



**The Catholic Diocese of Cleveland -
Priests
Group Number – 815903**

2025 Annual Notice of Changes

MedMutual Advantage PPO Plan

MedMutual Advantage PPO offered by Medical Mutual of Ohio (Medical Mutual)

Annual Notice of Changes for 2025

You are currently enrolled as a member of MedMutual Advantage PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs.***

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 MedMutual.com/MAgroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

- **You can make changes to your Medicare coverage for next year during your group's open enrollment period.**

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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

2. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan during your group's open enrollment period, you will stay in MedMutual Advantage PPO.
- To change to a **different plan**, you can switch plans during your group's open enrollment period.
- If you recently moved into or 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 Customer Care number at 1-800-801-4823 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. This call is free.
- This document is available in alternate formats (e.g., braille, large print, audio).
- **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 MedMutual Advantage PPO

- MedMutual Advantage PPO is a PPO plan offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in the MedMutual Advantage PPO plan depends on contract renewal.
- When this document says "we," "us," or "our", it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage PPO.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for MedMutual Advantage PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.
Deductible	\$125	\$125
Maximum out-of-pocket amounts 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.)	From network providers: \$1,000 From network and out-of-network providers combined: \$1,000	From network providers: \$1,000 From network and out-of-network providers combined: \$1,000
Doctor office visits	<u>In Network and Out of Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit	<u>In Network and Out of Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit
Inpatient hospital stays	<u>In Network and Out of Network</u> Day 1 and thereafter: \$0 copay	<u>In Network and Out of Network</u> Day 1 and thereafter: \$0 copay
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Preferred retail and mail-order pharmacies: • \$0 copay per prescription for up to a 30-day supply	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> Preferred retail and mail-order pharmacies: • \$0 copay per prescription for up to a 30-day supply

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> • \$0 copay per prescription for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$5 copay per prescription for up to a 30-day supply • \$10 copay per prescription for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 15% of the total cost (\$20 min./\$70 max. per prescription) for up to a 30-day supply • 15% of the total cost (\$60 min./\$150 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 20% of the total cost (\$25 min./\$75 max. per prescription) for up to a 30-day supply • 20% of the total cost (\$65 min./\$155 max. per prescription) for up to a 90-day supply <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>	<ul style="list-style-type: none"> • \$0 copay per prescription for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 2:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$5 copay per prescription for up to a 30-day supply • \$10 copay per prescription for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • \$10 copay per prescription for up to a 30-day supply • \$25 copay per prescription for up to a 90-day supply <p><u>Drug Tier 3:</u></p> <p>Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 15% of the total cost (\$20 min./\$70 max. per prescription) for up to a 30-day supply • 15% of the total cost (\$60 min./\$150 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 20% of the total cost (\$25 min./\$75 max. per prescription) for up to a 30-day supply • 20% of the total cost (\$65 min./\$155 max. per prescription) for up to a 90-day supply <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p>

Cost	2024 (this year)	2025 (next year)
	<p><u>Drug Tier 4:</u> Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><u>Drug Tier 5:</u> Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply 	<p><u>Drug Tier 4:</u> Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><u>Drug Tier 5:</u> Preferred retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 35% of the total cost (\$35 min./\$145 max. per prescription) for up to a 30-day supply • 35% of the total cost (\$90 min./\$300 max. per prescription) for up to a 90-day supply <p>Standard network retail and mail-order pharmacies:</p> <ul style="list-style-type: none"> • 40% of the total cost (\$40 min./\$150 max. per prescription) for up to a 30-day supply • 40% of the total cost (\$95 min./\$305 max. per prescription) for up to a 90-day supply

Cost	2024 (this year)	2025 (next year)
	<p><u>Catastrophic Coverage:</u></p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. 	<p><u>Catastrophic Coverage:</u></p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.
<p>Pharmacy maximum out-of-pocket amounts</p> <p>This is the most you will pay out-of-pocket for your covered prescription drugs.</p>	<p>\$1,000</p>	<p>\$1,000</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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.	Your group is responsible for paying your plan premium. If you are responsible for any contribution to the premium, your group’s benefit administrator will let you know the amount you owe and how to pay.

- 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 Amounts

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

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$1,000	\$1,000 (No change from 2024) Once you have paid \$1,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2024 (this year)	2025 (next year)
<p>Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$1,000</p>	<p>\$1,000 (No change from 2024) Once you have paid \$1,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 Changes to the Provider and Pharmacy Networks

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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at MedMutual.com/MAGroup. You may also call Customer Care 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 2025 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are no changes to our network of pharmacies for next year.

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 Customer Care 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)
<p>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) – additional smoking and tobacco use cessation support This is coverage beyond the Medicare-covered smoking and tobacco use cessation preventive benefits. See Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p>	<p>You pay a \$0 copay for tobacco QuitLine. This includes five additional telephonic tobacco QuitLine coaching sessions, as well as a supply of nicotine therapy, in the form of patches or gum, at no cost.</p>	<p>You pay a \$0 copay for additional smoking and tobacco use cessation support. This includes six additional coaching sessions, as well as a supply of nicotine therapy, in the form of patches or gum, at no cost.</p>

Section 1.5 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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 Customer Care for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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 does not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by your group's open enrollment period, please call Customer Care and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (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

Stage	2024 (this year)	2025 (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>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 at a network pharmacy is:</p> <p>Tier 1 (Preferred Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$10 copay per prescription (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay per prescription (retail or mail order).</p> <p>Tier 2 (Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$10 copay per prescription (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay \$5 copay per prescription (retail or mail order).</p> <p>Tier 3 (Preferred Brand and Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay 20% of the total cost (\$25 min./\$75 max. per prescription) (retail or mail order).</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 15% of the total cost (\$20 min./\$70 max. per prescription) (retail or mail order).</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drugs):</p> <p><i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p>	<p>Your cost for a one-month supply at a network pharmacy is:</p> <p>Tier 1 (Preferred Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$10 copay per prescription (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay per prescription (retail or mail order).</p> <p>Tier 2 (Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay \$10 copay per prescription (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay \$5 copay per prescription (retail or mail order).</p> <p>Tier 3 (Preferred Brand and Generic Drugs):</p> <p><i>Standard cost-sharing:</i> You pay 20% of the total cost (\$25 min./\$75 max. per prescription) (retail or mail order).</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 15% of the total cost (\$20 min./\$70 max. per prescription) (retail or mail order).</p> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drugs):</p> <p><i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail or mail order).</p> <p><i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p>

Stage	2024 (this year)	2025 (next year)
	<p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail or mail order). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage) OR you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 40% of the total cost (\$40 min./\$150 max. per prescription) (retail or mail order). <i>Preferred cost-sharing:</i> You pay 35% of the total cost (\$35 min./\$145 max. per prescription) (retail or mail order).</p> <hr/> <p>Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

The chart below shows some additional changes.

Description	2024 (this year)	2025 (next year)
Drug Assistance Program listings	Drug assistance program information is provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> .	Drug assistance program information provided in Appendix 2 of the <i>Annual Notice of Changes</i> and Appendix 3 and 4 of your <i>Evidence of Coverage</i> has been updated.
Home-based palliative care See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.	The name of the vendor is Aspire Health.	The name of the vendor is Carelon Health.
Medicaid Agency listings	Medicaid agency information is provided in Appendix 2 of your <i>Evidence of Coverage</i> .	Medicaid agency information provided in Appendix 2 of your <i>Evidence of Coverage</i> has been updated.
Medicare fact sheet: Are you a Hospital Inpatient or Outpatient? See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> .	The URL shown for this booklet, listed under Inpatient Hospital Care, Outpatient Hospital Observation, and Outpatient Hospital Services is https://www.medicare.gov/sites/default/files/2021-10/11435-Inpatient-or-Outpatient.pdf .	The URL shown for this booklet, listed under Inpatient Hospital Care, Outpatient Hospital Observation, and Outpatient Hospital Services is https://es.medicare.gov/publications/11435-Medicare-Hospital-Benefits.pdf .
Medicare fact sheet: Medicare and Clinical Research Studies See Chapter 3, Section 5.2 of your <i>Evidence of Coverage</i> .	The URL shown for this fact sheet is www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf	The URL shown for this fact sheet is https://www.govinfo.gov/content/pkg/GOVPUB-HE22-PURL-gpo2011/pdf/GOVPUB-HE22-PURL-gpo2011.pdf .
Medicare fact sheet: Medicare Rights & Protections See Chapter 8, Section 1.8 of your <i>Evidence of Coverage</i> .	The URL shown for this fact sheet is www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf .	The URL shown for this fact sheet is www.medicare.gov/publications/11534-medicare-rights-and-protections.pdf .

Description	2024 (this year)	2025 (next year)
<p>Medicare Prescription Payment Plan</p>	<p>Not applicable</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-800-801-4823 or visit Medicare.gov.</p>
<p>Medicare resource: “Extra Help” program web page See Chapter 2, Section 7 of your <i>Evidence of Coverage</i>.</p>	<p>The URL shown for this online resource is https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs.</p>	<p>The URL shown for this online resource is https://www.medicare.gov/basics/costs/help/drug-costs.</p>
<p>Outpatient substance use disorder services See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p>	<p>This benefit is listed as “Outpatient substance abuse services.”</p>	<p>This benefit is listed as “Outpatient substance use disorder services.”</p>
<p>Prosthetic and orthotic devices and related supplies See the Medical Benefits Chart in Chapter 4, Section 2.1 of your <i>Evidence of Coverage</i> for more information.</p>	<p>This benefit is listed as “Prosthetic devices and related supplies.”</p>	<p>This benefit is listed as “Prosthetic and orthotic devices and related supplies.”</p>

Description	2024 (this year)	2025 (next year)
<p>Quality Improvement Organization (QIO) contact information: Livanta See Chapter 2, Section 4 of your <i>Evidence of Coverage</i> for more information.</p>	<p>The weekend hours for Livanta’s call center are listed as Saturday-Sunday, 11:00 a.m. – 3:00 p.m. (local time).</p> <p>The TTY number is listed as:</p> <ul style="list-style-type: none"> • Region 2: 1-866-868-2289 • Region 3: 1-888-985-2660 • Region 5: 1-888-985-8775 • Region 7: 1-888-985-9295 • Region 9: 1-855-887-6668 <p>The URL is listed as www.livantaqio.com.</p>	<p>The weekend hours for Livanta’s call center are listed as Saturday-Sunday and Holidays, 10:00 a.m. – 4:00 p.m. (local time).</p> <p>The TTY number is listed as 711.</p> <p>The URL is listed as www.livantaqio.cms.gov.</p>
<p>Quality Improvement Organization listing: KEPRO See Chapter 2, Section 4 of your <i>Evidence of Coverage</i> for details.</p>	<p>KEPRO is the name of the QIO for Alabama, Alaska, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, and Wyoming.</p>	<p>Acentra Health is the name of the QIO for Alabama, Alaska, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, and Wyoming.</p>
<p>State Health Insurance Assistance Program listings</p>	<p>State health insurance assistance program information is provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i>.</p>	<p>State health insurance assistance program information provided in Appendix 1 of the <i>Annual Notice of Changes</i> and Appendix 1 of your <i>Evidence of Coverage</i> has been updated.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in MedMutual Advantage PPO

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 during your group's open enrollment period, you will automatically be enrolled in our MedMutual Advantage PPO.

Section 3.2 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, 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from MedMutual Advantage PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from MedMutual Advantage PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Care 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 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 during your group's open enrollment period. 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 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. 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. Please see Appendix 1 to find the SHIP for your state.

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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state's pharmaceutical assistance program.** Some states have programs that help pay for prescription drugs based on their financial aid, need, age, or medical condition. To learn more about these programs, check with your local State Health Insurance Assistance Program.
- **Prescription Cost-Sharing Assistance for Persons with HIV/AIDS.** Some states also have an AIDS Drug Assistance Program (ADAP). These programs help 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 Ohio AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please call the ADAP in your state. This information is listed in Appendix 2. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-801-4823 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 Getting Help from MedMutual Advantage PPO

Questions? We're here to help. Please call Customer Care at 1-800-801-4823. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. 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 MedMutual Advantage PPO. 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 MedMutual.com/MAGroup. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at MedMutual.com/MAGroup. 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 7.2 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 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/publications/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.

APPENDIX 1 State Health Insurance Assistance Programs (SHIPs)

State Health Insurance Assistance Programs (SHIPs)

TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.

State	Address/Website	Phone
Alabama	State Health Insurance Assistance Program (SHIP) Alabama Department of Senior Services 201 Monroe St., Suite 350 Montgomery, AL 36104 www.alabamaageline.gov/ship/	1-800-243-5463
Alaska	State Health Insurance Assistance Program (SHIP) Alaska Medicare Information Office 1835 Bragaw Street, Suite 350 Anchorage, AK 99508 http://hss.medicare@alaska.gov	1-800-478-6065 TTY: 1-800-770-8973
Arizona	State Health Insurance Assistance Program (SHIP) Individuals should contact the SHIP office in the county in which they reside. https://des.az.gov//medicare-assistance	1-800-432-4040
Arkansas	Senior Health Insurance Information Program Arkansas Insurance Department One Commerce Way Little Rock, AR 72202 https://www.shiipar.com	1-800-224-6330
California	State Health Insurance Assistance Program (SHIP) California Health Insurance Counseling and Advocacy Program (HICAP) 2880 Gateway Oaks Drive, Suite 200 Sacramento, CA 95833 https://www.aging.ca.gov/hicap/	1-800-434-0222
Colorado	Senior Health Insurance Assistance Program (SHIP) Division of Insurance Colorado Department of Regulatory Agencies 1560 Broadway, Suite 850 Denver, CO 80202 https://doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare	1-888-696-7213
Connecticut	The CHOICES Program https://portal.ct.gov/ADS-CHOICES	1-800-994-9422
Delaware	Delaware Medicare Assistance Bureau (DMAB) https://insurance.delaware.gov/dmab	1-800-336-9500 7364
District of Columbia	DC State Health Insurance Assistance Program (SHIP) InsuHealth Insurance Assistance 500 K Street, NE Washington, D.C. 20002 https://dcoa.dc.gov/service/dc-state-health-insurance-assistance-program-ship	1-202-727-8370

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Florida	Serving Health Insurance Needs of Elders (SHINE) Program Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399-7000 https://www.floridashine.org	1-800-963-5337 TTY: 1-800-955-8770
Georgia	Georgia SHIP Georgia Department of Human Services' (DHS) Division of Aging Services (DAS) State Health Insurance Assistance Program 47 Trinity Ave. S.W. Atlanta, GA. 30334 https://aging.georgia.gov/georgia-ship	1-866-552-4464 (Option #4) Monday through Friday, 8 a.m. – 5 p.m.
Guam	Guam Medicare Assistance Program (GUAM MAP) State Health Insurance Assistance Program (SHIP) https://dphss.guam.gov	1-671-735-7421 1-671-735-7415
Hawaii	Hawaii State Health Insurance Assistance Program (SHIP) Hawaii State Department of Health Executive Office on Aging – No. 1 Capitol District 250 South Hotel St., Suite 406 Honolulu, HI 96813-2831 https://www.hawaiiiship.org	1-808-586-7299 Toll Free 1-888-875-9229
Idaho	Senior Health Insurance Benefits Advisors (SHIBA) – Idaho Department of Insurance 700 West State St., 3rd Floor P.O. Box 83720 Boise, ID 83720-0043 https://www.shiba.idaho.gov	1-800-247-4422 Monday through Friday, 8 a.m. to 5 p.m.
Illinois	Senior Health Insurance Program (SHIP) One Natural Resources Way, #100 Springfield, IL. 62702-1271 https://www.illinois.gov/aging/ship	1-800-252-8966 TTY: 711 (TRS)
Indiana	State Health Insurance Assistance Program (SHIP) 311 W. Washington St. Indianapolis, IN 46204 https://www.in.gov/ship	1-800-452-4800
Iowa	Senior Health Insurance Information Program SHIIP-SMP https://shiip.iowa.gov	1-800-351-4664 TTY: 1-800-735-2942

State Health Insurance Assistance Programs (SHIPs)		
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State	Address/Website	Phone
Kansas	Senior Health Insurance Counseling for Kansas (SHICK) Kansas Department for Aging and Disability Services New England Building 503 South Kansas Ave. Topeka, KS 66603-3404 https://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/shick	1-800-860-5260
Kentucky	State Health Insurance Assistance Program (SHIP) Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living Office of the Secretary 275 East Main St., 3E-E Frankfort, KY 40621 https://chfs.ky.gov/agencies/dail/Pages/ship.aspx	1-877-293-7447 (Option #2)
Louisiana	Senior Health Insurance Information Program (SHIIP) 1702 N. Third St. P.O. Box 94214 Baton Rouge, LA 70802 https://www.lidi.la.gov/consumers/senior-health-shiip	1-800-259-5300
Maine	Maine State Health Insurance Assistance Program (SHIP) Maine Department of Health and Human Services 109 Capital Street 11 State House Station Augusta, ME 04333 https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance	1-800-262-2232 (SHIP) 1-877-353-3771 (ADRC)
Maryland	State Health Insurance Assistance Program (SHIP) Maryland Department of Aging 301 West Preston St., Suite 1007 Baltimore, MD 21201 https://aging.maryland.gov/Pages/state-health-insurance-program.aspx	1-800-243-3425
Massachusetts	Serving Health Information Needs of Elders (SHINE) https://www.mass.gov/health-insurance-counseling	1-800-243-4636 TTY/ASCII: (800)-439-2370
Michigan	Michigan Medicare Assistance Program (MMAP, Inc.) https://www.mmmapinc.org	1-800-803-7174
Minnesota	Minnesota Senior LinkAge Line 540 Cedar St. St. Paul, MN 55164 https://mn.gov/senior-linkage-line/	1-800-333-2433

State Health Insurance Assistance Programs (SHIPs)		
TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Mississippi	State Health Insurance Assistance Program (SHIP) Mississippi Department of Human Services Division of Aging & Adult Services 200 S. Lamar St. Jackson, MS 39201 https://www.mdhs.ms.gov/adults-seniors/services-for-seniors/state-health-insurance-assistance-program	1-844-822-4622 (SHIP) 1-601-359-4500
Missouri	Missouri SHIP, State Health Insurance Assistance Program (SHIP) https://www.missouriship.org	1-800-390-3330
Montana	Montana State Health Insurance Assistance Program (SHIP) https://dphhs.mt.gov/sltc/aging/SHIP	1-800-551-3191
Nebraska	Nebraska Senior Health Insurance Information Program (SHIIP) Nebraska Department of Insurance 2717 S. 8th St., Suite 4 Lincoln, NE 68508 https://doi.nebraska.gov/ship	1-800-234-7119
Nevada	Nevada Medicare Assistance Program (MAP) 3208 Goni Rd., Suite 181 Carson City, NV 89706 https://www.nevedacareconnection.org/care-options/types-of-services/healthcare/medicare-assistance-program-map/	1-800-307-4444
New Hampshire	New Hampshire State Health Insurance Assistance Program (SHIP) https://www.dhhs.nh.gov	1-866-634-9412
New Jersey	State Health Insurance Assistance Program (SHIP) New Jersey Department of Human Services Division of Aging Services https://www.state.nj.us/humanservices/doas/services/ship/	1-800-792-8820
New Mexico	New Mexico ADRC – State Health Insurance Assistance Program (SHIP) New Mexico Aging & Long-Term Services Dept. 2550 Cerrillos Road Santa Fe, NM 87505 https://aging.nm.gov	1-800-432-2080 TTY: 1-505-476-4937
New York	Health Insurance Information Counseling and Assistance Program (HIICAP) https://aging.ny.gov/health-insurance-information-counseling-and-assistance	1-800-701-0501

State Health Insurance Assistance Programs (SHIPs)		
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State	Address/Website	Phone
North Carolina	Seniors' Health Insurance Information Program (SHIIP) North Carolina Department of Insurance 3200 Beechleaf Court Raleigh, NC 2760 https://www.ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip .	1-855-408-1212
North Dakota	North Dakota Insurance Department State Health Insurance Assistance Program (SHIP) 600 E. Boulevard Ave. Bismarck, ND 58505 https://www.insurance.nd.gov/consumers/medicare	1-888-575-6611
Ohio	Ohio Senior Health Insurance Information Program (OSHIIP) Ohio Department of Insurance 50 West Town St., 3rd Floor, Suite 300 Columbus, OH 43215 https://insurance.ohio.gov/about-us/divisions/oshiip	1-800-686-1578 Monday through Friday, 7:30 a.m. – 5 p.m.
Oklahoma	Senior Health Insurance Counseling Program (SHIP) Oklahoma Insurance Department 400 NE 50th St. Oklahoma City, OK 73105 https://www.oid.ok.gov	1-800-763-2828
Oregon	Senior Health Insurance Benefits Assistance (SHIBA) https://shiba.oregon.gov	1-800-722-4134
Pennsylvania	Pennsylvania Medicare Education and Decision Insight – PA MEDI http://www.aging.pa.gov	1-800-783-7067 8 a.m. to 5 p.m. Monday-Friday
Puerto-Rico	State Health Insurance Assistance Program SHIP https://agencias.pr.gov/ship	1-877-725-4300 TTY: 787-919-7291
Rhode Island	Rhode Island State Health Insurance Assistance Program (SHIP) Rhode Island Department of Human Services Office of Healthy Aging 25 Howard Ave. Building 57 Cranston, RI 02920 https://oha.ri.gov/medicare	1-888-884-8721 TTY: 1-401-462-0740
South Carolina	State Health Insurance Assistance Program (SHIP) 1301 Gervais St., Suite 350 Columbia, SC 29201 https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid	1-800-868-9095

State Health Insurance Assistance Programs (SHIPs)		
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State	Address/Website	Phone
South Dakota	Senior Health Information and Insurance Education (SHIINE) https://www.shiine.net	Eastern South Dakota: 1-800-536-8197 Central South Dakota: 1-877-331-4834 Western South Dakota: 1-877-286-9072
Tennessee	Tennessee State Health Insurance Assistance Program (SHIP) https://tn.gov/aging/ship	1-877-801-0044
Texas	Health Information Counseling and Advocacy Program (HICAP) – Texas Department of Aging and Disability https://www.hhs.texas.gov/services/health/medicare	1-800-252-9240
US Virgin Islands	The Virgin Islands State Health Insurance Assistance Program (VI SHIP) https://ltg.gov.vi/departments/vi-ship-medicare	1-340-773-6449 (St. Croix) 1-340-774-2991 (St. Thomas/St. John)
Utah	Senior Health Insurance Information Program (SHIP) Aging and Adult Services of Utah https://daas.utah.gov/seniors/	1-800-541-7735
Vermont	State Health Insurance Assistance Program (SHIP) Vermont Association for Area Agencies on Aging https://asd.vermont.gov .	1-800-642-5119 802-241-0294
Virginia	Virginia Insurance Counseling and Assistance Program (VICAP) Virginia Division for the Aging 1610 Forest Ave., Suite 100 Henrico, VA 23229 https://www.vda.virginia.gov/vicap.htm	1-800-552-3402
Washington	Statewide Health Insurance Benefits Advisors (SHIBA) Office of the Insurance Commissioner https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/	1-800-562-6900 TTY: 1-360-586-0241 8 a.m. to 5 p.m. Monday-Friday
West Virginia	West Virginia State Health Insurance Assistance Program (WV SHIP) West Virginia Bureau of Senior Services 1900 Kanawha Boulevard East Town Center Mall, 3 rd Level Charleston, WV 25305 https://www.wvship.org	1-877-987-4463 304-558-3317

State Health Insurance Assistance Programs (SHIPs)		
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State	Address/Website	Phone
Wisconsin	State Health Insurance Assistance Program (SHIP) https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm	1-800-242-1060
Wyoming	Wyoming State Health Insurance Information Program (WSHIIP) http://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program	1-800-856-4398

APPENDIX 2 AIDS Drug Assistance Programs (ADAPs)

AIDS Drug Assistance Programs (ADAPs)

TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.

State	Address/Website	Phone
Alabama	Alabama AIDS Drug Assistance Program Alabama Department of Public Health HIV/AIDS Division, The RSA Tower 201 Monroe St., Suite 1400 Montgomery, AL 36104 https://www.alabamapublichealth.gov/hiv/adap.html	1-866-574-9964
Alaska	Alaskan AIDS Assistance Association 1057 W. Fireweed Ln., Suite 102 Anchorage, AK 99503 https://www.alaskanids.org/	1-800-478-2437
Arizona	Arizona Department of Health Services 150 N. 18th Ave., Suite 280 Phoenix, AZ 85007 https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/index.php	1-800-334-1540 602-364-4571
Arkansas	Arkansas Department of Health HIV/STD/Hepatitis C section – ADAP Division 4815 W. Markham St., Slot 33 Little Rock, AR 72205 https://www.healthy.arkansas.gov/programs-services/topics/ryan-white-program	1-501-661-2408 1-800-462-0599
California	Office of AIDS California Department of Public Health MS 0500, P.O. Box 997377 Sacramento, CA 95899-7377 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OMain.aspx	1-844-421-7050 ADAP CALL CENTER 1-916-558-1784
Colorado	Colorado Department of Public Health Environment Care and Treatment Program ADAP-3800 4300 Cherry Creek Dr. South Denver, CO 80246 https://colorado.gov/PACIFIC/CDPHE/state-drug-assistance-program	1-303-692-2000
Connecticut	Connecticut Department of Public Health, AIDS Drug Assistance Program (CADAP) Magellan Rx Management 410 Capitol Ave. Hartford, CT 06134 https://ctdph.magellanrx.com	1-800-424-3310
Delaware	Division of Public Health, Ryan White Program Thomas Collins Building 540 S. DuPont Highway Dover, DE 19901 https://ramsellcorp.com/medical_professionals/de.aspx	Local: 1-302-744-1050

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
District of Columbia	District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration, AIDS Drug Assistance Program 2201 Shannon Place, SE Washington, DC 20020 https://dchealth.dc.gov/DC-ADAP	202-671-4815
Florida	Florida Department of Health HIV/AIDS Section AIDS Drug Assistance Program 4052 Bald Cypress Way Tallahassee, FL 32399 https://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html	1-850-245-4422 1-844-381-2327 ADAP HELP DESK 1-800-352-2437 HIV/AIDS HOTLINE
Georgia	Georgia Department of Public Health, Health Protections, Office of HIV/AIDS 200 Piedmont Avenue SE Atlanta, GA 30334 https://dph.georgia.gov/hiv-care/aids-drug-assistance-program	1-404-656-9805
Hawaii	Hawaii Department of Health Harm Reduction Services Branch, Drug Assistance Program (HDAP) 3627 Kilauea Ave. Honolulu, HI 96816 https://health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/	1-808-733-9362 or 1-808-733-9361
Idaho	Idaho Ryan White Part B Program 450 West State St. P.O. Box 83720 Boise, ID 83720 https://healthandwelfare.idaho.gov/Health-wellness/diseases-conditions/hiv	1-208-334-5612
Illinois	Illinois Medication Assistance Program 525 W. Jefferson St., 1st Floor Springfield, IL 62761 https://www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services	1-800-825-3518
Indiana	Indiana State Department of Health, HIV/STD Viral Hepatitis Division 2 North Meridian St., Suite 6C Indianapolis, IN 46204 https://www.in.gov/health/hiv-std-viral-hepatitis/hiv-services/#programs	1-866-588-4948
Iowa	Iowa Department of Public Health 321 East 12th St. Des Moines, IA 50319-0075	1-515-380-6942

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
	https://idph.iowa.gov/hivstdhep/hiv/support	
Kansas	Kansas Department of Health & Environment 1000 South West Jackson, Suite 210 Topeka, KS 66612 https://www.kdhe.ks.gov/355/The-Ryan-White-Part-B-Program	1-785-296-8844
Kentucky	Kentucky Department for Public Health Cabinet for Health and Family Services HIV/AIDS Branch 275 East Main St., HS2E-C Frankfort, KY 40621 https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/services.aspx	1-502-564-6539 1-800-420-7431
Louisiana	Louisiana Office of Public Health Louisiana Health Access Program 1450 Poydras St., Suite 2136 New Orleans, LA 70112 https://www.lahap.org/	1-504-568-7474
Maine	Maine Center for Disease Control and Prevention ADAP 40 State House Station Augusta, ME 04330 https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/ryan-white-b.shtml	1-207-287-3747
Maryland	Maryland AIDS Drug Assistance Program (MADAP) 1223 W. Pratt St. Baltimore, MD 21223 https://health.maryland.gov/OIDPCS/Pages/madap.aspx	1-410-767-6535 1-800-205-6308
Massachusetts	AccessHealth MA Attn: HIV Drug Assistance Program The Schrafft's City Center 529 Main St., Suite 301 Boston, MA 02129 https://accesshealthma.org	1-800-228-2714 617-502-1700 ext. 2
Michigan	Michigan Department of Health and Human Services Michigan Drug Assistance Program, HIV Care Section, Division of Health Wellness and Disease Control (MIDAP) 109 Michigan Ave., 9th Floor Lansing, MI 48913 https://www.michigan.gov/mdhhs	1-888-826-6565

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Minnesota	HIV/AIDS Programs Minnesota Department of Human Services P.O. Box 64972 St. Paul, MN 55164 https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/	1-800-657-3761
Mississippi	Mississippi State Department of Health Office of STD/HIV Care and Services Division 570 East Woodrow Wilson Dr. Jackson, MS 39216 https://msdh.ms.gov/msdhsite/_static/14,13047,150.html	1-888-343-7373
Missouri	Bureau of HIV, STD, and Hepatitis Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City, MO 65102 https://health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php	1-573-751-6439
Montana	Montana AIDS Drug Assistance Program The Ryan White HIV/AIDS Program 1400 Broadway Cogswell Bldg Room C-211 Helena, MT 59620 https://dphhs.mt.gov/publichealth/hivstd/treatmentprogram.aspx	1-406-444-3565 1-406-444-5622
Nebraska	Nebraska AIDS Drug Assistance Program P.O. Box 95026 Lincoln, NE 68509 https://dhhs.ne.gov/Pages/HIV-Care.aspx	1-402-471-2101
Nevada	Nevada AIDS Drug Assistance Program 2290 S. Jones Blvd, Suite 110 Las Vegas, NV 89104 https://endhivnevada.org	1-702-486-0768
New Hampshire	DHHS-NH CARE Program 29 Hazen Dr. Concord, NH 03301 https://www.dhhs.nh.gov	1-603-271-4496
New Jersey	New Jersey ADDP Office P.O. Box 360 Trenton, NJ 08625 https://www.nj.gov/health/hivstdtb/hiv-aids/medications.shtml	1-877-613-4533

AIDS Drug Assistance Programs (ADAPs)		
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State	Address/Website	Phone
New Mexico	New Mexico Department of Health HIV Services Program 1190 St. Francis Dr., Suite S-1200 Santa Fe, NM 87502 https://nmhealth.org/about/phd/idb/hats/	1-505-476-3628
New York	HIV Uninsured Care Programs, Empire Station P.O. Box 2052 Albany, NY 12220 https://www.health.ny.gov/diseases/aids/general/resources/adap/	1-800-542-2437 or 1-844-682-4058
North Carolina	N.C. Dept. of Health and Human Services, Epidemiology Section Communicable Disease Branch 1907 Mail Service Center Raleigh, NC 27699 https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html	1-877-466-2232 or 919-733-9161
North Dakota	North Dakota Department of Health Division of Disease Control 600 East Blvd. Ave. Bismarck, ND 58506 https://www.ndhealth.gov/hiv/RyanWhite/	1-800-472-2622 or 701-328-2310
Ohio	Ohio HIV Drug Assistance Program (OHDAP), HIV Ohio Department of Health 246 North High St. Columbus, OH 43215 https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/	1-800-777-4775
Oklahoma	Oklahoma State Department of Health 123 Robert S. Kerr Ave., St. 1702 Oklahoma City, OK 73117-1299 http://Oklahoma.gov	1-405-426-8400
Oregon	CAREAssist Program 800 NE Oregon St., Suite 1105 Portland, OR 97232 https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/CAREASSIST/Pages/index.aspx	1-971-673-0144
Pennsylvania	Pennsylvania Department of Health Special Pharmaceutical Benefits Program 625 Forster St., H & W Bldg, Rm 611 Harrisburg, PA 17120 https://www.health.pa.gov/topics/programs/HIV/Pages/Services.aspx	1-800-922-9384

AIDS Drug Assistance Programs (ADAPs)		
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State	Address/Website	Phone
Rhode Island	Executive Office of Health and Human Services Office of HIV/AIDS Virks Building 3 West Rd. Suite 227 Cranston, RI 02920 https://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx	1-401-462-3295
South Carolina	South Carolina Drug Assistance Program 2600 Bull Street Columbia, SC 29211 https://scdhec.gov/aids-drug-assistance-program	1-800-856-9954
South Dakota	South Dakota Department of Health Ryan White Part B CARE Program 615 East 4th St. Pierre, SD 57501 https://doh.sd.gov/topics/diseases-conditions/infectious/ryanwhite/	1-800-592-1861 or 605-773-3737
Tennessee	Tennessee Department of Health, HIV/STD Program, Ryan White Part B Services 710 James Robertson Parkway 4th Floor Andrew Johnson Tower Nashville, TN 37243 https://www.tn.gov/health/health-program-areas/std/std/ryan-white-part-b.html	1-800-525-2437 or 615-741-7500
Texas	Texas HIV Medication Program https://www.dshs.texas.gov/hivstd/meds/	1-800-255-1090 or 737-255-4300
Vermont	State of Vermont Department of Health Vermont Medication Assistance Program (VMAP) 108 Cherry St., P.O. Box 70 Burlington, VT 05402 https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care	1-802-951-4005 1-802-863-7314
Virginia	Virginia Department of Health Virginia Medication Assistance Program (VA MAP) https://www.vdh.virginia.gov/disease-prevention/vamap/	1-855-362-0658
Washington	Client Services The Early Intervention Program (EIP) https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/ADAPandEIP	1-877-376-9316
West Virginia	West Virginia Office of Epidemiology & Prevention Services Jay Adams, HIV Care Coordinator https://oeps.wv.gov/rwp/pages/default.aspx	1-304-232-6822

AIDS Drug Assistance Programs (ADAPs) TTY numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking. If there is no TTY number indicated, dial 711.		
State	Address/Website	Phone
Wisconsin	Department of Health Services HIV Drug Assistance Program (HDAP) https://www.dhs.wisconsin.gov/hiv/adap-consumer-client.htm	1-800-991-5532
Wyoming	Wyoming Department of Health Public Health Sciences Section Communicable Disease https://health.wyo.gov/publichealth/communicable-disease-unit/hiv/resources-for-patients	1-307-777-7556 or 1-866-571-0944

Notice of Availability of Language Assistance and Auxiliary Aids and Services



ENGLISH

ATTENTION: If you speak [language], free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-382-5729 (TTY: 711) or speak to your provider.

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-382-5729 (TTY: 711) o hable con su proveedor.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-382-5729 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

ARABIC

العربية
إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية تنبيه:
كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات المجانية.
اتصل على الرقم بتنسيقات يمكن الوصول إليها مجانًا.
1-800-382-5729 (TTY: 711)

PENNSYLVANIA DUTCH

WICHDICH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-382-5729 (TTY: 711) uff odder schwetz mit dei Provider.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-382-5729 (TTY: 1-711) или обратитесь к своему поставщику услуг.

FRENCH

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-382-5729 (TTY : 711) ou parlez à votre fournisseur.

VIETNAMESE

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-382-5729 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

CUSHITE/OROMO

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-382-5729 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

KOREAN

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-382-5729 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ITALIAN

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-800-382-5729 (TTY: 711) o parla con il tuo fornitore.

JAPANESE

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-382-5729 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

DUTCH

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-382-5729 (TTY: 711) of spreek met je provider.

UKRAINIAN

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-382-5729 (TTY: 711) або зверніться до свого постачальника.

TAGALOG

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-382-5729 (TTY: 711) o makipag-usap sa iyong provider.

NAVAJO

SHOOH: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiiik'eh n1 h0l=. Bee ahij hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiiik'eh h0l=. Kohj8' 1-800-382-5729 (TTY: 711) hod7ilnih doodago nika'an1lwo'7 bich'8' hanidziih.

ROMANIAN

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-382-5729 (TTY: 711) sau contactați-vă furnizorul.

CHINESE

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-982-3117（文本电话：711）或咨询您的服务提供商。

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Medical Mutual of Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Medical Mutual of Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Medical Mutual of Ohio:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Medical Mutual of Ohio 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 our Civil Rights Coordinator, 100 American Road, Cleveland, OH 44144, call 1-800-382-5729 (TTY: 711), or email CivilRightsCoordinator@MedMutual.com. You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) 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 <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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Medical Mutual's website: www.MedMutual.com.