

**MeridianComplete (Medicare-Medicaid Plan) offered by Meridian Health Plan of Michigan, Inc.**

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

### **Introduction**

You are currently enrolled as a member of MeridianComplete (Medicare-Medicaid Plan). 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.mimeridian.com/resources.html](http://mmp.mimeridian.com/resources.html). 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 MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.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 MeridianComplete *Member Handbook*.

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## B. Reviewing your Medicare and Michigan 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 Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E2).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave MeridianComplete, you will return to getting your Medicare and Michigan Medicaid services separately.

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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 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. 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 1-855-323-4578 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m., los siete días de la semana. 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.
- 我们提供免费的口译服务，为您解答您对我们的健康或药物计划可能存有的疑问。要获得口译员，致电 1-855-323-4578 (TTY: 711) 联系我们即可。我们的工作时间：每周 7 天，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 1-855-323-4578 (TTY : 711) 。服務時間為一週七天，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 1-855-323-4578 (TTY: 711). Ang mga oras ay 8 a.m. hanggang 8 p.m., pitong araw sa isang linggo. 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 libheng 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 1-855-323-4578 (TTY : 711). Les heures d'ouverture sont de 8 heures à 20 heures, 7 jours sur 7. 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 1-855-323-4578 (TTY: 711). Giờ làm việc là từ 8 a.m. đến 8 p.m., bảy ngày một tuần. 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: 1-855-323-4578 (TTY: 711). Wir sind sieben Tage die Woche 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, 1-855-323-4578(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 1-855-323-4578 (TTY: 711). Часы работы: с 8 а.м. до 8 р.м., без выходных. 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.

- نوّقر 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 1-855-323-4578 (TTY: 711) على مدار الأسبوع، 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 1-855-323-4578 (TTY: 711) dalle 8:00 alle 20:00 tutti i giorni della settimana. 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 1-855-323-4578 (TTY: 711). O serviço está disponível sete dias por semana, 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 ta renmen poze konsènan sante w oswa plan medikaman w lan. Pou jwenn yon entèprèt k ap tradui pou w, annik rele nou nan 1-855-323-4578 (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 1-855-323-4578 (TTY: 711) codziennie 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 1-855-323-4578 (TTY: 711) पर कॉल करें। कार्य का समय रोज 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、1-855-323-4578 (TTY: 711) にお電話ください。対応時間は毎日午前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。

Ne ofrojmë shërbime përkthimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni në lidhje me planin tonë shëndetësor ose të barnave. Për të përfituar shërbimin e përkthimit, mjafton të na telefononi në numrin 1-855-323-4578 (TTY: 711). Orari i punës është nga ora 08:00 deri në 20:00, shtatë ditë të javës. Në fundjavë dhe në festat zyrtare ose federale, mund t'ju kërkohet të lini një mesazh. Do t'ju telefonojmë brenda ditës së ardhshme të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

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• **আমাদের স্বাস্থ্য বা ড্রাগ প্ল্যান সম্পর্কে আপনার সম্ভাব্য কোনও প্রশ্নের উত্তর দিতে আমাদের নিখরচায় দোভাষীর পরিষেবা রয়েছে। একজন দোভাষী পেতে খালি আমাদের 1-855-323-4578 (TTY: 711)-এ কল করুন। সময় সকাল ৪টা থেকে রাত্রি ৪টা, সপ্তাহের সাত দিনই। সপ্তাহান্তের দিনগুলিতে এবং প্রদেশ বা ফেডেরাল ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। আপনাকে পরের কাজের দিনে কল করা হবে। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবাটি বিনামূল্যে।**

- Nudimo besplatne usluge tumača koji će odgovoriti na sva vaša pitanja o našem zdravstvenom programu ili lekovima. Da biste dobili usluge tumača, nazovite nas na 1-855-323-4578 (TTY: 711). Radno vreme je od ponedeljka do petka od 8.00 do 20.00. Vikendima i državnim ili saveznim praznicima od vas ćemo zatražiti da ostavite poruku. Odgovorićemo na vaš poziv narednog radnog dana. Neko ko govori srpski ili hrvatski može vam pomoći. Ovo je besplatna uluga.
- **You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. 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.**
- To always get this document and other materials in another language or in an alternate format, now and in the future, please call MeridianComplete at 1-855-323-4578 (TTY: 711). This is called a standing request. We will document your choice. Hours are from 8 a.m. to 8 p.m., seven days a week. 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.:

**If you have questions**, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.com).





## B2. Information about MeridianComplete

- MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under MeridianComplete 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.
- MeridianComplete (Medicare-Medicaid Plan) is offered by Meridian Health Plan of Michigan, Inc. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Meridian Health Plan of Michigan, Inc. When it says “the plan” or “our plan,” it means MeridianComplete.

## 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.
  - Refer to 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.
  - Refer to section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**

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- Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
- Refer to section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with MeridianComplete:**

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. Refer to 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.mimeridian.com/find-a-doctor.html](http://mmp.mimeridian.com/find-a-doctor.html). You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Hours are from 8 a.m. to 8 p.m., seven days a week. 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 health care services next year. The table below describes these changes.

	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.
<b>Home Health Services</b>	Prior Authorization may be required.	Prior Authorization is <b>not</b> required.
<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.

### D2. Changes to prescription drug coverage

#### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [mmp.mimeridian.com/pharmacy/formulary.html](http://mmp.mimeridian.com/pharmacy/formulary.html). You may also call Member Services at 1-855-323-4578 (TTY users should call 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. Hours are from 8 a.m. to 8 p.m., seven days a week. 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.

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

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## MERIDIANCOMPLETE ANNUAL NOTICE OF CHANGES FOR 2025

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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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. Or contact your Care Coordinator at 1-855-323-4578 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Hours are 8 a.m. to 5 p.m., Monday through Friday. 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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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 the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)

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## MERIDIANCOMPLETE ANNUAL NOTICE OF CHANGES FOR 2025

- 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 can't find your approval letter or have questions, please call Member Services.

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](http://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 know if your drugs will be in a different tier, find them in the *Drug List*.

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

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	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.

### 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.

These are the four ways people usually end membership in our plan:

**If you have questions**, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.com).



<p><b>1. You can change to:</b></p> <p><b>A different Medicare-Medicaid Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or 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 State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP).</li> </ul> <p>You will automatically be disenrolled from MeridianComplete when your new plan's coverage begins.</p>

**If you have questions**, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.com).



<p><b>3. 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 State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP).</li></ul> <p>You will automatically be disenrolled from MeridianComplete when your Original Medicare coverage begins.</p>
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**If you have questions**, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.com).





<p><b>4. 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 MMAP at 1-800-803-7174.</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 State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP).</li> </ul> <p>You will automatically be disenrolled from MeridianComplete when your Original Medicare coverage begins.</p>
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## F. How to get help

### F1. Getting help from MeridianComplete

Questions? We're here to help. Please contact Member Services at 1-855-323-4578 (TTY users should call 711). We are available for phone calls 8 a.m. to 8 p.m., seven days a week. 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. Calls to these numbers are free.

#### **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.

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.mimeridian.com/resources.html](http://mmp.mimeridian.com/resources.html). You may also call Member Services at 1-855-323-4578 (TTY: 711) to ask us to mail you a *2025 Member Handbook*. Hours are from 8 a.m. to 8 p.m., seven days a week. 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.

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**If you have questions**, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. 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.mimeridian.com](http://mmp.mimeridian.com).



### **Our website**

You can also visit our website at [mmp.mimeridian.com](http://mmp.mimeridian.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 Michigan ENROLLS**

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

### **F3. Getting help from the MI Health Link Ombudsman Program**

The MI Health Link Ombudsman Program can help you if you are having a problem with MeridianComplete. The ombudsman's services are free.

- The MI Health Link Ombudsman Program 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.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM EST.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

### **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.

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### **Medicare's 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 the *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 Michigan Medicaid**

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.

### **F7. Getting help from the Quality Improvement Organization (QIO)**

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

Contact Livanta BFCC-QIO if you have questions about your health care. 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 health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

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

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