Solis Guardian Plan (D-SNP) offered *by* Solis Health Plans, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of SPF 002. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at https://solishealthplans.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 authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

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

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Solis Guardian 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, 2024.** This will end your enrollment with Solis Guardian Plan.
- Look in section 4, page 15, to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-447-6547 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 – March 31 and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1 - September 30. This call is free.
- To request a document in an alternative format, such as large print, braille or audio please contact Member Services at 1-844-447-6547.**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 Solis Guardian Plan

- Solis Health Plans, Inc., is an HMO plan with a Medicare contract. Enrollment in Solis Health Plans, Inc., depends on contract renewal. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Solis Health Plans, Inc. When it says "plan" or "our plan," it means Solis Guardian Plan.

Annual Notice of Changes for 2024
Table of Contents

Summary of Important Costs for 2024 4

SECTION 1 We Are Changing the Plan's Name 6

SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Solis Guardian Plan in 2024 6

SECTION 3 Changes to Benefits and Costs for Next Year 6

Section 3.1 – Changes to the Monthly Premium 6

Section 3.2 – Changes to Your Maximum Out-of-Pocket Amount 6

Section 3.3 – Changes to the Provider and Pharmacy Networks 7

Section 3.4 – Changes to Benefits and Costs for Medical Services 8

Section 3.5 – Changes to Part D Prescription Drug Coverage 11

SECTION 4 Deciding Which Plan to Choose 15

Section 4.1 – If you want to stay in Solis Guardian Plan 15

Section 4.2 – If you want to change plans 15

SECTION 5 Changing Plans 16

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid 17

SECTION 7 Programs That Help Pay for Prescription Drugs 17

SECTION 8 Questions? 18

Section 8.1 – Getting Help from Solis Guardian Plan 18

Section 8.2 – Getting Help from Medicare 18

Section 8.3 – Getting Help from Medicaid 19

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Solis Guardian Plan in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 3.1 for details.	$35.90	$37.70
Doctor office visits	Primary care visits: $0 Copayment per visit Specialist visits: $0 Copayment per visit	Primary care visits: $0 Copayment per visit Specialist visits: $0 Copayment per visit
Inpatient hospital stays	$0 Copayment	$0 Copayment
Part D prescription drug coverage (See Section 3.5 for details.) **Because Solis Guardian Plan participates in the Medicare Advantage Value Based Insurance Design (VBID) program, you are eligible for Part D reduced or eliminated cost sharing.**	Deductible: $505.00 Except for covered insulin products and most adult Part D vaccines *Copayment/Coinsurance* during the Initial Coverage Stage: • Drug Tier 1: 25% Coinsurance • Drug Tier 2: 25% Coinsurance • Drug Tier 3: 25% Coinsurance • Drug Tier 4: 25% Coinsurance • Drug Tier 5: 25% Coinsurance	Deductible: $545.00 Except for covered insulin products and most adult Part D vaccines *Copayment/Coinsurance* during the Initial Coverage Stage: • Drug Tier 1: 25% Coinsurance • Drug Tier 2: 25% Coinsurance • Drug Tier 3: 25% Coinsurance You pay $35.00 per month supply of each covered insulin product on this tier.

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 6: $0 Copayment Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.).	• Drug Tier 4: 25% Coinsurance • Drug Tier 5: 25% Coinsurance • Drug Tier 6: $0 Copayment Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 3.2 for details.)	$3,400.00 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	$3,400.00 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from SPF 002 to Solis Guardian Plan.

We will issue you a new Member ID card prior to the start of plan year 2024 which will show the new plan name. All member communications you receive in 2024 will reference the new plan name.

SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Solis Guardian Plan in 2024

If you do nothing in 2023, we will automatically enroll you in our Solis Guardian Plan. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Solis Guardian 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, 2024.

SECTION 3 Changes to Benefits and Costs for Next Year

Section 3.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$35.90	$37.70

Section 3.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
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, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400.00	$3,400.00 Once you have paid $3,400.00 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 3.3 – Changes to the Provider and Pharmacy Networks

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

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 3.4 – Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Acupuncture	$0.00 Copayment Up to 20 visits every year Authorization required	$0.00 Copayment Up to 24 visits every year First 12 treatments do not require authorization. Treatments 13-24 require authorization.
Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral / Maxillofacial Surgery, Other Services)	$0 Copayment Restorative Services 6 visits per year $0 Copayment Endodontics 1 visit every two years $0 Copayment Periodontics 4 visits per year $0 Copayment Extractions 5 per year $0 Copayment Prosthodontics, Other Oral / Maxillofacial Surgery 2 visits every two years	$0 Copayment Restorative Services 3 visits per year $0 Copayment Endodontics 2 visits per year $0 Copayment Periodontics 2 visits per year $0 Copayment Extractions Unlimited $0 Copayment Prosthodontics, Other Oral / Maxillofacial Surgery Dentures (1 complete set or 2 partials) every 5 years *and* 1 re-alignment per year

Cost	2023 (this year)	2024 (next year)
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts	$0.00 Copayment Authorization required only for Medicare-covered Diabetic Therapeutic Shoes or Inserts	$0.00 Copayment Plan coverage limited to FreeStyle Libre continuous glucose monitoring (CGM) devices. Alternative devices covered only with prior approval from plan. Authorization required for CGM devices and Medicare-covered Diabetic Therapeutic Shoes or Inserts.
Eye Exams	$0.00 Copayment 2 Routine Eye Exams per year	$0.00 Copayment 1 Routine Eye Exam per year
Eyewear	Annual maximum Plan Benefit Coverage is $460	Annual maximum Plan Benefit Coverage is $350
Flex Card Allows you to pay for out-of-pocket, or additional services for covered routine dental, routine vision and/or routine hearing on a prepaid card.	Flex Card is not covered.	$1,250.00 every year

Cost	2023 (this year)	2024 (next year)
Healthy Living Card The Healthy Living Card is only available to members eligible for the Value-Based Insurance Design model. If you receive "Extra Help" to pay your Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance, you may be eligible for Value-Based Insurance Design model for this benefit. Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by Solis Guardian Plan after enrollment, based on relevant criteria.	$75.00 grocery debit card to be refilled monthly, contact the plan for details. Utilities, transportation, rent, etc. not covered	$160.00 groceries, utilities, transportation, and rent debit card to be refilled monthly. Contact the plan for details.
Hearing Aids	Annual maximum Plan Benefit Coverage is $3,000.00	Annual maximum Plan Benefit Coverage is $2,000.00
PAPA® **In-Home Support Services** Papa connects members with Pals for companionship and assistance with everyday activities and tasks such as: conversation, assistance with technology, light cleaning, laundry, organizing, transportation for errands and more.	24 hours total per year (2 hours maximum per month) Contact the plan for details.	100 hours total per year (10 hours maximum per month) Contact the plan for details.

Cost	2023 (this year)	2024 (next year)
Podiatry Services	$0.00 Copayment Medicare & Routine Footcare Covered - Authorization required after initial evaluation and first 10 treatments/visits.	$0.00 Copayment Medicare & Routine Footcare Covered - Authorization required after initial evaluation and first 11 treatments/visits.
Worldwide Emergency/Urgent Coverage	$0.00 Copayment Worldwide Emergency Plan maximum plan benefit coverage amount: $50,000	$0.00 Copayment Worldwide Emergency Plan maximum plan benefit coverage amount: $75,000

Section 3.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

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

Changes to Prescription Drug Costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	The deductible is $505. Your deductible amount is either $0 or $505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)	The deductible is $545. Your deductible amount is either $0 or $545, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (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.** Most adult Part D vaccines are covered at no cost to you. **Because Solis Guardian Plan participates in the Medicare Advantage Value Based Insurance Design (VBID) program, you are eligible for Part D reduced or eliminated cost sharing.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1 Preferred Generic**:** You pay 25% Coinsurance per prescription. Tier 2 Generic**:** You pay 25% Coinsurance per prescription. Tier 3 Preferred Brand**:** You pay 25% Coinsurance per prescription. Tier 4 Non-Preferred Brand**:** You pay 25% Coinsurance per prescription. Tier 5 Specialty Tier**:** You pay 25% Coinsurance per prescription. Tier 6 Supplemental Drugs**:** You pay $0.00 per prescription. ______________	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1 Preferred Generic**:** You pay 25% Coinsurance per prescription. Tier 2 Generic**:** You pay 25% Coinsurance per prescription. Tier 3 Preferred Brand**:** You pay 25% Coinsurance per prescription. You pay $35 per month supply of each covered insulin product on this tier. Tier 4 Non-Preferred Drug**:** You pay 25% Coinsurance per prescription. Tier 5 Specialty Tier**:** You pay 25% Coinsurance per prescription. Tier 6 Supplemental Drugs**:** You pay $0.00 per prescription. ______________

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once your total drug costs have reached $4,660.00, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $5,030.00, you will move to the next stage (the Coverage Gap Stage).

Changes to your VBID Part D Benefit

If you received “Extra Help” to pay your Medicare prescription drug costs, including premiums, deductibles, copayments and coinsurance, you are eligible for additional prescription supplemental benefits through a Medicare program called Value-Based Insurance Design (VBID). Medicare approved Solis Guardian Plan to provide lower prescription cost share as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. The Solis Guardian Plan Value-Based Insurance Design covers the Part D covered Tiers 1 - 4 drug costs. Members receiving “Extra Help” will pay nothing for Tiers 1 – 4 covered drugs.

Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by Solis Guardian Plan after enrollment, based on relevant criteria.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Solis Guardian 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 Solis Guardian Plan.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Solis Health Plans, Inc offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Solis Guardian Plan.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Solis Guardian 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 5 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare

prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 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 Florida, the SHIP is called SHINE (Florida SHIP-SMP Department of Elder Affairs).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE (Florida SHIP-SMP Department of Elder Affairs) 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 SHINE (Florida SHIP-SMP Department of Elder Affairs) at 1-800-963-5337 (TTY 1-800-955-8770). You can learn more about SHINE (Florida SHIP-SMP Department of Elder Affairs) by visiting their website http://www.floridashine.org/.

For questions about your Florida Agency for Health Care Administration (AHCA) benefits, contact 1-888-419-3456, TTY 1-800-955-8771 Monday – Friday, 8:00 a.m. to 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Florida Agency for Health Care Administration (AHCA) coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida HIV/AIDS Hotline at 1-800-352-2437 (English) / 1-800-545-7432 (Spanish) /1-800-243-7101 (Creole) / 1-888-503-7118 (TTY).

SECTION 8 Questions?

Section 8.1 – Getting Help from Solis Guardian Plan

Questions? We're here to help. Please call Member Services at 1-844-447-6547. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week from October 1st – March 31st and 8:00 a.m. to 8:00 p.m. Monday-Friday from April 1st- September 30th. Calls to these numbers are free.

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Solis Guardian 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 http://www.solishealthplans.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at http://www.solishealthplans.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 8.2 – 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call Florida Agency for Health Care Administration (AHCA) at 1-888-419-3456. TTY users should call 1-800-955-8771.