

**Meridian Medicare-Medicaid Plan (MMP) offered by Meridian Health Plan of Illinois, Inc.**

***Annual Notice of Changes for 2025***

**Introduction**

You are currently enrolled as a member of Meridian Medicare-Medicaid Plan (MMP). Next year, there will be changes to the plan’s benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [mmp.ILmeridian.com/resources](http://mmp.ILmeridian.com/resources). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



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## A. Disclaimers

- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
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## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E4).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (refer to section E5 for more information).

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## B1. Additional resources

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-855-580-1689 (TTY: 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone that speaks English/Language can help you. This is a free service.
- Contamos con los servicios gratuitos de un intérprete para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al 1-855-580-1689 (TTY: 711). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. Es posible que los fines de semana y los días festivos estatales o federales le pidan que deje un mensaje. Lo llamaremos el siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- 我們提供免費的口譯服務，為您解答您對我們的健康或藥物計劃可能存有的疑問。要獲得口譯員，致電 1-855-580-1689 (TTY: 711) 联系我们即可。我们的工作時間：周一至周五早上 8 点至晚上 8 点。周末和州/联邦节假日请留言。我们将在下一个工作日内给您回电。会讲中文（普通话）的人员可以为您提供帮助。这项服务免费。
- 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 1-855-580-1689 (TTY : 711) 。服務時間為週一至週五，上午 8 點至晚上 8 點。週末和州或聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說廣東話的人員可以幫助您。此為免費服務。
- May mga libre kaming serbisyo sa pagsasalin para sagutin ang anumang posibleng tanong ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagasalin, tawagan lang kami sa 1-855-580-1689 (TTY: 711). Ang mga oras ay 8 a.m. hanggang 8 p.m. mula Lunes hanggang Biyernes. Kapag Sabado at Linggo at mga pang-estado o pederal na holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may pasok. May nagsasalita ng Tagalog na makakatulong sa inyo. Isa itong libreng serbisyo.

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- Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il vous suffit de nous appeler au 1-855-580-1689 (TTY : 711). Les heures d'ouverture sont du lundi au vendredi, de 8 heures à 20 heures. Le week-end et les jours fériés nationaux ou fédéraux, il se peut que l'on vous demande de laisser un message. Vous serez rappelé le jour ouvrable suivant. Une personne parlant français pourra vous aider. Ce service est gratuit.
- Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để được hỗ trợ thông dịch, chỉ cần gọi cho chúng tôi theo số 1-855-580-1689 (TTY: 711). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Nhân viên nói tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.
- Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns unter folgender Telefonnummer an: 1-855-580-1689 (TTY: 711). Wir sind montags bis freitags von 8 bis 20 Uhr erreichbar. An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.
- 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, 1-855-580-1689(TTY: 711)번으로 연락해 주십시오. 월요일부터 금요일까지 오전 8시~오후 8시에 문의하십시오. 주말 및 주 또는 연방 공휴일에는 메시지를 남길 것을 요청할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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- Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-855-580-1689 (TTY: 711). Часы работы: с понедельника по пятницу с 8 а.м. до 8 р.м. В выходные дни и государственные праздники вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

• نوّفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-855-580-1689 (TTY: 711). من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

- Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-855-580-1689 (TTY: 711) dal lunedì al venerdì dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.
- Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-855-580-1689 (TTY: 711). O horário é de segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar num fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

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- Nou gen sèvis tradiksyon nan bouch gratis pou reponn nenpòt kesyon ou gendwa vle poze konsènan sante w ak plan medikaman w lan. Pou jwenn yon entèprèt pou tradui pou w, annik rele nou nan 1-855-580-1689 (TTY: 711). Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Nan wikenn epi pandan jou ferye Eta a oswa federal, yo gendwa mande w pou w kite yon mesaj. Y ap rele w nan landemen si biwo yo louvri. Yon moun ki pale Kreyòl Ayisyen pral ede w. Sèvis sa a gratis.
- Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-855-580-1689 (TTY: 711) od poniedziałku do piątku w godzinach od 8:00 do 20:00. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.
- हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-855-580-1689 (TTY: 711) पर कॉल करें। सोमवार से शुक्रवार कार्य का समय सुबह 8 बजे से लेकर रात 8 बजे तक है। सप्ताहांत और राज्य या संघीय अवकाशों पर, आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपके कॉल का जवाब अगले व्यावसायिक दिन के अंदर दिया जाएगा। हिंदी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।
- 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-855-580-1689 (TTY: 711) にお電話ください。対応時間は月曜日～金曜日の午前8時～午後8時です。対応時間後、または週末および祝日はボイスメッセージを残してください。次の対応時間内に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。
- Διαθέτουμε δωρεάν υπηρεσίες διερμηνέων για να απαντήσουμε σε τυχόν ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα φαρμάκων. Για να βρείτε διερμηνέα, απλά καλέστε μας στο 1-855-580-1689 (TTY: 711) από τις 8 π.μ. έως τις 8 μ.μ., από Δευτέρα έως Παρασκευή. Μετά το πέρας του εργάσιμου ωραρίου, τα Σαββατοκύριακα και τις αργίες, ενδέχεται να σας ζητηθεί να αφήσετε μήνυμα. Η κλήση σας θα απαντηθεί εντός της επόμενης εργάσιμης ημέρας. Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Πρόκειται για δωρεάν υπηρεσία.

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- અમારા હેલ્થ અથવા ડ્રગ પ્લાન વિશે તમને હોઈ શકે તેવા કોઈ પણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયાની સેવાઓ રહેલી છે. દુભાષિયો મેળવવા માટે, બસ અમને 1-855-580-1689 (TTY: 711) પર કોલ કરો. કોલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. શનિ-રવિએ અને રાજ્યની કે ફેડરલ રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કહેવામાં આવી શકે છે. તમારા કોલ પર વળતો કોલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

- ہمارے صحت یا دوائی پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے، ہم مفت ترجمان کی سروسز فراہم کرتے ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے ہمیں بس 1-855-580-1689 (TTY: 711) پر کال کریں۔ رابطہ کرنے کے اوقات پیر تا جمعہ، صبح 8 بجے سے شام 8 بجے تک ہیں۔ ویکینڈ اور ریاستی یا وفاقی تعطیلات پر، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کے کال کا جواب اگلے کاروباری دن میں دیا جائے گا۔ کوئی اردو میں بات کرنے والا شخص آپ کی مدد کرے گا/ کرے گی۔ یہ ایک مفت سروس ہے۔

- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-580-1689 (TTY users should call 711), Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- This document is available for free in Spanish.
- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). We will document your choice. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. If you later want to change the language and/or format choice, please call Member Services.

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## **B2. Information about Meridian Medicare-Medicaid Plan (MMP)**

- Meridian Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Coverage under Meridian Medicare-Medicaid Plan (MMP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. 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 on the individual shared responsibility requirement.
- Meridian Medicare-Medicaid Plan (MMP) is offered by Meridian Health Plan of Illinois, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Meridian Health Plan of Illinois, Inc. When it says “the plan” or “our plan,” it means Meridian Medicare-Medicaid Plan (MMP).

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### **B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



**If you decide to stay with Meridian Medicare-Medicaid Plan (MMP):**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

**Please review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [mmp.ilmeridian.com/member/benefits-coverage/tools-resources/provider-search](http://mmp.ilmeridian.com/member/benefits-coverage/tools-resources/provider-search). You may also call Member Services at 1-855-580-1689 (TTY:711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

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## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

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	2024 (this year)	2025 (next year)
<b>Inpatient Hospital-Psychiatric Services</b>	You pay a <b>\$0 copay</b> for each covered hospital stay per benefit period.	You pay a <b>\$0 copay</b> for each covered hospital stay per admission, per stay.
<b>Nursing Home Services</b>	<p>You pay a <b>\$0 copay</b></p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Nursing Home Services is \$17,436</p>	<p>You pay a <b>\$0 copay</b></p> <p>The maximum amounts of "patient pay" will vary facility-to-facility and month-to-month depending on the specific facility rate and the number of days in each month.</p> <p>The maximum patient pay amount for Nursing Home Services is \$15,655</p>
<b>Skilled Nursing Facility</b>	You pay a <b>\$0 copay</b> for Medicare-covered skilled nursing facility care per benefit period.	You pay a <b>\$0 copay</b> for Medicare-covered skilled nursing facility care per admission, per stay.

## D2. Changes to prescription drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [mmp.ilmeridian.com/pharmacy](http://mmp.ilmeridian.com/pharmacy). You may also call Member Services at 1-855-580-1689 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

The *List of Covered Drugs* is also called the “*Drug List*.”

We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.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 and/or the state 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 a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 1-855-580-1689 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2025 Member Handbook* or call Member Services at 1-855-580-1689 (TTY: 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
  - If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of a Part D drug during the first 90 days of the calendar year and we will cover a **temporary** supply of your Medicaid drugs during the first 180 days of the calendar year.
  - This temporary supply will be for up to a 30-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a retail pharmacy. This temporary supply will be for up to a 31-day supply for Part D drugs and up to a 180-day supply for non-Part D drugs at a long-term care pharmacy. (To learn more about when you can get a

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ilmeridian.com](http://mmp.ilmeridian.com).



temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)

- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If we approved your formulary exception in 2024, your authorization may still be valid. Please refer to your approval letter which contains the end date of your formulary exception. If you cannot find your approval letter or have any questions related to the timeframe of approvals, please reference the phone numbers provided in this document and contact our Member Services department.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

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 *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

[www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients).

You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### **Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the *Drug List* to a lower or higher drug tier.** To find out if your drugs will be in a different tier, look them up in the *Drug List*.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ilmeridian.com](https://mmp.ilmeridian.com).



The following table shows your costs for drugs in each of our 3 drug tiers.

	2024 (this year)	2025 (next year)
<p><b>Drugs in Tier 1</b> (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 2</b> (Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<p><b>Drugs in Tier 3</b> (Non-Medicare Prescription and Over-the-Counter Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>

## E. How to choose a plan

### E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



## E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free. You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your new plan's coverage begins.

## E3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Meridian Medicare-Medicaid Plan (MMP), you will return to getting your Medicare and Medicaid services separately.

## E4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li></ul> <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your new plan's coverage begins.</p>
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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your Original Medicare coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Meridian Medicare-Medicaid Plan (MMP) when your Original Medicare coverage begins.</p>

**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



## E5. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Meridian Medicare-Medicaid Plan (MMP) and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and a new *Provider and Pharmacy Directory* from your HealthChoice Illinois MLTSS health plan.

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## F. How to get help

### F1. Getting help from Meridian Medicare-Medicaid Plan (MMP)

Questions? We're here to help. Please call Member Services at 1-855-580-1689 (TTY only, call 711). We are available for phone calls Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

#### **Your 2025 Member Handbook**

The 2025 *Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



The 2025 *Member Handbook* will be available by October 15. An up-to-date copy of the 2025 *Member Handbook* is available on our website at [mmp.ILmeridian.com](http://mmp.ILmeridian.com). You may also call Member Services at 1-855-580-1689 (TTY: 711) to ask us to mail you a 2025 *Member Handbook*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

### **Our website**

You can also visit our website at [mmp.ILmeridian.com](http://mmp.ILmeridian.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

## **F2. Getting help from Illinois Client Enrollment Services**

Illinois Client Enrollment Services is able to help you with questions related to your Meridian Medicare-Medicaid Plan (MMP) membership. If you want to go back to getting your Medicare and Medicaid services separately or switch to a different Medicare-Medicaid Plan, Illinois Client Enrollment Services is available to help. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

## **F3. Getting help from the Illinois Long-Term Care Ombudsman Program**

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Meridian Medicare-Medicaid Plan (MMP). The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



#### **F4. Getting help from the Senior Health Insurance Assistance Program (SHIP)**

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

#### **F5. Getting help from Medicare**

To get information directly from Medicare 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.

##### **Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on “Find plans.”)

##### **Medicare & You 2025**

You can read *Medicare & You 2025* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.

#### **F6. Getting help from Medicaid**

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).



- Visit [www.dhs.state.il.us](http://www.dhs.state.il.us).

### **F7. Getting help from the Quality Improvement Organization**

Our state has an organization called Livanta BFCC-QIO Program. This is a group of providers and other healthcare professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIO Program is not connected with our plan.

Contact Livanta BFCC-QIO Program if you have questions about your healthcare. You can also make a complaint about the care you got if:

- You have a problem with the quality of care,
- You think your hospital stay is ending too soon, or
- You think your home healthcare, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Contact Livanta BFCC-QIO Program at 1-888-524-9900 (TTY users should call 1-888-985-8775) Monday through Friday 9 a.m. to 6 p.m. (EST) or visit their website at [livantaqio.com/en](http://livantaqio.com/en).

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**If you have questions**, please call Meridian Medicare-Medicaid Plan (MMP) at 1-855-580-1689 (TTY users should call 711). Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.ILmeridian.com](http://mmp.ILmeridian.com).

