

## Sonder Complete Health Medicare Advantage (HMO) offered by Sonder Health Plans, Inc.

### Annual Notice of Changes for 2024

You are currently enrolled as a member of Sonder Complete Health Medicare Advantage (HMO). 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 [www.sonderhealthplans.com](http://www.sonderhealthplans.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.**

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#### 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](http://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 Sonder Complete Health Medicare Advantage (HMO).
- 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 Sonder Complete Health Medicare Advantage (HMO).
- 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 and Korean.
- Please contact our Member Services number at 1-888-428-4440 for additional information. (TTY users should call 711.) Hours are 7 days a week 8:00 am – 8:00 pm EST (October 1st – March 31st) or Monday to Friday 8:00 am to 8:00 pm EST (April 1st – September 30th). This call is free.
- This document may be available in alternate formats, such as braille, large print, and 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Sonder Complete Health Medicare Advantage (HMO)

- Sonder Health Plans, Inc. is an HMO with a Medicare contract. Enrollment in Sonder Health Plans, Inc. depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means *Sonder Health Plans, Inc.* When it says “plan” or “our plan,” it means Sonder Complete Health Medicare Advantage (HMO).

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**Summary of Important Costs for 2024**

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

| Cost  | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Monthly plan premium*</b><br>* Your premium may be higher than this amount. See Section 1.1 for details.   | \$0  | \$0  |
| <b>Deductible</b>   | \$0  | \$0  |
| <b>Maximum out-of-pocket amount</b><br>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.) | \$6,000  | \$3,200  |
| <b>Doctor office visits</b>   | Primary care visits:<br>\$0 per visit<br>Specialist visits:<br>\$0 per visit | Primary care visits:<br>\$0 per visit<br>Specialist visits:<br>\$0 per visit |
| <b>Inpatient hospital stays</b>   | \$295 Copay per day for days 1-6.<br>\$0 Copay per day for days 7-90.        | \$200 Copay per day for days 1-5.<br>\$0 Copay per day for days 6-90.        |

| Cost   | 2023 (this year)   | 2024 (next year)   |
|--|--|--|
| <b>Part D prescription drug coverage</b><br>(See Section 1.5 for details.) | Deductible: \$0<br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$44</li> </ul> You pay \$35 per month supply of each covered | Deductible: \$0<br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: \$44</li> </ul> You pay \$35 per month supply of each covered |

| Cost | 2023 (this year)   | 2024 (next year)  |
|------|--|---|
|      | insulin product on this tier. <ul style="list-style-type: none"> <li>• Drug Tier 4: \$95</li> <li>• Drug Tier 5: 33%</li> <li>• There is no Part D deductible for this plan.</li> </ul> Catastrophic Coverage: <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), 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.</li> </ul> | insulin product on this tier. <ul style="list-style-type: none"> <li>• Drug Tier 4: \$95</li> <li>• Drug Tier 5: 33%</li> <li>• There is no Part D deductible for this plan.</li> </ul> Catastrophic Coverage: <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul> |

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

| Cost  | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$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)   |
|---|------------------|--|
| <b>Maximum out-of-pocket amount</b>   | \$6,000          | \$3,200  |
| 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. |                  | Once you have paid \$3,200 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 located on our website at [www.sonderhealthplans.com](http://www.sonderhealthplans.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 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)   |
|---|--|--|
| Ambulance Services- Medicare-covered benefits     | <b>In-Network:</b><br>You pay \$225 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$300 minimum copay for this benefit.  |
| ASC Services                                      | <b>In-Network:</b><br>You pay \$280 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$150 minimum copay for this benefit.  |
| Emergency Care                                    | <b>In-Network:</b><br>You pay \$90 minimum copay for this benefit.   | <b>In-Network:</b><br>You pay \$125 minimum copay for this benefit.  |
| Hearing Aids (all types)                          | <b>In-Network:</b><br>You pay \$849 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$699 minimum copay for this benefit.<br>You pay \$999 maximum copay for this benefit.     |
| Inpatient Hospital-Acute                          | <b>In Network:</b><br>\$0 per stay.<br>You pay a \$295 copayment for days 1-6.<br>You pay a \$0 copayment for days 7-90. | <b>In Network:</b><br>\$0 per stay.<br>You pay a \$200 copayment for days 1-5.<br>You pay a \$0 copayment for days 6-90. |
| Inpatient Psychiatric Medicare-covered            | <b>In Network:</b><br>\$0 per stay.<br>You pay a \$295 copayment for days 1-5.<br>You pay a \$0 copayment for days 6-90. | <b>In Network:</b><br>\$0 per stay.<br>You pay a \$200 copayment for days 1-5.<br>You pay a \$0 copayment for days 6-90. |
| Medicare-covered Cardiac Rehabilitation Services  | <b>In-Network:</b><br>You pay \$30 minimum copay for this benefit.   | <b>In-Network:</b><br>You pay \$20 minimum copay for this benefit.   |
| Medicare-covered Diagnostic Radiological Services | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.<br>You pay \$290 maximum copay                        | <b>In-Network:</b><br>You pay \$150 minimum copay for this benefit.<br>You pay \$300 maximum                             |

| Cost   | 2023 (this year)  | 2024 (next year)   |
|--|---|--|
|  | for this benefit.   | copay for this benefit.  |
| Medicare-covered Intensive Cardiac Rehabilitation Services | <b>In-Network:</b><br>You pay \$30 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.   |
| Medicare-covered Observation Services                      | <b>In-Network:</b><br>You pay \$75 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$300 minimum copay for this benefit.  |
| Medicare-covered Podiatry Services                         | <b>In-Network:</b><br>You pay \$30 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.   |
| Medicare-covered Therapeutic Radiological Services         | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay 20% minimum coinsurance for this benefit.  |
| Medicare-covered X-Ray Services                            | <b>In-Network:</b><br>You pay \$60 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$0 minimum copay for this benefit.<br>You pay \$100 maximum copay for this benefit. |
| Occupational Therapy Services                              | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.   |
| Opioid Treatment Services                                  | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.   |
| Outpatient Hospital Services                               | <b>In-Network:</b><br>You pay \$280 minimum copay for this benefit. | <b>In-Network:</b><br>You pay \$250 minimum copay for this benefit.  |
| Outpatient Substance Abuse Services- Group Sessions        | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$15 minimum copay for this benefit.   |



| Cost   | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
| Outpatient Substance Abuse Services- Individual Sessions | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.  |
| PT and SP Services                                       | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$25 minimum copay for this benefit.  |
| Urgently Needed Services                                 | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay \$30 minimum copay for this benefit.  |
| Worldwide Emergency Coverage                             | <b>In-Network:</b><br>You pay \$90 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay nothing for this benefit.<br><br>There is \$10,000 maximum allowance.                             |
| Worldwide Emergency Transportation                       | <b>In-Network:</b><br>You pay \$225 minimum copay for this benefit.   | <b>In-Network:</b><br>You pay nothing for this benefit.<br>There is \$10,000 maximum allowance.                                 |
| Worldwide Urgent Coverage                                | <b>In-Network:</b><br>You pay \$40 minimum copay for this benefit.  | <b>In-Network:</b><br>You pay nothing for this benefit.<br>There is \$10,000 maximum allowance.                                 |
| Over The Counter   | <b>In-Network:</b><br>You receive \$50 per quarter allowance towards the purchase of OTC items from the approved list.                        | <b>In-Network:</b><br>You receive \$200 per quarter allowance towards the purchase of OTC items from the approved list.         |
| Non-Emergency Transportation                             | <b>In-Network:</b><br>You receive up to 12 one-way trips per year for non-emergency transportation to plan approved health related locations. | <b>In-Network:</b><br>You receive up to 50 one-way trips per year for non-emergency transportation to health related locations. |

| Cost   | 2023 (this year)   | 2024 (next year)   |
|--|--|--|
|  |  | plan approved health related locations.  |
| Post Acute Meal Delivery   | <p><b>In-Network:</b><br/>You receive up to 2 meals a day for 14 days provided immediately following each surgery or inpatient hospitalization up to 4 times per year.</p> | <p><b>In-Network:</b><br/>You receive up to 2 meals a day for 14 days provided immediately following each surgery or inpatient hospitalization up to 2 times per year.</p>   |
| <p>SSBCI Benefits for members who have qualifying Chronic medical conditions</p> <p>Eligible Chronic Conditions:<br/>Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke</p> | <p><b>In-Network:</b><br/>Not Covered</p>  | <p><b>In-Network:</b><br/>You receive an allowance of \$135 per month to apply towards the list of services below:</p> <ul style="list-style-type: none"> <li>• Gasoline</li> <li>• Home safety/access modifications</li> <li>• Social and active club membership</li> <li>• Internet/cell data</li> </ul> <p>Unused allowance does not roll over to the next month. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.</p> |
| Personal Emergency Response System   | <p><b>In-Network:</b><br/>Not Covered</p>  | <p><b>In-Network:</b><br/>You receive one personal emergency response system which includes a base unit and optional wearable device</p>   |
| In-Home Support Services   | <p><b>In-Network:</b><br/>Not Covered</p>  | <p><b>In-Network:</b><br/>You receive in-home support services for \$0 copay. Services are provided in 4 hour per day increments up to 104 hours per</p>   |

| Cost | 2023 (this year) | 2024 (next year)   |
|------|------------------|--|
|      |                  | year. Services available include: <ul style="list-style-type: none"> <li>• Respite care</li> <li>• Caregiver training</li> <li>• In-home safety assessment</li> <li>• Medication reconciliation</li> <li>• Support for activities of daily living including things such as bathing, dressing, grooming, meal preparation and light housekeeping</li> </ul> |

## 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. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website ([www.sonderhealthplans.com](http://www.sonderhealthplans.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.

**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)   |
|---|--|--|
| <b>Stage 1: Yearly Deductible Stage</b> | 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   | 2023 (this year)  | 2024 (next year)  |
|---|---|---|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy . For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List”. To see if</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 you have paid \$7,4000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</p> | <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage)</p> |

| Stage  | 2023 (this year) | 2024 (next year) |
|--|------------------|------------------|
| <p>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> |                  |                  |

### 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 Sonder Complete Health Medicare Advantage (HMO)

**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 Sonder Complete Health Medicare Advantage (HMO).

### 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 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](http://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). As a reminder, Sonder Health Plans, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Sonder Complete Health Medicare Advantage (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Sonder Complete Health Medicare Advantage (HMO).
- 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 Georgia, the SHIP is called Georgia SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Georgia 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.

You can call Georgia SHIP at 1-866-552-4464 and select Option 4. You can learn more about Georgia SHIP by visiting their website (<https://aging.georgia.gov/georgia-ship>).

## 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 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).
  
- **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 Georgia ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-404-656-9805 or email at [GAADAP@dph.ga.gov](mailto:GAADAP@dph.ga.gov).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Sonder Complete Health Medicare Advantage (HMO)

Questions? We're here to help. Please call Member Services at 1-888-428-4440. (TTY users should call 711). We are available for phone calls 7 days a week 8.00 am – 8.00 pm EST (October 1st – March 31st) or Monday to Friday 8:00 am to 8:00 pm EST (April 1st – September 30th). 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 Sonder Complete Health Medicare Advantage (HMO). 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.sonderhealthplans.com](http://www.sonderhealthplans.com). 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 [www.sonderhealthplans.com](http://www.sonderhealthplans.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 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://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](http://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.