Liberty Medicare Dual Plan (HMO-D-SNP) is offered by Liberty Advantage, LLC (dba Liberty Medicare Advantage. Advantage Dual Plan (HMO-D-SNP)

Annual Notice of Changes for 2025

You are currently enrolled as a member of Liberty Medicare Dual Plan. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at https://www.libertymedicareadvantage.com. You may also call Member Services to ask us to mail you an Evidence of Coverage.

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 coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.

- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ 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, 2024, you will stay in Liberty Medicare Dual Plan.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with Liberty Medicare Dual Plan.
- Look in section 3, page 17 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Services number at (844) 854-6884 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m. 7 days per week. This call is free.
- . This call is free.
    - This document is also available in an alternate form (e.g., braille, large print, audio) as applicable.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared

responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *Liberty Medicare Dual Plan*

- Liberty Medicare Advantage Dual Plan (HMO D-SNP) is a health plan with a Medicare contract. Enrollment in Liberty Medicare Advantage Dual Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means *Liberty Medicare Dual Plan*. When it says "plan" or "our plan," it means *Liberty Medicare Dual Plan (HMO D-SNP)*.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Liberty Medicare Dual Plan in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$46.20	$51.00
Part B Deductible	$240* *(except for insulin furnished through an item of durable medical equipment).	$240* *(except for insulin furnished through an item of durable medical equipment). **These are 2024 cost-sharing amounts and may change for 2025. Liberty Medicare Advantage Nursing Home Plan will provide updated rates as soon as they are released.
Doctor office visits	Primary care visits: $0 per visit Specialist visits: 20% per visit	Primary care visits: $0 per visit Specialist visits: 20% per visit

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	$1,632 per admission deductible is applied once during the defined benefit period. Days 1 – 60: $0 coinsurance Days 61- 90: $408.00 coinsurance per day Days 91 and beyond: $816 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time) Beyond lifetime reserved days: all cost	$1,632 per admission deductible is applied once during the defined benefit period. Days 1 – 60: $0 coinsurance Days 61- 90: $408.00 coinsurance per day Days 91 and beyond: $816 coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your life-time) Beyond lifetime reserved days: all cost **These are 2024 cost-sharing amounts and may change for 2025. Liberty Medicare Advantage Nursing Home Plan will provide updated rates as soon as they are released.
Part D prescription drug coverage (See Section 2.5 for details.)	**Yearly Deductible Stage:** Deductible: $545 during the Initial Coverage Stage (except for covered	**Yearly Deductible Stage:** Deductible: $590 during the Initial Coverage Stage (except for covered

Cost	2024 (this year)	2025 (next year)
	insulin products and most adult Part D vaccines) **Initial Coverage Stage:** Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. **Catastrophic Coverage Stage:** During this payment stage, the plan pays the full cost for your covered Part D drugs You pay nothing.	insulin products and most adult Part D vaccines) **Initial Coverage Stage:** Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. **Catastrophic Coverage Stage:** During this payment stage, the plan pays the full cost for your covered Part D drugs You pay nothing
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$7,550	$7,550

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Liberty Medicare Dual Plan* in 2025

If you do nothing in 2024, we will automatically enroll you in our Liberty Medicare Dual Plan. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Liberty Medicare Dual Plan. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$46.20	51.00

- 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.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Section 2.2 – 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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles], 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 and deductibles) count toward your maximum out-of-pocket amount. *Y*our plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550	$7,550 Once you have paid $7,550 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 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at https://www.libertymedicareadvantage.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are no changes to our network of providers for next year.

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 a 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 2.4 – 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	2024 (this year)	2025 (next year)
Emergency Services	$95 per visit	20% ($110 max. per visit)
Eyewear	Limit to one frame and set of lenses or contacts	Up to $300 every two years, Limit to one frame and set of lenses or contacts
Inpatient Hospital Coverage	**$1,632.00** per admission deductible is applied once during the defined benefit period. • Days 1 – 60: **$0*** coinsurance • Days 61 – 90: **$408.00** coinsurance per day • Days > 90: **$816.00** coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserved days: all costs	**$1,632.00*** per admission deductible is applied once during the defined benefit period. • Days 1 – 60: **$0*** coinsurance • Days 61 – 90: **$408.00*** coinsurance per day • Days > 90: **$816.00*** coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserved days: all costs *These are 2024 cost-sharing amounts and may change for 2025. Liberty Medicare Advantage will provide updated rates as soon as they are released.

Cost	2024 (this year)	2025 (next year)
Urgently Needed Services Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but, given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Examples of urgently needed services that the plan must cover out of network are: • you need immediate care during the weekend, or • You are temporarily outside the service area of the plan. • Services must be immediately needed and medically necessary.	20% coinsurance* for each Medicare covered service, up to a maximum of $55 per visit. *Coinsurance is waived if you are admitted to a hospital within 3 days of a visit	20% coinsurance* for each Medicare-covered service, up to a maximum of $45 per visit. *Coinsurance is waived if you are admitted to a hospital within 3 days of a visit

Cost	2024 (this year)	2025 (next year)
• If it is unreasonable given your circumstances to immediately obtain the medical care from a network provider then your plan will cover the urgently needed services from a provider out- of-network **Coverage within the U.S. only.**		
Diagnostic Services/Labs/Imaging • Diagnostic tests and procedures • Diagnostic radiology services (e.g. MRI, CAT Scan) • Laboratory tests • X-Rays and Radiation (radium and isotope) therapy including technician materials and supplies. **Prior authorization will be required with the exception of X-rays when services are rendered in a Physician's Office.**	20% coinsurance for Medicare-covered services. 0 – 20% coinsurance for Medicare covered services.	• 0-20% coinsurance for Medicare-covered services. • 0% coinsurance if the service is provided in a nursing facility or assisted living facility*. • 20% coinsurance applies in all other places of service **No Authorization required when services are rendered in a Nursing Facility or Physician Office.**

Cost	2024 (this year)	2025 (next year)
Mental Health – Inpatient	**$1,632.00*** per admission deductible is applied once during the defined benefit period. • Days 1 – 60: **$0*** coinsurance • Days 61 – 90: **$408.00*** coinsurance per day • Days > 90: **$816.00*** coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime).	**$1,632.00*** per admission deductible is applied once during the defined benefit period. • Days 1 – 60: **$0*** coinsurance • Days 61 – 90: **$408.00*** coinsurance per day • Days > 90: **$816.00*** coinsurance per each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserved days: all costs *These are 2024 cost-sharing amounts and may change for 2025. Liberty Medicare Advantage will provide updated rates as soon as they are released

Cost	2024 (this year)	2025 (next year)

Skilled Nursing Facility	• Follows Original Medicare Fee for Service:
	  • Days 1 – 20 - **$0** coinsurance per day
	  • Days 21 – 100 - **$204.00** coinsurance per day
	  • Days 101 and Beyond - all costs.
		• Follows Original Medicare Fee for Service:
		  • Days 1 – 20 - **$0*** coinsurance per day
		  • Days 21 – 100 - **$204.00** coinsurance per day
		  • Days 101 and Beyond- all costs.
		
		*Above benefit amounts are based on 2024 rates and can change in 2025 you will be notified of any change.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (https://www.libertymedicareadvantage.com).

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 plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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 may not apply to you.** We sent you 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 you haven't received this insert by October 1, 2014,] please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.	The deductible is $545. During this stage, you pay the full cost of drugs until you have reached the yearly deductible.	The deductible is $590. During this stage, you pay the full cost of until you have reached the yearly deductible.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost**. 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 *Evidence of Coverage*. Most adult Part D vaccines are covered at no cost to you.	You pay 25% of the total cost. _____ Once you have paid $8,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	You pay 25% of the total cost. _____ Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in *Liberty Medicare Dual Plan*

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

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Liberty Medicare Dual Plan (HMO D-SNP) 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 Liberty Medicare Dual Plan.

- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *Liberty Medicare Dual Plan*.
- 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.

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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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.

Because you have North Carolina Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- 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 enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

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 (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Carolina, the SHIP is called Seniors' Health Insurance Information Program (SHIIP). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Seniors' Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212. You can learn more about Seniors' Health Insurance Information Program by visiting their website http://www.ncshiip.com/.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help: • "Extra Help" from Medicare. People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; o 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 o Your State Medicaid Office (applications).

Help from your state's pharmaceutical assistance program. North Carolina has a program called North Carolina HIV SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the North Carolina HIV Medication Assistance Program (NC HMAP).. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-877-466-2232. 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January –

December). **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 SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans with drug coverage must offer, this payment option, please contact us at (844) 854-6884 or visit Medicare. Gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from *Liberty Medicare Dual Plan*

Questions? We're here to help. Please call Member Services at 1-844-854-6884. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m.

• 7 Days a week from October 1st to March 31st.

Read your *2025 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 2025. For details, look in the 2025 Evidence of Coverage for Liberty Medicare Dual Plan. 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 https://www.libertymedicareadvantage.com. You can also review the Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at https://www.libertymedicareadvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our List of Covered Drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 7.3 – Getting Help from Medicaid

To get information from Medicaid or your Medicaid managed care plan you can call NC Medicaid Division of Health Benefits at (888) 245-0179. TTY users should contact RelayNC.