Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) offered by Superior HealthPlan, Inc.

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of Superior HealthPlan STAR+PLUS 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.superiorhealthplan.com/resources.html. Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.

Table of Contents

Α	. Disclaimers	3
В	. Reviewing your Medicare and Texas Medicaid coverage for next year	3
	B1. Additional resources	4
	B2. Information about Superior STAR+PLUS MMP	9
	B3. Important things to do:	9
С	. Changes to the network providers and pharmacies	10
D	. Changes to benefits for next year	11
	D1. Changes to benefits for medical services	11
	D2. Changes to prescription drug coverage	11
Ε	. How to choose a plan	14
	E1. How to stay in our plan	14
	E2. How to change plans	14

If you have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

SUPERIOR STAR+PLUS MMP ANNUAL NOTICE OF CHANGES FOR 2025

Ξ.	How to get help	17
	F1. Getting help from Superior STAR+PLUS MMP	17
	F2. Getting help from STAR+PLUS help line	17
	F3. Getting help from the HHSC Office of the Ombudsman	17
	F4. Getting help from the State Health Insurance Assistance Program (SHIP)	18
	F5. Getting help from Medicare	18
	F6. Getting help from Texas Medicaid	19
	F7. Getting help from your Quality Improvement Organization (QIO)	19

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 Superior STAR+PLUS MMP Member Handbook.

B. Reviewing your Medicare and Texas 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 Texas 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 Superior STAR+PLUS MMP, you will return to getting your Medicare and Texas Medicaid services separately.

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 1-866-896-1844 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 1-866-896-1844 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Es posible que fuera del horario de atención, los fines de semana y los días festivos 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 1-866-896-1844 (TTY: 711) 联系我们即可。我们的工作时间:周一至周五早上 8 点至晚上 8 点。非工作时间、周末和节假日请留言。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 1-866-896-1844(TTY:711)。服務時間為週一至週五,上午 8 點至晚上 8 點。非營業時間、週末及假日,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 1-866-896-1844 (TTY: 711). Ang mga oras ay 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Sa mga oras na tapos na ang trabaho, kapag Sabado at Linggo, at tuwing mga 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.

- 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 1-866-896-1844 (TTY: 711). Les heures d'ouverture sont de 8 heures à 20 heures, du lundi au vendredi. En dehors des heures d'ouverture, les week-ends et les jours fériés, il peut vous être demandé 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 1-866-896-1844 (TTY: 711). Giờ làm việc là từ 8 a.m. đến 8 p.m., từ Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, 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: 1-866-896-1844 (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, 1-866-896-1844(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.



- 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 1-866-896-1844 (TTY: 711). Часы работы: с 8 а.т. до 8 р.т., с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.
 - نوفّر 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 .(711: TTY) لخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم .(894-896-1844-10) منك 1844-896-1840 منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية وسنعاود الاتصال بك خلال يوم العمل التالى. 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 1-866-896-1844 (TTY: 711) dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi 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 1-866-896-1844 (TTY: 711). O horário é de segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, 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.
- 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 1-866-896-1844 (TTY: 711). Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Lè biwo yo fèmen, nan wikenn epi pandan jou ferye yo, 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 1-866-896-1844 (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 म्फ़त में द्भाषिया सेवाएं देते हैं। द्भाषिया सेवा पाने के लिए, बस हमें 1-866-896-1844 (TTY: 711) पर कॉल करें। कार्य का समय सोमवार से श्क्रवार स्बह 8 बजे से लेकर रात 8 बजे तक है। कार्य समय के अलावा, 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 निःश्ल्क 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、1-866-896-1844(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。
 - 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 مفت ترجمان کی سروسز فراہم کرتے ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے ہمیں بس اللہ اللہ اللہ اللہ اللہ کرنے کے اوقات صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ ہیں۔ ان اوقات کے علاوہ، ویکینڈ اور تعطیلات پر، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کے کال کا جواب اگلے کاروباری دن میں دیا جائے گا۔ اردو میں بات کرنے والا شخص آپ کی مدد کرے گا/ کرے گی۔ یہ ایک مفت سروس ہے۔
 - برای پاسخگویی به هرگونه سؤالی که ممکن است درباره طرح سلامت یا داروی ما داشته باشید، خدمات مترجم شفاهی کافی است خدمات مترجم شفاهی کافی است از طریق شماره 1844-896-18. (TTY: 711) با ما تماس بگیرید. ساعات کاری از 8 صبح تا 8 شب طی روزهای دوشنبه تا جمعه است. پس از ساعات کاری، روزهای آخر هفته، و طی تعطیلات رسمی ممکن است از شما خواسته شود که پیام بگذارید. در اولین روز کاری پس از تعطیلات با شما تماس خواهیم گرفت. فردی که به زبان فارسی صحبت میکند شما را راهنمایی خواهد کرد. این خدمات رایگان است.

- અમારા ફેલ્શ અથવા ડ્રગ પ્લાન વિશે તમને ફોઈ શકે તેવા કોઈ પણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયાની સેવાઓ રફેલી છે. દુભાષિયો મેળવવા માટે, બસ અમને 1-866-896-1844 (TTY: 711) પર કૉલ કરો. કૉલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. આ પછીના સમય પર, શનિ-રવિએ અને રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કફેવામાં આવી શકે છે. તમારા કૉલ પર વળતો કૉલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.
- ພວກເຮົາມີບໍລິການນາຍແປພາສາຟຣີເພື່ອຕອບຄຳຖາມຂອງທ່ານທີ່ກ່ຽວຂ້ອງກັບປະກັນສຸຂະພາບ ຫຼື ການຢາ. ເພື່ອຂໍນາຍແປພາສາ ກະລຸນາໂທທີ່ເບີ 1-866-896-1844 (TTY: 711).
 ໂມງລັດຖະການແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, ວັນຈັນ ຫາ ວັນສຸກ.
 ຫຼັງຈາກໂມງລັດຖະການໃນວັນເສົາອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຕ້ອງໄດ້ຝາກຂໍ້ຄວາມໄວ້.
 ສາຍຂອງທ່ານຈະຖືກໂທກັບພາຍໃນມື້ລັດຖະການມື້ຕໍ່ໄປ. ທີມງານທີ່ສາມາດເວົ້າພາສາລາວໄດ້ ສາມາດຊ່ວຍທ່ານໄດ້. ບໍລິການນີ້ບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.
- Superior STAR+PLUS MMP wants to make sure you understand your health plan
 information. We can send required materials to you in a language other than English or in
 alternate formats if you ask for it this way. This is called a "standing request." We will
 document your choice for future required mailings and communications.
- Please call us if:
 - You want to get your materials in a language other than English or in an alternate format, or
 - You want to change the language or format of the materials we send you.
 - If you need help understanding your plan materials, please contact Superior STAR+PLUS MMP Member Services at 1-866-896-1844 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.



B2. Information about Superior STAR+PLUS MMP

- Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Superior STAR+PLUS 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 for more information on the individual shared responsibility requirement.
- Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is offered by Superior HealthPlan, Inc. When this Annual Notice of Changes says "we," "us," or "our," it means Superior HealthPlan, Inc. When it says "the plan" or "our plan," it means Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP).

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - o Are there any changes that affect the services you use?
 - o It is important to review benefit changes to make sure they will work for you next year.
 - o 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?
- o Look in section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.
 - o 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 Superior STAR+PLUS 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.

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.superiorhealthplan.com/benefits/find-a-doctor-or-pharmacy.html. You may also call Member Services at 1-866-896-1844 (TTY: 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., Monday through Friday. After hours, on weekends and on 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*.



If you have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2024 (this year)	2025 (next year)
Inpatient Hospital- Psychiatric Services	You pay a \$0 copay for each covered hospital stay per benefit period.	You pay a \$0 copay for each covered hospital stay per admission.
Skilled Nursing Facility	You pay a \$0 copay for Medicare-covered skilled nursing facility care per benefit period.	You pay a \$0 copay 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.superiorhealthplan.com/prescription-drug-part-d/formulary.html. You may also call Member Services at 1-866-896-1844 (TTY: 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., Monday through Friday. After hours, on weekends and on 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 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 have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

SUPERIOR STAR+PLUS MMP ANNUAL NOTICE OF CHANGES FOR 2025

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 1-866-896-1844 (TTY: 711) to ask for a list of covered drugs that treat the same condition. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 Service Coordinator. Refer to Chapter 2 and Chapter 3 of the Member Handbook to learn more about how to contact your Service 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*.)
 - 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 you have a current formulary exception that our plan approved in 2024, and you remain a member of Superior STAR+PLUS MMP for the next calendar year, we may continue to cover this exception during 2025. You will receive a letter with approval dates if we decide to continue to cover your exception during 2025. However, if we decide not to continue to cover the exception during 2025, your doctor (or other prescriber) must work with Superior STAR+PLUS MMP to request a new exception for the 2025 calendar year. To learn what you must do to ask for an exception, see Chapter 9 of the 2025 *Member Handbook* or call Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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. 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*.

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



If you have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

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

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 Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

1. You can change to:

A different Medicare-Medicaid Plan

Here is what to do:

Call STAR+PLUS help line at 1-877-782-6440, from 8 a.m. to 6 p.m., Monday through Friday. TTY users should call 711. Tell them you want to leave Superior STAR+PLUS MMP and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR

Send STAR+PLUS help line an Enrollment Change Form. You can get the form by calling STAR+PLUS help line at 1-877-782-6440 (TTY: 711) if you need them to mail you one.

Your coverage with Superior STAR+PLUS MMP will end on the last day of the month that we get your request.

2. You can change to:

A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)

Here is what to do:

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.

If you need help or more information:

• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your new plan's coverage begins.

3. You can change to:

Original Medicare with a separate Medicare prescription drug plan

Here is what to do:

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.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your Original Medicare coverage begins.

4. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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.

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 the Health Information Counseling & Advocacy Program of Texas (HICAP) at 1-800-252-9240.

Here is what to do:

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.

If you need help or more information:

 Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-9240. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP).

You will automatically be disenrolled from Superior STAR+PLUS MMP when your Original Medicare coverage begins.

F. How to get help

F1. Getting help from Superior STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at 1-866-896-1844 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and 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.superiorhealthplan.com/resources.html. You may also call Member Services at 1-866-896-1844 (TTY: 711) to ask us to mail you a 2025 Member Handbook. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.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 STAR+PLUS help line

The STAR+PLUS help line provides information about health care options in the state of Texas. You can call STAR+PLUS help line at 1-877-782-6440 (TTY: 711) from 8 a.m. to 6 p.m., Monday through Friday.

F3. Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

 The HHSC Office of the Ombudsman 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.



- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Superior STAR+PLUS MMP.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-9240.

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's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). 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, go to 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 have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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.SuperiorHealthPlan.com.

SUPERIOR STAR+PLUS MMP ANNUAL NOTICE OF CHANGES FOR 2025

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) 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 Texas Medicaid

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-2989 or 7-1-1.

F7. Getting help from your Quality Improvement Organization (QIO)

The QIO is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. In Texas, the QIO is an organization called Acentra Health. Acentra Health is not connected with our plan. You can call Acentra Health at 1-888-315-0636 (TTY:711). For more information, see Chapter 2 of your Member Handbook.







Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior STAR+PLUS MMP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Superior STAR+PLUS MMP's Member Services at **1-866-896-1844** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 believe that Superior STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue SW, HHH Building Room 509F Washington, DC 20201

1-800-368-1019, (TDD: 1-800-537-7697)

Declaración de No Discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes de derechos civiles federales aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye ni trata a las personas de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Superior STAR+PLUS MMP:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Servicios para Miembros de Superior STAR+PLUS MMP al **1-866-896-1844** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

Si considera que Superior STAR+PLUS MMP no ha proporcionado estos servicios o lo ha discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja llamando al número indicado anteriormente mencionando que necesita ayuda para presentar una queja; el Departamento de Servicios para Miembros de Superior STAR+PLUS MMP está disponible para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, por correo postal o por teléfono a:

U.S. Department of Health and Human Services 200 Independence Avenue SW, HHH Building Room 509F Washington, DC 20201

1-800-368-1019, (TDD: 1-800-537-7697)