

## 2024 Annual Notice of Changes – Please read immediately

### Santa Fe Employees Hospital Association- Coast Lines Medicare Plans

551 East San Bernardino Road, Covina, CA 91723

Dear SFEHACL Medicare Member:

This is the time of year when we like to thank you for your membership and inform you of any plan changes for the upcoming year. This *Annual Notice of Changes* is only a summary of your benefits and what you will pay for these services in 2024. This is not a comprehensive description of benefits. For more information, look in your 2024 SFEHACL Medicare Benefit Guides, Formulary Book, Summary of Benefits and your Medicare & You Handbook.

**If you do not want to change your coverage under SFEHACL, you don't need to do anything – you will automatically be reenrolled in the SFEHACL Medicare Plans. Remember, if you sign up with a different plan, or cancel your prescription coverage with us, you will automatically cancel all other Medicare plans that you have with SFEHACL including the HCPP and Medicare Secondary Plan.**

#### What should you do?

Please read this document and the other material included in this mailing. If you wish to stay with SFEHACL, do nothing, you will automatically be reenrolled. If you change to a different plan, your new coverage will start on January 1, 2024.

A summary of the following information is described in this letter. For details, look in all of your 2024 SFEHACL Medicare Benefit Guides, Formulary Book, Summary of Benefits and your Medicare & You book sent to you by Medicare.

- **Section 1. Monthly Premium:** \$240 is your combined monthly premium, there is an increase of \$20.00 for 2024. The monthly premium includes all the SFEHACL Medicare Plans. **SFEHACL continues to pay your Part A, B and D deductibles.** You must continue to pay your Medicare Part B premium.
- **Section 2. Part D Prescription Drugs:** Medicare has changed Part D benefits. See your Summary of Benefits for new costs and benefit levels. Depot Drug Mail Pharmacy provides only 90-day supplies of Tier 1 generic drugs. No Part D drug has been removed unless Medicare removed it.
- **Section 3. Medical Services:** \$240 is your combined monthly premium, there is an increase of \$20.00 for 2024. The only changes for medical services are those Medicare has made. You must continue to pay your Medicare Part B premium.
- **Section 4. Do you want to stay in the SFEHACL Medicare Plans? Do nothing and we will automatically reenroll you!**
- **Section 5. Do you need some help?** Telephone numbers for SFEHACL, your state SHIP, Social Security, and Medicare are listed in this notice.

**If you get *Extra Help*** paying for your drugs, some of the information in this Annual Notice of Changes is not correct for you. If you are getting *Extra Help*, we will send you a separate letter, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (LIS Rider) that tells you about your premiums and drug copayments. We will send this letter to you as soon as Medicare tells us what your subsidy amount is.

Our medical provider network listing is available by calling our Customer Service. Call Customer Service at 1-877-968-3550 from 7:30 am to 4:00 pm, Monday through Friday, Pacific Time. Members requiring TTY services can call 711, the national access number.

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## SECTION 1. YOUR MONTHLY PREMIUM COSTS FOR SFEHACL MEDICARE PLANS

<b>\$240.00 combined SFEHACL Medicare Plans Monthly Premium, \$20.00 increase from 2024.</b>	<b>2023 (this year) Monthly</b>	<b>2024 (next year) Monthly</b>
<b>SFEHACL Medicare Plans - Prescription Drug, HCPP and Medicare Secondary plans</b>	<b>\$220</b>	<b>\$240</b>

You will continue to pay your Medicare Part B monthly premium as a separate cost in addition to your SFEHACL premium. For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

- Your monthly premium will be more if you are required to pay a late enrollment penalty.
- 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.
- Your monthly premium will be less if you are receiving *Extra Help* with your prescription drug costs.

**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 seventy-five (75) percent or more of your drug costs including monthly premiums and coinsurance. Those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778.
- Contact your local State Medicaid Office to complete an application.
- **Help from your state's pharmaceutical assistance program.** Most states have a program called SHIP The State Health Insurance Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program or visit their website at [www.shiptacenter.org](http://www.shiptacenter.org)
- **Prescription cost-sharing assistance for people with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. For more information on eligibility criteria, covered drugs or how to enroll in the program, contact the program in your state of residence.

## SECTION 2. PART D PRESCRIPTION DRUGS

You will receive a new Formulary Book with this mailing giving you more details. Medicare has made changes to all Part D plans and we have made changes to reflect the Medicare changes.

- **You pay NO Part D DEDUCTIBLE! The 2024 Medicare Part D deductible of \$545 is paid for you by SFEHACL! No first-dollar costs to you except for drug copayments or coinsurance.**
- Most Part D drugs are included in your SFEHACL formulary.

- Your 2024 Part D Initial Coverage Amount (Limit) is \$5030. This amount is determined by Medicare. For more details on your benefit stages, see your Part D Benefit Guide.
- Your 2024 Out-of-Pocket (TrOOP) amount is \$8,000. This amount is determined by Medicare.
- Tier 1 generic drug copayments remain the same at \$9 for a 90-day supply from Depot Drug Mail Pharmacy. If you need less than a 90-day supply, you must use a retail network pharmacy.
- SFEHACL does not cover any drugs not covered by Medicare Part D. The Part D drug you currently take is still covered unless Medicare has removed it.
- Beginning July 2023 cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month supply of insulin.

\*Other pharmacies are available in our network.

## 2024 PRESCRIPTION COPAYMENTS CHART

2024 Copayment Amounts for Part D Drugs	Tier 1 Generic Drugs 30-Day	Tier 2 Brand Preferred 30-Day	Tier 3 Brand Non- Preferred 30-Day	Tier 4 Specialty Drugs 30-Day
<b>Depot Drug Mail Pharmacy</b> <b>\$\$\$ Your Best Money Saver</b> Tier 1 Generic drugs 90-day supplies only. Tiers 2 & 3 drugs may be 30, 60, or 90-day supplies.	\$3 (\$9 for 90-day)	\$15	Greater of 33% or \$75	Not Available
National Retail Pharmacy Network includes Specialty, Long Term Care and Home Infusion Pharmacies 30, 60, or 90- day supplies.	\$15	\$30	Greater of 33% or \$90	33% (up to 30-day supply)
<p><b>Note: Out-of-Network Pharmacy - Emergency Only</b></p> <p>We refund you the SFEHACL cost for the Part D drug minus your Retail tier copayment amount. You pay any charges above our cost. If you are in the Coverage gap and the generic and brand name discounts were not applied from the pharmacy, you will not be reimbursed for the discount amounts. Non-Part D drugs are not covered.</p> <p>*If the actual cost-plus dispensing fee for a prescription is less than the Tier copayment amount for that drug, you will pay the actual cost-plus dispensing fee, not the copayment! Some drugs would cost you less under this rule so make sure that you use your SFEHACL ID card!</p>				

### Vaccine Administration Fees:

Part B Vaccine Administration Fee	\$30.00
Part D Vaccine Administration Fee	\$30.00
Covax Administration Fee	\$40.00 (may change based on CMS Guidance)

## COPAYMENT AND COINSURANCE FOR 2024

- Tier copayments remain the same as they were in 2023.

## SECTION 3. MEDICAL SERVICES

- **SFEHACL pays your Medicare Part A and Part B Deductible amounts for 2024.**
- You must continue to pay your Medicare Part B monthly premium to the government.
- Preventive services covered at no cost under Original Medicare, remain at no cost to you with SFEHACL.

- Medicare covers certain preventive services such as mammograms, prostate cancer screenings, and certain immunizations at no cost to you.
- Routine Hearing Benefits Enhanced Coverage – SFEHACL offers routine exams and hearing aids through Amplifon only. You are responsible for the copay depending on the hearing aid selected. \*See attached Amplifon benefit information.
- SFEHACL Medicare Secondary Plan pays amounts approved but not paid by Medicare Parts A & B for most benefits. For exclusions see your 2024 HCPP Benefit Guide.

**Will your doctors and other providers still be in the SFEHACL network in 2024?**

There are always changes to our network of doctors and other providers for next year. Providers may move their practice, retire, or make the decision that they don't want to participate anymore at any time during the year.

- **Please check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for SFEHACL in 2024.
- For the most up-to-date information on the SFEHACL network of providers, call Customer Service at 1-877-968-3550 from 7:30 am to 4:00 pm, Monday through Friday, Pacific Time. Members requiring TTY services can call 711, the national access number.

**SECTION 4. DO YOU WANT TO STAY IN THE SFEHACL MEDICARE PLANS? - OR MAKE A CHANGE?**

**Do nothing if you do not want to change your SFEHACL coverage – you will automatically be reenrolled in the SFEHACL Medicare Plans for 2024.**

**If you join a different Medicare plan, including changing to a different Medicare Prescription Drug Plan, you will be disenrolled from ALL SFEHACL Medicare Plans when your enrollment in the new plan begins on January 1, 2024. Your membership in the SFEHACL Medicare Plans is unique and dependent on your railroad retirement and/or previous membership in SFEHACL. Our plans are not open to the public like other Medicare plans.**

**Do you want to make a change?**

If you decide to leave the SFEHACL Medicare Plans, you can switch to a different Medicare Advantage plan or to Original Medicare from October 15 until December 7. If you want to change to a different plan, there are many choices. Your membership in the new plan will start January 1, 2024.

**When can you change to a different plan?**

- During the yearly enrollment period from October 15th through December 7th you can change to a Medicare Advantage plan or to Original Medicare (either with or without Medicare prescription drug coverage).

**Is this the only time of the year to choose a different plan?**

Yes, for most people. Certain individuals, such as those entering Long Term Care facilities, those with Medicaid, and those who get *Extra Help* paying for their drugs can make changes at other times. For more information, see your SFEHACL Benefit Guides and your Medicare & You Handbook.

**SECTION 5. DO YOU NEED SOME HELP? WOULD YOU LIKE MORE INFORMATION?**

**You can get help and information from SFEHACL. To learn more, read the information we have sent to you in this package.**

- If you have questions, we are here to help. You can call our Customer Service at 1-877-968-3550 from 7:30 am to 4:00 pm, Monday through Friday, Pacific Time. You can visit our website: [www.santafeha.com](http://www.santafeha.com) Members requiring TTY services can call 711, the national access number.

**You can get help and information from Medicare.** Here are two ways to get information directly from Medicare:

- **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** (<http://www.medicare.gov>).
- **Read the *Medicare & You Handbook*.** Every year in October, this booklet is mailed to all people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

## Nondiscrimination

SFEHACL does not discriminate on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals. Section 1557 has been in effect since its enactment in 2010 and the HHS Office for Civil Rights has been enforcing the provision since it was enacted.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, gender, disability, or sex, you may send a complaint to:

SFEHACL Civil Rights Coordinator  
551 E. San Bernardino Road  
Covina, CA 91723  
Phone: 1-877-968-3550, TTY711  
Fax: 1-626-967-3161

If you need help filing a complaint, or need this information in another format, including large print, please call our Member Services at 1-877-968-3550, TTY711. A representative will assist you.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue, SW Room 509F, HI-IH Building Washington, D.C. 20211

### Multi-language Interpreter Services

**ATTENTION:** If you speak a language other than English, then language assistance services are available to you free of charge. Please call 1-877-968-3550 our Customer Service representatives are available Monday through Friday, from 7:30am to 4:00pm, Pacific Time. TTY/TDD users call the national number 711.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

هَي بَرَعْلَا تُدَحَّتْ تَنْك اِذَا: **(Arabic)**، بلع دوجوملا بناجملا فتاهلا مؤر بلع لاصتلا ءاجرلا . لكل ةححاتم فيناجملا ةبوغللا ةدعاسملا تامدخ نإف ةيوضعلا فرعم.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłiśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)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。健康保険証に記載されているフリーダイヤルにお電話ください。

یسراف امش نابز رگا: **(Farsi)** تراک یور هک بناگیار نفاک هرامش اب افطل .شاپ یم امش راینخا رد ناگیار روط هب بناز دادما تامدخ ،تسرا دیریگ ساما هدش نیق امش ییاسانش.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitł'izí bee nééhozinígíí bine'deę' t'áá jíík'ehgo béesh hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.