PHP (HMO SNP) offered by AIDS Healthcare Foundation

Annual Notice of Changes for 2024

You are currently enrolled as a member of PHP (HMO SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at www.php-ca.org/for-members/publications. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

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OMB Approval 0938-1051 (Expires February 29, 2024)

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices
   - Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - If you don't join another plan by December 7, 2023, you will stay in PHP.
   - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on January 1, 2024. This will end your enrollment with PHP.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at (800) 263-0067 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m., seven days a week. This call is free.
- This information is available in other formats such as large print and in audio tapes.
- **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 PHP

- PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.
- When this booklet says "we," "us," or "our," it means AIDS Healthcare Foundation. When it says "plan" or "our plan," it means PHP.

Discrimination Is Against the Law

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, (800) 263-0067, TTY 711, Fax (888) 235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services 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, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-263-0067 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-263-0067（TTY：711）

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-263-0067 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-263-0067 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-263-0067 (TTY: 711) 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-263-0067 (TTY (հեռատիպ)՝ 711):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-263-0067 (TTY: 711) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-263-0067 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-263-0067（TTY: 711）まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-263-0067 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-263-0067 (TTY: 711)។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-263-0067 (TTY: 711).

ध्यान दें: यदि आप हिंदी **बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।** 1-800-263-0067 (TTY: 711) **पर कॉल करें।**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-263-0067 (TTY: 711).

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$5,000	$5,000
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $0 copay per visit
Inpatient hospital stays	• $100 copay per day for days 1 through 6 • $0 copay per day for days 7 through 90 • $0 copay per day for "lifetime reserve days" 91 through 150	• $100 copay per day for days 1 through 6 • $0 copay per day for days 7 through 90 • $0 copay per day for "lifetime reserve days" 91 through 150

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $505, except for covered insulin products and most adult Part D vaccines. Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 15% You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 2: 15% You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 0% Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.)	Deductible: $475, except for covered insulin products and most adult Part D vaccines. Coinsurance during the Initial Coverage Stage: • Drug Tier 1: 15% You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 2: 15% You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 0% Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefit and Cost for Next Year

Section 1.1 — Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must continue to pay your Medicare Part B premium.) **There is no change for the upcoming benefit year.**	$0	$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 — Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. **There is no change for the upcoming benefit year.**	$5,000	$5,000 Once you have paid $5,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 — Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.php-ca.org/php-provider-find. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

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

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 Member Services so we may assist.

Section 1.4 — Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Acupuncture	You pay nothing for up to 2 acupuncture visits per month. Referral and authorization required.	You pay nothing for up to 2 acupuncture visits per month. Referral required.
Emergency Services	You pay $75 copay per emergency room visit. Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network. Emergency care is only covered within the United States.	You pay $25 copay per emergency room visit. Cost sharing for necessary emergency services furnished out-of-network is the same as for such services furnished in-network. Emergency care is only covered within the United States.
Fitness Benefit (Gym Membership)	A gym membership is a benefit option of the Health and Wellness Benefit. You pay nothing for the Health and Wellness Benefit. You may choose either a gym membership at 24 Hour Fitness, LA Fitness/Esporta Fitness or AHF Fitness Center ***OR*** up to $200 worth of over-the-counter (OTC) pharmacy (non-prescription drug) items.	You pay nothing for a gym membership at either 24 Hour Fitness, LA Fitness/ Esporta Fitness or AHF Fitness Center. (You do not have to make a choice between a gym membership benefit or the OTC pharmacy benefit — you receive both benefits.)

Cost	2023 (this year)	2024 (next year)
Health and Wellness Benefit	You pay nothing for the Health and Wellness Benefit. You may choose either a gym membership at 24 Hour Fitness, LA Fitness/Esporta Fitness or AHF Fitness Center ***OR*** up to $200 worth of over-the-counter (OTC) pharmacy (non-prescription drug) items.	The Health and Wellness Benefit is not covered. The gym membership and over-the-counter (OTC) pharmacy benefits are decoupled so you receive both a gym membership and OTC pharmacy benefits. See Fitness Benefit (Gym Membership) above and Over-the-Counter (OTC) Pharmacy Items below.
Over-the-Counter (OTC) Pharmacy Items	OTC pharmacy items is a benefit option of the Health and Wellness Benefit. You pay nothing for the Health and Wellness Benefit. You may choose either a gym membership at 24 Hour Fitness, LA Fitness/Esporta Fitness or AHF Fitness Center ***OR*** up to $200 worth of over-the-counter (OTC) pharmacy (non-prescription drug) items.	You pay nothing for up to $550 per year in OTC pharmacy (non-prescription drug) items fulfilled by AHF Pharmacy. (You do not have to make a choice between a gym membership benefit or the OTC pharmacy benefit — you receive both benefits.)

Cost	2023 (this year)	2024 (next year)
Skilled Nursing Facility (SNF)	You pay nothing per day for days 1 through 20. You pay $100 per day for days 21 through 100. Plan covers 100 days each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. No prior inpatient hospital stay is required. Authorization required.	You pay nothing per day for days 1 through 100. Plan covers 100 days each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. No prior inpatient hospital stay is required. Authorization required.

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, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note*:* If you are in a program that helps pay for your drugs ("Extra Help")**, the information about costs for your 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 September 30, 2023, please call Member Services and ask for the "LIS Rider."

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

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your generic, preferred brand, non-preferred brand and specialty drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $505 During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you have reached the yearly deductible.	The deductible is $475 During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: 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 row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, look in Chapter 6, 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."	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Generic Drugs (Tier 1):** You pay 15% of the total cost. **Preferred Brand Drugs (Tier 2):** You pay 15% of the total cost. **Non-Preferred Brand Drugs (Tier 3):** You pay 25% of the total cost. **Specialty Drugs (Tier 4):** You pay 25% of the total cost. **Select Care Drugs (Tier 5):** You pay 0% of the total cost. Once your total drugs 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 with standard cost-sharing: **Generic Drugs (Tier 1):** You pay 15% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. **Preferred Brand Drugs (Tier 2):** You pay 15% of the total cost. You pay $35 per month supply of each covered insulin product on this tier. **Non-Preferred Brand Drugs (Tier 3):** You pay 25% of the total cost. **Specialty Drugs (Tier 4):** You pay 25% of the total cost. **Select Care Drugs (Tier 5):** You pay 0% of the total cost. Once your total drugs costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 — If You Want to Stay in PHP

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in PHP.

Section 2.2 — If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from PHP.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from PHP.
- To **change to Original Medicare without a prescription drug plan,** you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

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

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

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

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

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

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called the California Department of Aging's Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at (800) 434-0222. TTY users should call 711. You can learn more about HICAP by visiting their Web site (www.aging.ca.gov/hicap).

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 a.m. and 7 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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare

Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California Department of Public Health, Office of AIDS. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP call center at (844) 421-7050, Monday through Friday, 8:00 a.m. to 5:00 p.m.

SECTION 6 Questions?

Section 6.1 — Getting Help from PHP

Questions? We're here to help. Please call Member Services at (800) 263-0067. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week. 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 PHP. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.php-ca.org/for-members/publications. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Web site

You can also visit our website at www.php-ca.org. As a reminder, our website has the most up-to-date information about our provider network *(Provider Directory)* and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 — Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Web site

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

Read *Medicare & You 2024*

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