

## **Johns Hopkins Advantage MD D-SNP (HMO) offered by Johns Hopkins Advantage MD**

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Johns Hopkins Advantage MD D-SNP. 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.hopkinsmedicare.com](http://www.hopkinsmedicare.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

---

### **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 Johns Hopkins Advantage MD D-SNP.
- 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 Johns Hopkins Advantage MD D-SNP.
- Look in section 2, page 12 to learn more about your choices.
- 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 Customer Service number at 1-877-293-4998 for additional information. (TTY users should call 711.) Hours are October 1 through March 31: Monday through Sunday, 8:00 a.m. to 8:00 p.m.; April 1 through September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. This call is free.
- This material is also available in alternate formats (e.g., braille, large print, audio). Contact Customer Service to request this material in an alternate format.
- **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 Johns Hopkins Advantage MD D-SNP

- Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal. The plan also has a written agreement with the Maryland Medicaid program to coordinate your Maryland Department of Health (Medicaid) benefits.
- When this document says "we," "us," or "our," it means Johns Hopkins Advantage MD. When it says "plan" or "our plan," it means Johns Hopkins Advantage MD D-SNP.

---

Y0124\_HMO003ANOC0923\_M

## ***Annual Notice of Changes for 2024***

### **Table of Contents**

<b>Summary of Important Costs for 2024 .....</b>	<b>4</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>7</b>
Section 1.1 – Changes to the Monthly Premium .....	7
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	8
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	8
Section 1.5 – Changes to Part D Prescription Drug Coverage .....	9
<b>SECTION 2      Deciding Which Plan to Choose.....</b>	<b>12</b>
Section 2.1 – If you want to stay in Johns Hopkins Advantage MD D-SNP .....	12
Section 2.2 – If you want to change plans .....	12
<b>SECTION 3      Changing Plans .....</b>	<b>13</b>
<b>SECTION 4      Programs That Offer Free Counseling about Medicare and Maryland Department of Health (Medicaid) (Medicaid) .....</b>	<b>14</b>
<b>SECTION 5      Programs That Help Pay for Prescription Drugs .....</b>	<b>16</b>
<b>SECTION 6      Questions?.....</b>	<b>18</b>
Section 6.1 – Getting Help from Johns Hopkins Advantage MD D-SNP .....	18
Section 6.2 – Getting Help from Medicare .....	18
Section 6.3 – Getting Help from Maryland Department of Health (Medicaid).....	19

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Johns Hopkins Advantage MD D-SNP 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> *Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: You pay nothing per visit  Specialist visits: You pay nothing per visit	Primary care visits: You pay nothing per visit  Specialist visits: You pay nothing per visit
<b>Inpatient hospital stays</b>	You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.	You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li> <b>Drug Tier 1: All Formulary Drugs</b>                      For generic drugs (including brand drugs treated as a generic), you pay either:                       \$0, \$1.45, \$4.15 or 15%*                       For all other drugs, you pay either:                      \$0, \$4.30, \$10.35 or 15%*                       *Cost sharing is based on your level of Extra Help.                 </li> </ul>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li> <b>Drug Tier 1: All Formulary Drugs</b>                      For generic drugs (including brand drugs treated as a generic), you pay either:                       \$0, \$1.55, or \$4.50*                       For all other drugs, you pay either:                      \$0, \$4.60, or \$11.20*                       *Cost sharing is based on your level of Extra Help.                 </li> </ul>

Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p>Catastrophic Coverage:</p> <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.). Cost sharing is based on your level of extra help.</li> </ul>	<p>Catastrophic Coverage:</p> <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>
<p><b>Maximum out-of-pocket amount</b></p> <p>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.)</p>	<p>\$8,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,850</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## 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> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Maryland Department of Health (Medicaid).)	\$0	\$0 There is no change for the upcoming benefit year.

### 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> <b>Because our members also get assistance from Maryland Department of Health (Medicaid), very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. 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.	\$8,300	\$8,850 Once you have paid \$8,850 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.hopkinsmedicare.com](http://www.hopkinsmedicare.com). You may also call Customer Service 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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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)
<b>Dental Services (Non-Medicare-covered comprehensive)</b>	The plan has a maximum coverage amount of \$1,500 per year for in-network non-Medicare-covered comprehensive dental services.	The plan has a maximum coverage amount of \$2,500 per year for in-network non-Medicare-covered comprehensive dental services.
<b>Hearing Aids</b>	The plan pays a maximum benefit amount of \$1,000 towards the purchase of hearing aids every 24 months. You pay all costs after the \$1,000 maximum benefit amount.	The plan pays a maximum benefit amount of \$1,500 towards the purchase of hearing aids every 24 months. You pay all costs after the \$1,500 maximum benefit amount.



Cost	2023 (this year)	2024 (next year)
<b>Home Health Agency Care</b>	Prior authorization is required after 12 visits.	Prior authorization may be required.
<b>Occupational Therapy Services</b>	<p>Prior Authorization is required after 12 visits.</p> <p>Prior Authorization is required for all visits if therapy is performed in a skilled nursing facility.</p>	<p>Prior Authorization may be required.</p> <p>Prior Authorization is required for all visits if therapy is performed in a skilled nursing facility.</p>
<b>Over-the-Counter Items</b>	<p>You pay nothing for OTC items.</p> <p>Plan covers up to \$110 every three months. Any unused amount does not carry over to the next period.</p>	<p>You pay nothing for OTC items.</p> <p>Plan covers up to \$200 every three months. Any unused amount does not carry over to the next period.</p>
<b>Physical &amp; Speech Therapy Services</b>	Prior authorization is required.	Prior Authorization may be required. Prior Authorization is required for all visits if therapy is performed in a skilled nursing facility.
<b>Vision Care (Non-Medicare-covered Eyewear)</b>	Our plan pays up to \$400 every two years for supplemental eyewear (retail or online) from any provider.	Our plan pays up to \$400 every year for supplemental eyewear (retail or online) from any provider.

---

## 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 Customer Service for more information.

**Changes to Prescription Drug Costs**

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We 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>                      During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>                      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><b>Tier 1 – All Formulary Drugs:</b></p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.45, \$4.15 or 15%*</p> <p>For all other drugs, you pay either:</p> <p>\$0, \$4.30, \$10.35 or 15%*</p> <p>*Cost sharing is based on your level of Extra Help.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 – All Formulary Drugs:</b></p> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <p>\$0, \$1.55, or \$4.50*</p> <p>For all other drugs, you pay either:</p> <p>\$0, \$4.60, or \$11.20*</p> <p>*Cost sharing is based on your level of Extra Help.</p>
<p><b>Stage 2: Initial Coverage Stage (continued)</b>                      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 or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</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 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Johns Hopkins Advantage MD D-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 Johns Hopkins Advantage MD D-SNP.

### 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.

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, Johns Hopkins Advantage MD 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 Johns Hopkins Advantage MD D-SNP.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Johns Hopkins Advantage MD D-SNP.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 3 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 Maryland Department of Health (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.

Because you have Maryland Department of Health (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

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 and Maryland Department of Health (Medicaid) (Medicaid)**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Maryland, the SHIP is called Senior Health Insurance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Program 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 Senior Health Insurance Program at 410-767-1100 or 1-800-243-3425. You can learn more about Senior Health Insurance Program by visiting their website (<https://aging.maryland.gov/Pages/state-health-insurance-program.aspx>).

For questions about your Maryland Department of Health (Medicaid) (Medicaid) benefits, contact Maryland Department of Health (Medicaid) (Medicaid) at 1-410-767-6500 or 1-800-492-5231. TTY users should call 711. Hours of operation: Monday to Friday 8:00 a.m. to 5:00 p.m. For information on Maryland Department of Health (Medicaid) (Medicaid) as a Dual Eligible please contact your local State Department of Social Services office at:

### **Anne Arundel County DSS**

80 West Street  
Annapolis, Maryland 21401

(District Court Building)  
7500 Ritchie Highway  
Glen Burnie, MD 21061  
Phone: 410-269-4500  
Fax: 410-974-8566  
Email Address: [aacounty.dhs@maryland.gov](mailto:aacounty.dhs@maryland.gov)

### **Baltimore County DSS**

6401 York Road  
Baltimore, Maryland 21212  
Phone: 410-853-3000  
Hours of Operation: Monday – Friday 8:00 a.m. – 4:30 p.m.

### **Carroll County DSS**

1232 Tech Court  
Westminster, Maryland 21157  
Phone: 410-386-3300

Fax: 410-386-3429

Email Address: [dlcarrolldept\\_dhr@maryland.gov](mailto:dlcarrolldept_dhr@maryland.gov)

Hours of Operation: Monday – Friday 8:00 a.m. – 4:30 p.m.

**Frederick County DSS**

Mailing Address:

P.O. Box 237,

Frederick, Maryland 21705

Location:

1888 North Market Street

Frederick, Maryland 21701

Phone: 301-600-4555

Fax: 301-600-4550

Email Address: [FCDSS.info@maryland.gov](mailto:FCDSS.info@maryland.gov).

Hours of Operation: Monday – Friday 8:00 a.m. – 4:30 p.m.

**Howard County DSS**

9780 Patuxent Woods Drive

Columbia, Maryland 21046

Phone: 410-872-8700

Email Address: [howco.dss@maryland.gov](mailto:howco.dss@maryland.gov)

Hours of Operation: Monday – Friday 8:00 a.m. – 4:30 p.m.

1st & 3rd Tuesday of each month, 8:00 am until 7:00 pm

**Montgomery County DSS**

Main Office (No Public Service)

401 Hungerford Drive, 5th Floor

Rockville, Maryland 20850

**DHHS Silver Spring Center**

8818 Georgia Ave.

Silver Spring, MD 20910

**DHHS Offices**

1401 Rockville Pike

Rockville, MD 20852

**Mid-County DHHS Building**

1301 Piccard Drive

Rockville, MD 20850

**Upcounty Regional Services Center**

2nd Floor, 12900 Middlebrook Rd.

Germantown, MD 20874

Phone: 240-777-4513

Fax: 240-777-1494  
TTY: Use MD Relay 711

**Somerset County DSS**

30397 Mt. Vernon Road  
Princess Anne, Maryland 21853  
Phone: 410-677-4200  
Fax: 410-677-4300  
Email Address: somerset.dss@maryland.gov  
Hours of Operation: Monday – Friday 8:00a.m. – 5:00p.m.

**Washington County DSS**

122 North Potomac Street  
Hagerstown, Maryland 21740  
Phone: 240-420-2100  
Fax: 240-420-2125

**Wicomico County DSS**

201 Baptist Street, Suite 27  
Salisbury, Maryland 21801  
Phone: 410-713-3900  
Fax: 410-713-3910  
Email Address: wicodss.county@maryland.gov  
Hours of Operation: Monday – Friday 8:00 a.m. – 5:00 p.m.

**Worcester County DSS**

299 Commerce Street  
Snow Hill, Maryland 21863

P.O. Box 39  
Snow Hill, Maryland 21863  
E-mail address: worcester.dss@maryland.gov  
Phone: 410-677-6800  
Fax: 410-677-6810  
Hours of Operation: 8:00 a.m. – 4:30 p.m.

Ask how joining another plan or returning to Original Medicare affects how you get your Maryland Department of Health (Medicaid) (Medicaid) coverage.

**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.** Because you have Maryland Department of Health (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles



and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, 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 Maryland Department of Health (Medicaid) Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Maryland has a program called Maryland Senior Prescription Drug 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.
  - **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 Maryland AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call

Maryland AIDS Drug Assistance Program (ADAP)  
Prevention and Health Promotion Administration  
500 N. Calvert St, 5th Floor  
Baltimore, MD 21202  
1-410-767-6535 or 1-800-205-6308 phone  
1-410-333-2608 fax

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Johns Hopkins Advantage MD D-SNP

Questions? We're here to help. Please call Customer Service at 1-877-293-4998. (TTY only, call 711.) We are available for phone calls October 1 through March 31: Monday through Sunday, 8:00 a.m. to 8:00 p.m.; April 1 through September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m.

#### **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 Johns Hopkins Advantage MD D-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 [www.hopkinsmedicare.com](http://www.hopkinsmedicare.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.hopkinsmedicare.com](http://www.hopkinsmedicare.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.

---

**Section 6.3 – Getting Help from Maryland Department of Health  
(Medicaid)**

---

To get information from Medicaid you can call Maryland Department of Health (Medicaid) (Medicaid) at 1-410-767-6500 or 1-800-492-5231. TTY users should call 711.