

The Health Plan SecureCare SNP (HMO D-SNP) offered by The Health Plan of West Virginia, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of The Health Plan SecureCare SNP (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in The Health Plan SecureCare SNP (HMO D-SNP).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.healthplan.org/medicare or call Member Services at 1-877-847-7907 (TTY users should call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-877-847-7907 (TTY users should call 711) for more information. Hours are October 1 to March 31: 8:00am to 8:00pm 7 days a week and April 1 to September 30: 8:00am to 8:00pm Monday through Friday. This call is free.
- This material may be available in other formats such as braille, large print, or other alternate formats. Please call Member Services if you need this material in another format.

About The Health Plan SecureCare SNP (HMO D-SNP)

- The Health Plan SecureCare SNP (HMO D-SNP) is an HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal. Our plan also has a written agreement with the West Virginia Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means The Health Plan of West Virginia, Inc (The Health Plan). When it says “plan” or “our plan,” it means The Health Plan SecureCare SNP (HMO D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in The Health Plan SecureCare SNP (HMO D-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through The Health Plan SecureCare SNP (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$17.70	\$0
Deductible	\$283 per year for in-network services, except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.	\$0 If you are eligible for Medicare cost-sharing help under Medicaid, you pay \$0.
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$9,250 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely 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.	\$9,250 If you are eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket costs amount for covered Part A and Part B services.

	2026 (this year)	2027 (next year)
Primary care office visits	20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Specialist office visits	20% per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	\$0 per visit If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Our plan covers 90 days each benefit period. A per admission deductible is applied once during a benefit period. \$1,736 deductible for days 1-60 \$434 copay per day for days 61-90 \$868 copay per day for 60 lifetime reserve days If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.	\$0 per admission If you are eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: \$615 for drugs on Tier 2, Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: 25% Drug Tier 3: 25% You pay no more than \$35 per month supply of each covered insulin product on this tier Drug Tier 4: 25% You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Part D drug coverage deductible: \$700 for drugs on Tier 2, Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: 25% Drug Tier 3: 25% You pay no more than \$35 per month supply of each covered insulin product on this tier Drug Tier 4: 25% You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$17.70	\$12.80 If you receive Extra Help from Medicare, your monthly plan premium will be \$0.

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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid help with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward	\$9,250	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* findadoc.healthplan.org/ to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at findadoc.healthplan.org/
- Call Member Services at 1-877-847-7907 (TTY users should call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-847-7907 (TTY users should call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* medicare.healthplan.org/find-pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at medicare.healthplan.org/find-pharmacy

- Call Member Services at 1-877-847-7907 (TTY users should call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-847-7907 (TTY users should call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Transportation (Routine)	Plan Coverage Maximum Per Year: \$850 Limited to 25 round trips to any health related location per year. ◀ ONLY SSBCI members may use this combined benefit for round trips to any plan approved non-medical needs location. Benefits marked with ▶ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders. This is not a complete list of conditions. Having a listed condition does not guarantee	Plan Coverage Maximum Per Year: \$750 Limited to 20 round trips to any health related location per year. ◀ ONLY SSBCI members may use this combined benefit for round trips to any plan approved non-medical needs location. Benefits marked with ▶ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders. This is not a complete

	2026 (this year)	2027 (next year)
	eligibility. Other requirements apply.	list of conditions. Having a listed condition does not guarantee eligibility. Other requirements apply.
Flexible Spending Card: Over-the-Counter Items (OTC) Healthy Food ◀ Utility Bill Assistance ◀	\$100 per month combined limit provided on a flexible spending card. Any unused amounts will not carry over to the next month or next calendar year. For non-SSBCI eligible members, funds can be used for Over-the-Counter items only. ◀ For SSBCI eligible members, funds can be used for Over-the-Counter items, Healthy Food purchases, and Utility Bill Assistance Benefits marked with ◀ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders. This is not a complete list of	\$95 per month combined limit provided on a flexible spending card. Any unused amounts will not carry over to the next month or next calendar year. For non-SSBCI eligible members, funds can be used for Over-the-Counter items only. ◀ For SSBCI eligible members, funds can be used for Over-the-Counter items, Healthy Food purchases, and Utility Bill Assistance Benefits marked with ◀ are Special Supplemental Benefits for the Chronically Ill (SSBCI), for qualifying members with conditions such as diabetes mellitus, cardiovascular disorders, chronic heart failure, cancer, and chronic lung disorders.

	2026 (this year)	2027 (next year)
	conditions. Having a listed condition does not guarantee eligibility. Other requirements apply.	This is not a complete list of conditions. Having a listed condition does not guarantee eligibility. Other requirements apply.

Section 1.6 Changes to Part D 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 posted online at [medicare.healthplan.org/find-medication](https://www.medicare.healthplan.org/find-medication).

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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-847-7907 (TTY users should call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence*

of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, call Member Services at 1-877-847-7907 (TTY users should call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$615	\$700
	During this stage, you pay \$0 cost sharing for drugs on Tier 1 and the full cost of drugs on Tier 2, Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.	During this stage, you pay \$0 cost sharing for drugs on Tier 1 and the full cost of drugs on Tier 2, Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Preferred Generic Drugs (Tier 1): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	\$0	\$0
Generic Drugs (Tier 2): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	25% of the total cost
Preferred Brand Drugs (Tier 3): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	25% of the total cost
Non-Preferred Drugs (Tier 4):	25% of the total cost	25% of the total cost

	2026 (this year)	2027 (next year)
We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.		
Specialty Drugs (Tier 5): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	25% of the total cost	25% of the total cost

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Qualifying state Medicaid eligibility categories for plan enrollment	This plan may enroll individuals with these levels of Medicaid assistance: QMB, QMB+, FBDE, SLMB, SLMB+, QDWI, and QI	Effective January 1, 2027, this plan will change what levels of Medicaid assistance are eligible to enroll or remain enrolled. Members must have Medicaid assistance which pays their Medicare copays, coinsurance, and deductibles. To enroll or to remain enrolled in 2027, members must qualify for one of the

	2026 (this year)	2027 (next year)
		following levels of Medicaid assistance: QMB, QMB+, FBDE, and SLMB+ Members in other Medicaid categories will no longer meet the plan's eligibility criteria, and will enter a 6 month grace (deeming) period. If you remain in the plan during the deeming period, your out-of-pocket costs for deductibles, copays, and coinsurance for covered services may increase. All members can use the Annual Election Period (AEP) between October 15 and December 7 to choose a new plan for next year. If you have questions about this change or need assistance determining what level of Medicaid eligibility you have, see Section 5 for information on how to contact your State Medicaid office or get assistance from Member Services.

SECTION 3 How to Change Plans

To stay in The Health Plan SecureCare SNP (HMO D-SNP), you don't need to do anything.

Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our The Health Plan SecureCare SNP (HMO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from The Health Plan SecureCare SNP (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.

- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from The Health Plan SecureCare SNP (HMO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-877-847-7907 (TTY users should call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, The Health Plan of West Virginia, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,

- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the West Virginia AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call ADAP at 304-232-6822. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-866-845-1803 (TTY users should call 1-800-716-3231) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from The Health Plan SecureCare SNP (HMO D-SNP)

- **Call Member Services at 1-877-847-7907 (TTY users should call 711)**

We're available for phone calls October 1 to March 31: 8:00am to 8:00pm 7 days a week and April 1 to September 30: 8:00am to 8:00pm Monday through Friday. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for The Health Plan SecureCare SNP (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the Evidence of Coverage on our website at healthplan.org/medicare or call Member Services at 1-877-847-7907 (TTY users should call 711) to ask us to mail you a copy.

- **Visit healthplan.org/medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call West Virginia SHIP at 1-877-987-4463.

Get Help 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 can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call the West Virginia Department of Human Services (Medicaid) at 1-877-716-1212 (TTY: 711).



The Health Plan contracts with various providers and vendors to help deliver specific services for our SecureCare (HMO), SecureCare SNP (HMO SNP), and SecureChoice (PPO) members. Our customer service representatives are available to assist you with ALL your needs including services provided by those listed below.

Call us at 1.877.847.7907, TTY: 711.

Hours of operation:

- October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week
- April 1 to September 30, 8:00 am to 8:00 pm, Monday through Friday

Benefit Type	Vendor Name	Contact Information
Dental Services	Liberty Dental	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday https://client.libertydentalplan.com/thp/findadentist
Fitness	SilverSneakers (Tivity)	1.888.423.4632, TTY 711 • 8 am-8 pm Monday-Friday www.silversneakers.com
Hearing Services*	TruHearing	DSNP MEMBERS ONLY: 1.855.694.4279, TTY 711 ALL OTHER MEMBERS: 1.855.693.8205, TTY 711 • 8 am-8 pm Monday-Friday www.truhearing.com
In-Home Screenings & Lab Tests	Retina Labs	1-888-238-2460, TTY 711 • 8 am-8 pm Monday-Friday

Mail Order	Express Scripts, Inc.	1.800.592.4465, TTY 711 • 24 hours a day, 7 days a week www.express-scripts.com *For all other pharmacy questions contact Pharmacy Services at 1.800.624.6961, TTY 711 • 24 hours a day, 7 days a week
Meals Benefit*	GA Foods	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday
Medicare Prescription Payment Plan (MPP/M3P)	Express Scripts, Inc.	1.866.883.3177 For hard of hearing, please call 1.800.716.3231 • 24 hours a day, 7 days a week Visit www.express-scripts.com/mppp Mail general questions to: Express Scripts Medicare Prescription Payment Plan PO Box 2 Saint Louis, MO 63166
Medication Therapy Management	Express Scripts, Inc.	1.855.931.2782, TTY/TDD: 711 • 9 am-7pm Monday through Friday
Over-the-Counter (OTC)* Healthy Food Benefit* Utility Benefit*	InComm	1.877.847.7907, TTY 711 • Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week • Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.mybenefitscenter.com
Personal Emergency Response System (PERS)*	LifeStation	1.800.944.9707, TTY 711 • 8 am-9 pm Monday-Friday • 9 am-8 pm Saturday



Pharmacy Quality Programs	Prime Therapeutics	1.888.223.0658, TTY 711 9 am-4:30 pm Monday-Friday
Telehealth	Teladoc	1-800-TELADOC (800-835-2362) 24 hours a day, 7 days a week www.teladoc.com/thehealthplanofwv
Transportation Services*	Kaizen	1.888.450.6026, TTY 711 8 am-5 pm Monday-Friday
Vision Services (Routine)	Superior Vision	1.877.847.7907, TTY 711 - Oct. 1-Mar. 31: 8 am-8 pm, 7 days a week - Apr. 1-Sept. 30: 8 am-8 pm Monday-Friday www.superiorvision.com/locator/

***Not all plans have the benefit marked with an asterisk (*). Please refer to your Evidence of Coverage or contact customer service for assistance.**

Use network providers, pharmacies, and contracted vendors.

SecureCare (HMO), SecureCare SNP (HMO SNP), and SecureChoice (PPO) have a network of doctors, hospitals, pharmacies, contracted vendors, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you would pay at an in-network provider or pharmacy.

You can go to www.healthplan.org/medicare to search for a network provider or pharmacy using the online directories. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.



Discrimination is Against the Law

The Health Plan of West Virginia (The Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex (consistent with the scope of sex discrimination as described by applicable law).

The Health Plan does not exclude people or treat them less favorably because of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex.

The Health Plan:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Director, Health Equity & Wellness.

If you believe that The Health Plan of West Virginia has failed to provide these services or discriminated in another way on the basis of race, color, creed, ancestry, religion, national origin, age, disability, marital status, health status, income level, or sex, you can file a grievance with: Director, Health Equity & Wellness, 1110 Main Street, Wheeling, West Virginia 26003, Phone: 740.699.6142, TTY: 711, Fax: 740.699.6163, civilrightscoordinator@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director, Health Equity & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD)

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

This notice is available at The Health Plan's website: healthplan.org.



1110 Main Street, Wheeling, WV 26003-2704 | healthplan.org

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.877.847.7907 (TTY: 711) or speak to your provider.

Spanish

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1.877.847.7907 (TTY: 711) o hable con su proveedor.

Chinese (Simplified)

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1.877.847.7907 (TTY: 711) 或咨询您的服务提供商。

Chinese (Traditional)

中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1.877.847.7907 (TTY: 711) 或與您的提供者討論。

German

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1.877.847.7907 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1.877.847.7907 (TTY: 711) أو تحدث إلى مقدم الخدمة.

Pennsylvania Dutch

Hinweis: Wenn du Pennsylvaniä Deitsch redst, kannst du kostenlose Sprachhilfe-Dienste nutze. Auwersichtliche Hilfsmittel und Dienste, um Information in zugängliche Formate zu gebbe, sin au kostenlos verfügbar. Ruf 1.877.847.7907 (TTY: 711) an oder red mit deinem Anbieter für Hilfe.

Russian

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1.877.847.7907 (TTY: 711) или обратитесь к своему поставщику услуг.

French

Français

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1.877.847.7907 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1.877.847.7907 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.877.847.7907 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite (Oromo)

HUBACHIISA: Afaan Oromoo dubbattu yoo ta’eef, tajaajilli gargaarsa Afaan Hiikuu (Turjumaanaa) bilisaan kan isiniif dhiyaatu ta’a. Gargaarsi walqabataa fi tajaajilli sirrii ta’ee fi odeeffannoo bifa unkaalee dhaqqabamoo ta’aaniin kennuunis bilisaan ni argama. 1.877.847.7907 (TTY: 711) irratti bilbilaa ykn dhiyeessaa keessan waliin haasa’aa.

Japanese

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1.877.847.7907 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Italian

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1.877.847.7907 (TTY: 711) o parla con il tuo fornitore.

Dutch

Nederlands

LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1.877.847.7907 (TTY: 711) of spreek met je provider.

Ukrainian

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1.877.847.7907 (TTY: 711) або зверніться до свого постачальника.

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru a furniza informații în formate accesibile. Sunați la 1.877.847.7907 (TTY: 711) sau vorbiți cu furnizorul dvs.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1.877.847.7907 (TTY: 711) o makipag-usap sa iyong provider.

