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725; TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pom ożew uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzyst zać pomocy tłumacza znająceg jo ęzyk polski, należy zadzwonić pod numer 1-800-773-7725; TTY: 711. Ta usług ja est bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-773-7725; TTY: 711 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Cambodian (Khmer): **ខ្មែរ:** យើងមានសេវាបកប្រែផ្តាល់មាត់ដោយឥតគិតថ្លៃ
ដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីផែនការសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់ សូមទូរស័ព្ទមកកាន់យើងខ្ញុំតាមរយៈលេខ 1-800-773-7725; TTY:
711។ អ្នកដែលចេះនិយាយភាសាអង់គ្លេស/ខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιεσδήποτε ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα χορήγησης φαρμάκων μας. Για υπηρεσίες διερμηνείας, καλέστε μας στο 1-800-773-7725· Τηλέτυπο: 711. Κάποιο άτομο που μιλάει αγγλικά/ελληνικά μπορεί να σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Gujarati: અમારી સ્વાસ્થ્ય કે દવા યોજના વિશે તમને કોઈ પણ પ્રશ્ન હોઈ શકે છે, તેનો જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક અનુવાદક ની સેવાઓ છે. અનુવાદક મેળવવા માટે ફક્ત અમને કોલ કરો, 1-800-773-7725; તેમજ મુકબધીરો માટેલેી ટાઇપરાઇટર નંબર 711 પર. અંગ્રેજી/ગુજરાતી ભાષા બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ સેવા નિ:શુલ્ક છે.

Hrvatski: pružamo besplatne usluge usmenog prevođenja kako bismo odgovorili na sva Vaša eventualna pitanja o pokriću zdravstvenih usluga ili lijekova. Za razgovor s usmenim prevoditeljem nazovite nas na broj telefona: 1-800-773-7725; TTY: 711. Pomoći će Vam govornik engleskoga/hrvatskoga jezika. Ova je usluga besplatna.

Ukrainian: Ми надаємо безкоштовні послуги перекладача, який відповість на будь-які питання щодо нашого медичного обслуговування та призначення лікарських препаратів. Щоб скористатися послугами перекладача, зателефонуйте за номером 1-800-773-7725; текстовий телефон: 711. Вам допоможе людина, яка розмовляє англійською або українською мовою. Послуга безкоштовна.