



Liberty Medicare Advantage (HMO C-SNP) offered by Liberty Medicare Advantage

Annual Notice of Changes for 2024

You are currently enrolled as a member of Liberty Medicare Advantage Plan. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 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 <https://www.libertymedicareadvantage.com> You may also call Member Services to ask us to mail you an Evidence of Coverage.

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

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - 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.
- 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 Liberty Medicare Advantage Plan.
- 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 Liberty Medicare Advantage Plan.
- 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

- Please contact our Member Services number at 1-844-854-6884 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m.
 - 7 Days a week from October 1st to March 31st.
 - 5 Days a week from April 1st through September 30th (Monday – Friday)
- This call is free.
- This document is also available in an alternate form (e.g., braille, large print, audio) as applicable.
- **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 Liberty Medicare Advantage Plan

- Liberty Medicare Advantage (HMO C-SNP) is a health plan with a Medicare contract. Enrollment in Liberty Medicare Advantage (HMO C-SNP) depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Liberty Medicare Advantage (HMO C-SNP). When it says “plan” or “our plan,” it means Liberty Medicare Advantage (HMO C-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Liberty Medicare Advantage (HMO C-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1</p>	\$0	\$0
<p>Maximum out-of-pocket Amount</p> <p>This is the most you will pay out-of-pocket for your covered</p>	\$3,500	\$3,500
<p>Doctor office visits</p>	<p>Primary Care Office Visits: \$0</p> <p>Cardiologists, Endocrinologists Visits. \$0 copay</p> <p>All other specialists \$25 copays</p>	<p>Primary Care Office Visits: \$0</p> <p>Cardiologists, Endocrinologists, and Podiatrists Visits. \$0 copay</p> <p>All other specialists \$30 copays</p> <p>20% coinsurance for facility visits</p>

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	<p>\$250 for days 1 – 6</p> <p>\$0 for days 7 – 90</p> <p>Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>Beyond lifetime reserved days: all costs</p>	<p>\$250 for days 1 – 6</p> <p>\$0 for days 7 – 90</p> <p>Days 91 and beyond: \$800 copayment per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p> <p>Beyond lifetime reserved days: all costs</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

	2023 (this year)	2024 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

- 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.

There are no changes to the Maximum Out -of Pocket Amount

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at <https://www.libertymedicareadvantage.com>. 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 changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

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)
<p>Inpatient Hospital Care</p>	<p>\$250 for days 1 – 6 \$0 for days 7 – 90</p> <p>Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>Beyond lifetime reserved days: all costs</p>	<p>\$250 for days 1 – 6 \$0 for days 7 – 90</p> <p>Days 91 and beyond: \$800 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>Beyond lifetime reserved days: all costs</p> <p>These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient Service in a Psychiatric Hospital</p>	<p>\$1,600 per admission deductible is applied once during the defined benefit period</p> <p>Days 1 – 60: \$0 coinsurance</p> <p>Days 61- 90: \$400.00 coinsurance per day</p> <p>Days 91 and beyond: \$800.00 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>Beyond lifetime reserved days: all costs</p>	<p>\$1,600 per admission deductible is applied once during the defined benefit period</p> <p>Days 1 – 60: \$0 coinsurance</p> <p>Days 61- 90: \$400.00 coinsurance per day</p> <p>Days 91 and beyond: \$800.00 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time)</p> <p>Beyond lifetime reserved days: all costs</p> <p>These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p>

Cost	2023 (this year)	2024 (next year)
<p>Skilled Nursing Facility “SNF Care”</p>	<p>\$0 copay per days 1-20 per benefit period</p> <p>\$200.00 per day for days 21-100 per benefit period</p> <p>You pay all costs for each day after day 100.</p> <p>A benefit period begins on the first day you go to a Medicare covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven’t been inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital or SNF after 1 benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>\$0 copay per days 1-20 per benefit period</p> <p>\$200.00 per day for days 21-100 per benefit period</p> <p>You pay all costs for each day after day 100.</p> <p>A benefit period begins on the first day you go to a Medicare covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven’t been inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital or SNF after 1 benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> <p>These are 2023 cost-sharing amounts and may change for 2024. Liberty Medicare Advantage will provide updated rates as soon as they are released.</p>

Cost	2023 (this year)	2024 (next year)
Physician Specialists	\$25 per visit with exception of Endocrinologist and Cardiologist which has a \$0 co-pay	Cardiologists, Endocrinologists, and Podiatrists Visits. \$0 copay All other specialists \$30 copays 20% coinsurance for facility visits
Over the Counter (OTC)	Part of a Liberty Medicare Advantage Freedom Flex card benefit that allows a maximum of \$55 per month, with no rollover and can be used in conjunction with our grocery benefit.	Part of a Liberty Medicare Advantage Freedom Flex card benefit that allows a maximum of \$70 per month, with no rollover and can be used in conjunction with our grocery benefit.
Groceries	Part of a Liberty Medicare Advantage Freedom Flex card benefit that allows a maximum of \$55 per month, with no rollover and can be used in conjunction with our OTC benefit.	Part of a Liberty Medicare Advantage Freedom Flex card benefit that allows a maximum of \$70 per month, with no rollover and can be used in conjunction with our OTC benefit.
Durable Medicare Equipment (DME)	20% Coinsurance	15% Coinsurance

Cost	2023 (this year)	2024 (next year)
Outpatient Hospital Services	20% coinsurance	Preventive services 0% coinsurance
		Rehabilitation 10% coinsurance
		Outpatient Surgery 15% coinsurance
		All Other Services 20%

Section 2.5 – 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. The “Drug List” includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website <https://www.libertymedicareadvantage.com/>

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs 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.

Starting in 2024, we may immediately remove a brand name drug on our “Drug List” if, at the same time, we replace it with a new generic version on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our “Drug List,” but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included 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 didn’t receive this insert with this packet, 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)
<p>Stage 1: Yearly Deductible Stage</p>	<p>The deductible is \$0.</p> <p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>The deductible is \$0.</p> <p>Because we have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier One – Preferred Generic - \$0</p> <p>Tier Two – Generic - \$0</p> <p>Tier Three – Preferred Brand - \$35</p> <p>Tier Four – Non-Preferred Brand - \$95</p> <p>Tier Five – Specialty – 33%</p> <p>Tier Six – Select Diabetic Drugs - \$0</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier One – Preferred Generic - \$0</p> <p>Tier Two – Generic - \$0</p> <p>Tier Three – Preferred Brand - \$35</p> <p>Tier Four – Non-Preferred Brand - \$95</p> <p>Tier Five – Specialty – 33%</p> <p>Tier Six – Select Diabetic Drugs - \$0</p>
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

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 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Liberty Medicare Advantage (HMO-C-SNP)

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

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 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 2.1 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 Liberty Medicare Advantage Plan (HMO C-SNP).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Liberty Medicare Advantage Plan (HMO C-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. 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 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 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 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. In North Carolina, the SHIP is called Seniors’ Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Seniors’ Health Insurance Information Program (SHIIP) 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 Seniors’ Health Insurance Information Program (SHIIP) at 1-855-408-1212. You can learn more about Seniors’ Health Insurance Information Program by visiting their website <http://www.ncshiip.com>

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, 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 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 (applications).
- **Help from your state’s pharmaceutical assistance program.** North Carolina has a program called North Carolina HIV SPAP 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.
- **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 North Carolina HIV Medication Assistance Program (NC HMAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-877-466-2232.

SECTION 7 Questions?

Section 7.1 – Getting Help from Liberty Medicare Advantage (HMO C-SNP)

Questions? We’re here to help. Please call Member Services at 1-844-854-6884. (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m.

- 7 Days a week from October 1st to March 31st.
- 5 Days a week from April 1st through September 30th (Monday – Friday)

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 Liberty Medicare Advantage (HMO C-SNP). 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 <http://www.libertymedicareadvantage.com>. [Insert as applicable: You can also review the attached OR enclosed OR separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.] You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at <http://www.libertymedicareadvantage.com>. 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<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.