2027 Individual Enrollment Application
Central Ohio

MOUNT CARMEL Health Plan
A Member of Trinity Health
MediGold

Follow these easy steps to become a Mount Carmel MediGold member:

Confirm you live in the service area
You must live in the Mount Carmel MediGold (HMO) service area to be eligible to join our plan. Mount Carmel MediGold is currently available in select counties in Ohio. Visit https://www.thpmedicare.org/mount-carmel/plans-and-benefits/service-area for a complete list of covered counties.

Have your Medicare Card ready
You will need your red, white and blue Medicare Card to complete the enrollment form. Fill in the information exactly as it appears on your Medicare Card.

Complete, sign and date your enrollment form
Please print legibly and complete all sections of the form. Remember to sign and date your enrollment form before submitting. Complete one form per applicant.

Submit your enrollment form
Mail the white copy of your completed enrollment to:

ATTN: Enrollment
Medicare Health Plan
PO BOX 6111
Westerville, OH 43086-9874

Please make sure that all pages of the form are included. The yellow copy of the enrollment form is yours to keep for your records.

Call us if you have questions
If you have questions or need assistance with your application, you can call a licensed Mount Carmel MediGold sales agent at **800-964-4525** (TTY: 711).

April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. On certain holidays and weekends, your call will be handled by our automated phone system.

Have you considered applying online?

Mount Carmel MediGold online enrollment form offers a fast, secure and easy way to apply. If you would prefer to apply online, visit https://www.thpmedicare.org/mount-carmel/enroll

Mount Carmel MediGold (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. To file a grievance, call 1-800-MEDICARE to file a complaint with Medicare. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-964-4525 (TTY: 711). 注意：如果您使用繁體中文，您可 以免費獲得語言援助服務。請致電 888-546-2834 (TTY: 711).

OMB No. 0938-1378 Expires: 02/28/2029

2027 Individual Enrollment Application
Central Ohio

MOUNT CARMEL Health Plan
A Member of Trinity Health
MediGold

Who can use this form?
People with Medicare who want to join a Medicare Advantage plan or Medicare prescription drug plan

To join a plan, you must:
- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage plan, you must also have both:
- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

Important: To join a Medicare prescription drug plan, you must also have either or both:
- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?
You can join a plan:
- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?
- Your Medicare Number (the number on your red, white and blue Medicare Card)
- Your permanent address and phone number

Note: You must complete all items in Sections 1-7 identified with an asterisk (*) as required information. All other information is optional — you can't be denied coverage because you didn't fill them out.

Reminders:
- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:
ATTN: Enrollment
Medicare Health Plan
PO BOX 6111
Westerville, OH 43086-9874

Once they process your request to join, they'll contact you.

How do I get help with this form?
Call Mount Carmel MediGold at 800-964-4525 (TTY: 711).

Or, call Medicare at 1-800-MEDICARE (800-633-4227). TTY users can call 877-486-2048.

En español: Llame a Mount Carmel MediGold al 800-964-4525/TTY: 711 o a Medicare gratis al 800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness
- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

2027 Individual Enrollment Application
Central Ohio

MOUNT CARMEL Health Plan
A Member of Trinity Health
MediGold

Please complete Sections 1-7. Complete one enrollment form per applicant. Asterisks (*) indicate required information. All other information is optional. Answering optional questions is your choice — you cannot be denied coverage because you did not fill them out.

Section 1: Plan Selection

Select the name of the plan you wish to join.* *(choose one)*

Plan Name	Monthly Premium
HMO	
☐ Mount Carmel MediGold Cash Back (HMO)[1,2]	$0 ($160 Part B Buy-Back)
☐ Mount Carmel MediGold Glory No RX (HMO)[1]	$0 ($130 Part B Buy-Back)
☐ Mount Carmel MediGold No Premium (HMO)[1]	$0
☐ Mount Carmel MediGold Plus (HMO)	$49
☐ Mount Carmel MediGold Premier (HMO)	$109

Optional: Add enhanced comprehensive dental coverage in addition to what is already included in your plan.[2]

To enroll in an Optional Supplemental Dental Plan, select the plan name below. *(choose one)*

Optional Supplemental Dental coverage is available for an additional monthly premium. Supplemental dental benefits are not offered on all plan options. Mount Carmel MediGold Cash Back is not eligible for Optional Supplemental Dental.

Optional Supplemental Dental Plan Name	Monthly Premium
	HMO
☐ Dental Silver	$17
☐ Dental Gold	$39

Applicant Name: *Medicare Number:*

Section 2: Information About You

First Name* | **Last Name***

Middle Initial | **Date of Birth*** *(MM/DD/YYYY)* | **Sex*** ☐ **Male** ☐ **Female**

Permanent Address* *(Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.)*

City* | **State*** | **ZIP*** | **County**

Mailing Address, if different from your permanent address *(PO Box allowed)*

City | **State** | **ZIP**

Phone Number* | **Email Address**

Section 3: Primary Care Provider

Provider First Name | **Provider Last Name**

Section 4: Medicare Eligibility

Your Medicare Information

The following information can be found on your red, white and blue Medicare Card. Copy the information exactly as it appears.

Your Medicare Number* (xxxx-xxx-xxxx) | **Effective Date** Hospital (Part A)* | **Effective Date** Medical (Part B)*

Applicant Name: *Medicare Number:*

Section 4, Medicare Eligibility, continued.

Select a reason for enrolling*

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am enrolling during the Annual Enrollment Period.
- ☐ I am new to Medicare.
- ☐ I had Medicare before, but I'm now turning 65.
- ☐ Between Jan. 1 and March 31: I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ Between April 1 and Dec. 31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) ___ / ___ / _____.
- ☐ I recently was released from incarceration. I was released on (insert date) ___ / ___ / _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) ___ / ___ / _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) ___ / ___ / _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) ___ / ___ / _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) ___ / ___ / _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) ___ / ___ / _____.
- ☐ I recently left a PACE program on (insert date) ___ / ___ / _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) ___ / ___ / _____.

Applicant Name: *Medicare Number:*

Section 4, Medicare Eligibility, continued.

- ☐ I am leaving employer or union coverage on (insert date) ___ / ___ / _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare or my state and I want to choose a different plan. My enrollment in that plan started on (insert date) ___ / ___ / _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) ___ / ___ / _____.
- ☐ My plan is experiencing financial difficulties to such an extent that a state or territorial regulatory authority has placed the organization in receivership.
- ☐ My plan has been identified by CMS as a consistent poor performer and is identified with a low performing icon (LPI).
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.
- ☐ Incorrect Medicare Plan Finder Medicare Advantage (MA) Provider Directory Information
- ☐ Other Exceptional Circumstances: _____
- ☐ Other reason: _____
- ☐ None of these statements apply to me.

Section 5: Important Questions

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Mount Carmel MediGold?* ☐ Yes ☐ No

Name of other coverage

Member number

Group number

Are you enrolled in Medicaid? ☐ Yes - Medicaid Number _____ ☐ No

Do you or your spouse work? ☐ Yes ☐ No

Applicant Name: *Medicare Number:*

Section 5, Important Questions, continued.

Are you a resident of a long-term care facility? ☐ Yes ☐ No

Facility Name

Address

Phone Number **Date Entered**

Do you need information or materials in another language? ☐ Spanish ☐ Other: _____

Do you need information or materials in an alternate format? ☐ Braille ☐ Large Print ☐ Audio CD ☐ Data CD

I want to get the following materials via email. *Select one or more.*
☐ Provider Directory ☐ Formulary **Email address:** _____

Please contact Mount Carmel MediGold Member Services at 800-240-3851 (TTY: 711) if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week. On certain holidays, your call will be handled by our automated phone system.

Section 6: Paying Your Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) using one of the methods mentioned below.

Select a premium payment option*

- ☐ Get a bill. (You will receive a monthly billing statement by mail)
- ☐ Pay by Electronic Funds Transfer from my bank account each month. (Mount Carmel MediGold will mail you a form with instructions on how to complete this process)[3]
- ☐ Automatically deduct my premium from my monthly Social Security benefit check.[4]
- ☐ Automatically deduct my premium from my monthly Railroad Retirement Board benefit check.[4]

Part D-IRMAA If you are assessed a Part D-Income Related Monthly Adjustable Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the Railroad Retirement Board. Do not pay the Part D-IRMAA to Mount Carmel MediGold.

Extra Help If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, Mount Carmel MediGold will bill you for the amount that Medicare does not cover. For information about the Extra Help program, visit www.ssa.gov/medicare/part-d-extra-help.

Applicant Name: *Medicare Number:*

Section 7: Signature and Authorization

Release of Information By joining this Medicare health plan, I acknowledge that Mount Carmel MediGold will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Mount Carmel MediGold will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.

By completing and submitting this enrollment application, I agree to the following:

- I must keep both Hospital (Part A) or Medical (Part B) to stay in Mount Carmel MediGold.
- By joining this Medicare Advantage plan or Medicare prescription drug plan, I acknowledge that Mount Carmel MediGold will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Mount Carmel MediGold coverage begins, I must get all of my medical and prescription drug benefits from Mount Carmel MediGold. Benefits and services provided by Mount Carmel MediGold and contained in my Mount Carmel MediGold "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Mount Carmel MediGold will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

    1. This person is authorized under state law to complete this enrollment, and
    2. Documentation of this authority is available upon request by Medicare.

Applicant Signature* **Today's Date***

Applicant Name: *Medicare Number:*

Section 7, Signature and Authorization, continued.

If you are the authorized representative, sign above and fill out these fields:

First Name	Last Name
Address	
City	State / ZIP
Phone Number	Relationship to Enrollee

[1] To be eligible for the Cash Back benefit, you must pay your own Part B premium, meaning you don't receive Medicaid or other forms of assistance to pay your Part B premium.

[2] Mount Carmel MediGold Cash Back (HMO) is NOT eligible for the optional dental plans.

[3] Your first EFT will occur on or around the 10th of the month following the plan's receipt of this form. Any and all past due premiums (if applicable) will also be withdrawn from your account at that time.

[4] It may take two or more months for your monthly premium to begin coming out of your check. In most cases, the first deduction will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

PRIVACY ACT STATEMENT The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

TO BE COMPLETED BY A LICENSED SALES REPRESENTATIVE / AGENT ONLY

Licensed Sales Agent Full Name	**Licensed Sales Agent NPN**
Enrollment Period ☐ AEP ☐ OEP ☐ SEP ☐ Other	**Proposed Effective Date**
Agent Signature	**Date**

STOP! Please review this application carefully to ensure all required fields are accurate and complete. Incomplete or inaccurate applications may be declined.

MOUNT CARMEL Health Plan
A Member of Trinity Health
MediGold

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

To be completed by the person with Medicare:

Please check the box below beside the plan type(s) you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave that box empty.

Promptly mail this form back to Mount Carmel MediGold (HMO) using the enclosed postage paid envelope or fax it to 614-546-3133. We will be unable to conduct a sales appointment with you until this form is received in our office. Thank you.

Please check the box beside the plan type you are interested in:

☐ Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans and Other Medicare Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists or hospitals in the plan's network except in an emergency. **Offered by Mount Carmel MediGold.**

Medicare Preferred Provider Organization (PPO) Plan — A type of Medicare Advantage plan available in a local or regional area in which you pay less if you use doctors, hospitals and providers that belong to the network. You can use doctors, hospitals and providers outside of the network for an additional cost. **Not Offered by Mount Carmel MediGold.**

Medicare Private Fee-for-Service (PFFS) Plan — A type of Medicare Advantage plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions. **Not offered by Mount Carmel MediGold.**

Medicare Special Needs Plan (SNP) — A special type of Medicare Advantage plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home or have certain chronic medical conditions. **Not offered by Mount Carmel MediGold.**

Medicare Medical Savings Account (MSA) Plan — MSA plans combine a high deductible Medicare Advantage plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met. **Not offered by Mount Carmel MediGold.**

Medicare Cost Plan — A type of health plan. In a Medicare Cost plan if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare plan (your Cost plan pays for emergency services or urgently needed services). **Not offered by Mount Carmel MediGold**.

☐ Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare plan, some Medicare Cost plans, some Medicare Private Fee-for-Service plans and Medicare Medical Savings Account plans. **Not offered by Mount Carmel MediGold.**

IMPORTANT: You must sign on the reverse side.

By signing this form, you are agreeing to an appointment with a sales agent to discuss the specific types of products you marked on the reverse side. The person that will be discussing plan options with you is employed or contracted by Mount Carmel MediGold and not the federal government. They may be compensated based on your enrollment in a Mount Carmel MediGold plan.

Signing this form does NOT obligate you to enroll in a plan, nor does it affect your current or future Medicare enrollment status. Your signature on this form will NOT automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature: _____ **Date:** _____

A sales representative may contact me: ☐ Yes ☐ No

PLEASE DO NOT WRITE BELOW THIS LINE.

If this form is used to read the SOA on the plan's recorded line, the person reading it to the prospect will enter their Mount Carmel MediGold ID # and name on this line:

Mount Carmel MediGold ID # _____

Name of Mount Carmel MediGold Colleague _____

Required: To Be Completed by Sales Agent:

Beneficiary Name:		Beneficiary Phone:
Beneficiary Address:		
Lead Source:		Intake Method:
Enrolled:	Enrollment Effective Date:	Plan Option:
Initial here when entered in Salesforce:		
Agent Name:		Date:
Agent Signature:		Agent Phone:

AGENT NOTES:

2027 Summary of Benefits Mount Carmel MediGold Glory No RX (HMO)



MOUNT CARMEL Health Plan

A Member of Trinity Health

MediGold

Y0164_SBOHAGloryNoRx27_M

PRJ-11343

2027 Summary of Benefits

Mount Carmel MediGold Glory No RX (HMO)

This is a summary of Medicare health care coverage for Mount Carmel MediGold Glory No RX (HMO).

January 1 – December 31, 2027

Mount Carmel MediGold Glory No RX (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/mount-carmel/.

To join **Mount Carmel MediGold Glory No RX (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Ohio: Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Darke, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Harrison, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Madison, Meigs, Miami, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pickaway, Pike, Preble, Richland, Ross, Shelby, Union, Vinton, Warren and Washington.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/mount-carmel/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
Monthly Plan Premium	You pay $0 each month. You must continue to pay your Medicare Part B premium.
Part B Premium Buy-down	Our plan will reduce your monthly Medicare Part B premium by $130.
Deductible	You pay $0 for in-network medical benefits.
Maximum Out-of-Pocket Responsibility	You pay no more than $4,900 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital	For in-network inpatient hospital stays, you pay: $95 copay per day for days 1-7; $0 copay per day for days 8-90. May require prior authorization.
Outpatient Hospital	For services at an in-network outpatient hospital, you pay $175 copay.
Ambulatory Surgical Center (ASC)	You pay $175 copay in-network.
Doctor Visits	
• Primary care provider	You pay $0 copay in-network.
• Specialists	You pay $30 copay in-network.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
Emergency Care	You pay $110 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. $110 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.
Urgently Needed Services	You pay $35 copay per visit. $110 copay for each urgently needed care visit outside of the United States and its territories. $200 to $250 copay for each emergency/urgently needed care transportation service outside of the United States and its territories.
Diagnostic Services /Labs /Imaging /Radiology	
• Diagnostic tests and procedures	You pay $25 copay in-network.
• Lab services	You pay $0 copay in-network.
• MRIs, CAT scans	You pay $95 copay in-network.
• X-rays	You pay $25 copay in-network.
• Therapeutic radiology services	You pay 20% of the total cost in-network.
Hearing Services	
• Medicare-covered hearing exam	You pay $30 copay in-network.
• Routine hearing exam	You pay $0 copay in-network (1 exam every year).
• Fitting and evaluation for hearing aids	You pay $0 copay in-network (unlimited visits every year).

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
• Hearing aids	You pay $599 to $899 copay in-network for prescription hearing aids – all types (2 hearing aids every year). Must use TruHearing® provider to access this benefit.
Dental Services	
• Medicare-covered dental services	You pay $30 copay in-network.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)

• Preventive dental services
  ○ 2 oral exams every year
  ○ 2 cleanings every year
  ○ 2 fluoride treatments every year
  ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months.
  ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing and periapical, or 1 per consecutive 36 months for comprehensive series.
  ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited.
	$1,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.
	You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments, other preventive dental services.
	You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
• Comprehensive dental services: • Restorative Services: 1 visit; frequencies include unlimited, one per consecutive 6 months, one per consecutive 12 months, or one per consecutive 60 months depending on service code. • Endodontics: 1 visit; frequencies include one per tooth per lifetime, two per tooth per lifetime, or unlimited depending on service code. • Periodontics: 1 visit; frequencies include unlimited, two per calendar year, two per consecutive 12 months, one per consecutive 36 months, or one per quadrant per consecutive 24 or 36 months depending on service code. • Oral and Maxillofacial Surgery: 1 visit; frequency includes unlimited, 1 per site per visit, consecutive 36 months, or lifetime, 1 per tooth per lifetime, 1 per consecutive 36 months, or 1 biopsy per site per visit depending on service code. • Adjunctive General Services: 1 visit; frequency is unlimited, 1 per consecutive 6 months, or 2	$1,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit. You pay 50% of the total cost in-network for restorative services. You pay 70% of the total cost in-network for endodontics services. You pay 70% of the total cost in-network for periodontics services. You pay 50% of the total cost in-network for oral and maxillofacial surgery services. You pay $0 copay in-network for adjunctive general services. You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
per calendar year depending on the service code.	
Vision Services	
• Medicare-covered benefits	You pay $30 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.
• Routine eye exams	You pay $0 copay in-network (1 exam every year).
• Routine eyewear	$250 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit.
Mental Health Services	
• Outpatient therapy with a psychiatrist	You pay $25 copay in-network for individual sessions. You pay $25 copay in-network for group sessions.
• Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay $25 copay in-network for individual sessions. You pay $25 copay in-network for group sessions.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay: $0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100.
Physical Therapy	You pay $20 copay in-network.
Ambulance	You pay $200 copay in-network for ground ambulance services. You pay $250 copay in-network for air ambulance services. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
Transportation	You pay $0 copay in-network (Unlimited round trips to plan-approved health-related locations using taxi, rideshare services, van, and medical transport. Excluding Stretcher rides, other modes include any special transport requirements for medically fragile or physically/mentally challenged members, based on the members medical needs documentation. Other modes of transportation include ambulance, wheelchair, and extra-large wheelchair vehicles.)
Medicare Part B Drugs	You pay a $35 copay in-network for Medicare Part B insulin drugs. You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.* You pay 20% of the total cost in-network for other Medicare Part B drugs.* May require prior authorization or step therapy. *You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price.
Podiatry Services	You pay $30 copay in-network for Medicare podiatry services.
Durable Medical Equipment	You pay 20% of the total cost in-network durable medical equipment. May require prior authorization.
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: You pay 20% of the total cost for in-network devices. Related medical supplies: You pay 20% of the total cost for in-network supplies. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Glory No RX (HMO)
Diabetic Supplies and Services	Diabetic supplies: You pay $0 copay for in-network supplies. Diabetes self-management training: You pay $0 copay for in-network training. Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes. May require prior authorization.
Fitness Benefit	You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit.
Meal Benefit	You pay $0 copay for the meal benefit. The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences. You must use GA Foods to access this benefit.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Additional Benefits	
Over the Counter (OTC) Allowance	$0 copay. $75 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period. You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit.
24 Hour Nurse Advice Line + Virtual Care Visits	$0 copay. You must call 1-855-638-5842 to access this benefit.
Visitor Travel Allowance	$3,500 This benefit allowance does not carry over to the next plan year. May require prior authorization.

Additional Benefits	
Acupuncture	$20 copay, 6 visits every year, for in-network services. May require prior authorization.

Optional Supplemental Benefits

This plan offers some extra benefits that are not covered by Original Medicare and not included in its benefits package. These extra benefits are called **Optional Supplemental Benefits**. If you want these optional supplemental benefits, you must sign up for them and you may have to pay an additional premium for them. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Optional Supplemental Benefits	
Optional Dental Silver	The premium for the Dental Silver benefit is $17 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $1,500. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services.
Optional Dental Gold	The premium for the Dental Gold benefit is $39 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $2,000. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services. • 50% coinsurance for crowns, bridges and dentures.

Mount Carmel MediGold Glory No RX (HMO) is a HMO plan with a Medicare contract. Enrollment in plan(s) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat Mount Carmel MediGold members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan, Inc..

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Mount Carmel MediGold is an affiliate of Trinity Health. In select counties, Mount Carmel MediGold offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Mount Carmel MediGold has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Mount Carmel MediGold, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold (HMO/PPO) members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Mount Carmel MediGold, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One

Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-240-3851 (TTY: 711). ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-964- 4525 (TTY: 711). 注意：如果您使用繁體中文，您可 以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Mount Carmel MediGold welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Mount Carmel MediGold provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact

Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Mount Carmel MediGold allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:

ATTN: Member Services Manager
5955 E Broad Street
Health Plan - Second Floor
Columbus OH 43213
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
5955 E Broad Street
Health Plan - Second Floor
Columbus OH 43213
1-800-240-3851
medigoldappeals@mchs.com

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
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Mount Carmel MediGold website: www.thpmedicare.org/mount-carmel/

This policy pertains to the privacy practices of Mount Carmel Health Plan, Inc., DBA Mount Carmel MediGold ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan, Inc., / Mount Carmel MediGold.

Mount Carmel MediGold **NOTICE OF PRIVACY PRACTICES**

Policy last revised February 16, 2026

Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

Permitted Uses and Disclosures

Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is specifically prohibited from using or disclosing PHI that is genetic information of an

individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act (“GINA").

Other Uses and Disclosures

Information and Health Promotion Activities

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

Research

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

More Stringent State and Federal Laws

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

Permitted Uses or Disclosures With an Opportunity for You to Agree or Object

Family/Friends

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

Other Permitted Uses and Disclosures

Company may also disclose your PHI as follows.

Administer Your Plan

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Business Associates

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

Membership in Trinity Health

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization

Law Enforcement

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Legal Proceedings

Company will use and disclose PHI in response to a court order or other lawful purpose.

Required by Law

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Public Health Oversight or Safety

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

Health Information Exchange (HIE)

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Phone

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Use or Disclosure Requiring Your Authorization

Marketing

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

Psychotherapy Notes, Sale of PHI, and Other Uses

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

Individual Rights

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Right to Confidential Communications. You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

Right to Amend. With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

Right to an Accounting. With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

Right to Notification of Breach. You will receive notification of any breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,
- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Further Information

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

Changes to This Notice

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.

2027 Summary of Benefits

Mount Carmel MediGold Premier (HMO)



MOUNT CARMEL Health Plan

A Member of Trinity Health

MediGold

Y0164_SBOHCPremier27_M
PRJ-11345

2027 Summary of Benefits

Mount Carmel MediGold Premier (HMO)

This is a summary of Medicare health care and prescription drug coverage for Mount Carmel MediGold Premier (HMO).

January 1 – December 31, 2027

Mount Carmel MediGold Premier (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/mount-carmel/.

To join **Mount Carmel MediGold Premier (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Ohio: Clinton, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Madison, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pickaway, Pike, Richland, Ross, Union, Vinton and Washington.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/mount-carmel/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
Monthly Plan Premium (includes both medical and drugs)	You pay $109 each month. You must continue to pay your Medicare Part B premium.
Deductible	You pay $0 for in-network medical benefits. You pay $0 for Part D prescription drugs on Tiers 3, 4, and 5.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than $3,900 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital	$190 copay per day for days 1-4; $0 copay per day for days 5-90. May require prior authorization.
Outpatient Hospital	For services at an in-network outpatient hospital, you pay $175 copay.
Ambulatory Surgical Center (ASC)	You pay $175 copay in-network.
Doctor Visits	
• Primary care provider	You pay $0 copay in-network.
• Specialists	You pay $30 copay in-network.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
Emergency Care	You pay $130 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. $130 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.
Urgently Needed Services	You pay $40 copay per visit. $130 copay for each urgently needed care visit outside of the United States and its territories. $200 to $250 copay for each emergency/urgently needed care transportation service outside of the United States and its territories.
Diagnostic Services /Labs /Imaging /Radiology	
• Diagnostic tests and procedures	You pay $20 copay in-network.
• Lab services	You pay $0 copay in-network.
• MRIs, CAT scans	You pay $85 copay in-network.
• X-rays	You pay $20 copay in-network.
• Therapeutic radiology services	You pay 20% of the total cost in-network.
Hearing Services	
• Medicare-covered hearing exam	You pay $30 copay in-network.
• Routine hearing exam	You pay $0 copay in-network (1 exam every year).
• Fitting and evaluation for hearing aids	You pay $0 copay in-network (unlimited visits every year).

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
• Hearing aids	You pay $199 to $499 copay in-network for prescription hearing aids – all types (2 hearing aids every year). Must use TruHearing® provider to access this benefit.
Dental Services	
• Medicare-covered dental services	You pay $30 copay in-network.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)

• Preventive dental services
  ○ 2 oral exams every year
  ○ 2 cleanings every year
  ○ 2 fluoride treatments every year
  ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months.
  ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing and periapical, or 1 per consecutive 36 months for comprehensive series.
  ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited.
	$1,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.
	You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments, other preventive dental services
	You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
• Comprehensive dental services: • Restorative Services: 1 visit; frequencies include unlimited, one per consecutive 6 months, one per consecutive 12 months, or one per consecutive 60 months depending on service code. • Endodontics: 1 visit; frequencies include one per tooth per lifetime, two per tooth per lifetime, or unlimited depending on service code. • Periodontics: 1 visit; frequencies include unlimited, two per calendar year, two per consecutive 12 months, one per consecutive 36 months, or one per quadrant per consecutive 24 or 36 months depending on service code. • Oral and Maxillofacial Surgery: 1 visit; frequency includes unlimited, 1 per site per visit, consecutive 36 months, or lifetime, 1 per tooth per lifetime, 1 per consecutive 36 months, or 1 biopsy per site per visit depending on service code. • Adjunctive General Services: 1 visit; frequency is unlimited, 1 per consecutive 6 months, or 2 per calendar year depending on the service code.	$1,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit. You pay 50% of the total cost in-network for restorative services. You pay 70% of the total cost in-network for endodontics services. You pay 70% of the total cost in-network for periodontics services. You pay 50% of the total cost in-network for oral and maxillofacial surgery services. You pay $0 copay in-network for adjunctive general services. You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
Vision Services	
• Medicare-covered benefits	You pay $30 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.
• Routine eye exams	You pay $0 copay in-network (1 exam every year).
• Routine eyewear	$300 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit.
Mental Health Services	
• Outpatient therapy with a psychiatrist	You pay $25 copay in-network for individual sessions. You pay $25 copay in-network for group sessions.
• Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay $25 copay in-network for individual sessions. You pay $25 copay in-network for group sessions.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay: $0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100.
Physical Therapy	You pay $35 copay in-network.
Ambulance	You pay $200 copay in-network for ground ambulance services. You pay $250 copay in-network for air ambulance services. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
Transportation	You pay $0 copay in-network (Unlimited round trips to plan-approved health-related locations using taxi, rideshare services, van, and medical transport. Excluding Stretcher rides, other modes include any special transport requirements for medically fragile or physically/mentally challenged members, based on the members medical needs documentation. Other modes of transportation include ambulance, wheelchair, and extra-large wheelchair vehicles.) You must call 833-944-0516 to access this benefit.
Medicare Part B Drugs	You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.* You pay 20% of the total cost in-network for other Medicare Part B drugs.* You pay a $35 copay in-network for Medicare Part B insulin drugs. May require prior authorization or step therapy. *You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price.
Podiatry Services	You pay $30 copay in-network for Medicare podiatry services.
Durable Medical Equipment	You pay 20% of the total cost in-network durable medical equipment. May require prior authorization.
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: You pay 20% of the total cost for in-network devices. Related medical supplies: You pay 20% of the total cost for in-network supplies. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Premier (HMO)
Diabetic Supplies and Services	Diabetic supplies: You pay $0 copay for in-network supplies. Diabetes self-management training: $0 copay for in-network training. Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes. May require prior authorization.
Fitness Benefit	You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit.
Meal Benefit	You pay $0 copay for the meal benefit. The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences. You must use GA Foods to access this benefit.

Part D Prescription Drugs

This is a summary of Part D prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Part D Prescription Drugs	
Part D Insulin Coverage	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.
ED Drug Coverage	Included! Call for details.
Deductible	You do not pay a deductible.

Initial Coverage	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	
30-Day Supply	**Standard Retail Rx** 30-day supply	**Mail Order Rx** 30-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$5	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	33% of the total cost	33% of the total cost
90-Day Supply	**Standard Retail Rx** 90-day supply	**Mail Order Rx** 90-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$15	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Catastrophic Coverage	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. During this payment stage, you pay nothing for your covered Part D drugs. ED drugs will have the Tier 2 copay in the catastrophic coverage for 2027.	

Your cost-sharing may be different if you use a Long -Term Care pharmacy, or an out-of-network pharmacy or if you purchase a long-term supply (up to 90 days) of a drug. Please call us or see the plan's Evidence of Coverage on our website www.thpmedicare.org/mount-carmel/ for complete information about your costs or covered drugs.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Additional Benefits	
Over the Counter (OTC) Allowance	$0 copay. $100 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period. You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit.
24 Hour Nurse Advice Line + Virtual Care Visits	$0 copay. You must call 1-855-638-5842 to access this benefit.
Visitor Travel Allowance	$3,500 This benefit is per plan year and does not carry over to the next plan year. May require prior authorization.
Acupuncture	$20 copay, 12 visits every year, for in-network services. May require prior authorization.

Optional Supplemental Benefits

This plan offers some extra benefits that are not covered by Original Medicare and not included in its benefits package. These extra benefits are called **Optional Supplemental Benefits**. If you want these optional supplemental benefits, you must sign up for them and you may have to pay an additional premium for them. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Optional Supplemental Benefits	
Optional Dental Silver	The premium for the Dental Silver benefit is $17 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $1,500. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services.
Optional Dental Gold	The premium for the Dental Gold benefit is $39 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $2,000. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services. • 50% coinsurance for crowns, bridges and dentures.

Mount Carmel MediGold Premier (HMO) is a local HMO plan with a Medicare contract. Enrollment depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan, Inc.

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Mount Carmel MediGold is an affiliate of Trinity Health. In select counties, Mount Carmel MediGold offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Mount Carmel MediGold has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Mount Carmel MediGold, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Mount Carmel MediGold, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-3851 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Mount Carmel MediGold welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Mount Carmel MediGold provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact
Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Mount Carmel MediGold allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:
ATTN: Member Services Manager
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
1-800-240-3851
medigoldappeals@mchs.com

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
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Mount Carmel MediGold website: www.thpmedicare.org/mount-carmel/

This policy pertains to the privacy practices of Mount Carmel Health Plan, Inc., DBA Mount Carmel MediGold ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan, Inc., / Mount Carmel MediGold.

Mount Carmel MediGold **NOTICE OF PRIVACY PRACTICES**

Policy last revised February 16, 2026

Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

Permitted Uses and Disclosures

Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is

specifically prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act (“GINA").

Other Uses and Disclosures

Information and Health Promotion Activities

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

Research

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

More Stringent State and Federal Laws

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

Permitted Uses or Disclosures With an Opportunity for You to Agree or Object

Family/Friends

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

Other Permitted Uses and Disclosures

Company may also disclose your PHI as follows.

Administer Your Plan

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Business Associates

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

Membership in Trinity Health

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization

Law Enforcement

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Legal Proceedings

Company will use and disclose PHI in response to a court order or other lawful purpose.

Required by Law

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Public Health Oversight or Safety

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

Health Information Exchange (HIE)

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical

and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Phone

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Use or Disclosure Requiring Your Authorization

Marketing

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

Psychotherapy Notes, Sale of PHI, and Other Uses

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

Individual Rights

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Right to Confidential Communications. You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

Right to Amend. With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

Right to an Accounting. With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

Right to Notification of Breach. You will receive notification of any breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Further Information

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

Changes to This Notice

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.

2027 Summary of Benefits

Mount Carmel MediGold No Premium (HMO)



MediGold

Y0164_SBOHCNoPrem27_M
PRJ-11346

2027 Summary of Benefits

Mount Carmel MediGold No Premium (HMO)

This is a summary of Medicare health care and prescription drug coverage for Mount Carmel MediGold No Premium (HMO).

January 1 – December 31, 2027

Mount Carmel MediGold No Premium (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/mount-carmel/.

To join **Mount Carmel MediGold No Premium (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Ohio: Clinton, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Madison, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pickaway, Pike, Richland, Ross, Union, Vinton and Washington.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/mount-carmel/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
Monthly Plan Premium (includes both medical and drugs)	You pay $0 each month. You must continue to pay your Medicare Part B premium.
Deductible	You pay $0 for in-network medical benefits. You pay $275 for Part D prescription drugs on Tiers 3, 4, and 5.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than $5,900 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital	$385 copay per day for days 1-5; $0 copay per day for days 6-90. May require prior authorization.
Outpatient Hospital	For services at an in-network outpatient hospital, you pay $475 copay.
Ambulatory Surgical Center (ASC)	You pay $475 copay in-network.
Doctor Visits	
• Primary care provider	You pay $0 copay in-network.
• Specialists	You pay $35 copay in-network.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
Emergency Care	You pay $130 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. $130 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.
Urgently Needed Services	You pay $45 copay per visit. $130 copay for each urgently needed care visit outside of the United States and its territories. $250 to $300 copay for each emergency/urgently needed care transportation service outside of the United States and its territories.
Diagnostic Services /Labs /Imaging /Radiology	
• Diagnostic tests and procedures	You pay $50 copay in-network.
• Lab services	You pay $0 copay in-network.
• MRIs, CAT scans	You pay $415 copay in-network.
• X-rays	You pay $50 copay in-network.
• Therapeutic radiology services	You pay 20% of the total cost in-network.
Hearing Services	
• Medicare-covered hearing exam	You pay $35 copay in-network.
• Routine hearing exam	You pay $0 copay in-network (1 exam every year).
• Fitting and evaluation for hearing aids	You pay $0 copay in-network (unlimited visits every year).

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
• Hearing aids	You pay $599 to $899 copay in-network for prescription hearing aids – all types (2 hearing aids every year). Must use TruHearing® provider to access this benefit.
Dental Services	
• Medicare-covered dental services	You pay $35 copay in-network.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
• Preventive dental services ○ 2 oral exams every year ○ 2 cleanings every year ○ 2 fluoride treatments every year ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months. ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing and periapical, or 1 per consecutive 36 months for comprehensive series. ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited.	$1,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit. You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments, other preventive dental services You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
• Comprehensive dental services: • Restorative Services: 1 visit; frequencies include unlimited, one per consecutive 6 months, one per consecutive 12 months, or one per consecutive 60 months depending on service code. • Endodontics: 1 visit; frequencies include one per tooth per lifetime, two per tooth per lifetime, or unlimited depending on service code. • Periodontics: 1 visit; frequencies include unlimited, two per calendar year, two per consecutive 12 months, one per consecutive 36 months, or one per quadrant per consecutive 24 or 36 months depending on service code. • Oral and Maxillofacial Surgery: 1 visit; frequency includes unlimited, 1 per site per visit, consecutive 36 months, or lifetime, 1 per tooth per lifetime, 1 per consecutive 36 months, or 1 biopsy per site per visit depending on service code. • Adjunctive General Services: 1 visit; frequency is unlimited, 1 per consecutive 6 months, or 2 per calendar year depending on the service code.	$1,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit. You pay 50% of the total cost in-network for restorative services. You pay 70% of the total cost in-network for endodontics services. You pay 70% of the total cost in-network for periodontics services. You pay 50% of the total cost in-network for oral and maxillofacial surgery services. You pay $0 copay in-network for adjunctive general services. You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
Vision Services	
• Medicare-covered benefits	You pay $35 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.
• Routine eye exams	You pay $0 copay in-network (1 exam every year).
• Routine eyewear	$250 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit.
Mental Health Services	
• Outpatient therapy with a psychiatrist	You pay $35 copay in-network for individual sessions. You pay $35 copay in-network for group sessions.
• Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay $35 copay in-network for individual sessions. You pay $35 copay in-network for group sessions.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay: $0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100.
Physical Therapy	You pay $40 copay in-network.
Ambulance	You pay $250 copay in-network for ground ambulance services. You pay $300 copay in-network for air ambulance services. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
Transportation	You pay $0 copay in-network (Unlimited round trips to plan-approved health-related locations using taxi, rideshare services, van, and medical transport. Excluding Stretcher rides, other modes include any special transport requirements for medically fragile or physically/mentally challenged members, based on the members medical needs documentation. Other modes of transportation include ambulance, wheelchair, and extra-large wheelchair vehicles.) You must call 833-944-0516 to access this benefit.
Medicare Part B Drugs	You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.* You pay 20% of the total cost in-network for other Medicare Part B drugs.* You pay a $35 copay in-network for Medicare Part B insulin drugs. May require prior authorization or step therapy. *You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price.
Podiatry Services	You pay $35 copay in-network for Medicare podiatry services.
Durable Medical Equipment	You pay 20% of the total cost in-network durable medical equipment. May require prior authorization.
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: You pay 20% of the total cost for in-network devices. Related medical supplies: You pay 20% of the total cost for in-network supplies. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold No Premium (HMO)
Diabetic Supplies and Services	Diabetic supplies: You pay $0 copay for in-network supplies. Diabetes self-management training: $0 copay for in-network training. Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes. May require prior authorization.
Fitness Benefit	You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit.
Meal Benefit	You pay $0 copay for the meal benefit. The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences. You must use GA Foods to access this benefit.

Part D Prescription Drugs

This is a summary of Part D prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Part D Prescription Drugs	
Part D Insulin Coverage	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.
ED Drug Coverage	Included! Call for details.
Deductible	You will pay a yearly deductible of $275 on Tier 3, Tier 4, and Tier 5 drugs. **You must pay the full cost of your Tier 3, Tier 4, Tier 5 drugs** until you reach this amount. For all other drugs, including insulin, you will not have to pay any deductible.

Initial Coverage	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	
30-Day Supply	**Standard Retail Rx** 30-day supply	**Mail Order Rx** 30-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$5	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	30% of the total cost	30% of the total cost
90-Day Supply	**Standard Retail Rx** 90-day supply	**Mail Order Rx** 90-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$15	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Catastrophic Coverage	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. During this payment stage, you pay nothing for your covered Part D drugs. ED drugs will have the Tier 2 copay in the catastrophic coverage for 2027.	

Your cost-sharing may be different if you use a Long -Term Care pharmacy, or an out-of-network pharmacy or if you purchase a long-term supply (up to 90 days) of a drug. Please call us or see the plan's Evidence of Coverage on our website www.thpmedicare.org/mount-carmel/ for complete information about your costs or covered drugs.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Additional Benefits	
Over the Counter (OTC) Allowance	$0 copay. $45 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period. You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit.
24 Hour Nurse Advice Line + Virtual Care Visits	$0 copay. You must call 1-855-638-5842 to access this benefit.
Visitor Travel Allowance	$2,500 This benefit is per plan year and does not carry over to the next plan year. May require prior authorization.
Acupuncture	$20 copay, 6 visits every year, for in-network services. May require prior authorization.

Optional Supplemental Benefits

This plan offers some extra benefits that are not covered by Original Medicare and not included in its benefits package. These extra benefits are called **Optional Supplemental Benefits**. If you want these optional supplemental benefits, you must sign up for them and you may have to pay an additional premium for them. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Optional Supplemental Benefits	
Optional Dental Silver	The premium for the Dental Silver benefit is $17 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $1,500. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services.
Optional Dental Gold	The premium for the Dental Gold benefit is $39 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $2,000. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services. • 50% coinsurance for crowns, bridges and dentures.

Mount Carmel MediGold No Premium (HMO) is a local HMO plan with a Medicare contract. Enrollment depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan, Inc.

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Mount Carmel MediGold is an affiliate of Trinity Health. In select counties, Mount Carmel MediGold offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Mount Carmel MediGold has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Mount Carmel MediGold, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Mount Carmel MediGold, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-

3851 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Mount Carmel MediGold welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Mount Carmel MediGold provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact
Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Mount Carmel MediGold allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:
ATTN: Member Services Manager
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
1-800-240-3851
medigoldappeals@mchs.com

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
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Mount Carmel MediGold website: www.thpmedicare.org/mount-carmel/

This policy pertains to the privacy practices of Mount Carmel Health Plan, Inc., DBA Mount Carmel MediGold ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan, Inc., / Mount Carmel MediGold.

Mount Carmel MediGold **NOTICE OF PRIVACY PRACTICES**

Policy last revised February 16, 2026

Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

Permitted Uses and Disclosures

Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is

specifically prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act (“GINA").

Other Uses and Disclosures

Information and Health Promotion Activities

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

Research

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

More Stringent State and Federal Laws

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

Permitted Uses or Disclosures With an Opportunity for You to Agree or Object

Family/Friends

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

Other Permitted Uses and Disclosures

Company may also disclose your PHI as follows.

Administer Your Plan

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Business Associates

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

Membership in Trinity Health

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization

Law Enforcement

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Legal Proceedings

Company will use and disclose PHI in response to a court order or other lawful purpose.

Required by Law

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Public Health Oversight or Safety

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

Health Information Exchange (HIE)

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical

and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Phone

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Use or Disclosure Requiring Your Authorization

Marketing

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

Psychotherapy Notes, Sale of PHI, and Other Uses

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

Individual Rights

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Right to Confidential Communications. You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

Right to Amend. With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

Right to an Accounting. With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

Right to Notification of Breach. You will receive notification of any breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Further Information

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

Changes to This Notice

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.

2027 Summary of Benefits

Mount Carmel MediGold Plus (HMO)



MOUNT CARMEL Health Plan

A Member of Trinity Health

MediGold

Y0164_SBOHCPlus27_M
PRJ-11347

2027 Summary of Benefits

Mount Carmel MediGold Plus (HMO)

This is a summary of Medicare health care and prescription drug coverage for Mount Carmel MediGold Plus (HMO).

January 1 – December 31, 2027

Mount Carmel MediGold Plus (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/mount-carmel/.

To join **Mount Carmel MediGold Plus (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Ohio: Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Darke, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Harrison, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Madison, Meigs, Miami, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pickaway, Pike, Preble, Richland, Ross, Shelby, Union, Vinton, Warren and Washington.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/mount-carmel/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
Monthly Plan Premium (includes both medical and drugs)	You pay $49 each month. You must continue to pay your Medicare Part B premium.
Deductible	You pay $0 for in-network medical benefits. You pay $250 for Part D prescription drugs on Tiers 3, 4, and 5.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than $4,500 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital	$350 copay per day for days 1-5; $0 copay per day for days 6-90. May require prior authorization.
Outpatient Hospital	For services at an in-network outpatient hospital, you pay $295 copay.
Ambulatory Surgical Center (ASC)	You pay $295 copay in-network.
Doctor Visits	
• Primary care provider	You pay $0 copay in-network.
• Specialists	You pay $35 copay in-network.
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
Emergency Care	You pay $130 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. $130 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.
Urgently Needed Services	You pay $40 copay per visit. $130 copay for each urgently needed care visit outside of the United States and its territories. $200 to $250 copay for each emergency/urgently needed care transportation service outside of the United States and its territories.
Diagnostic Services /Labs /Imaging /Radiology	
• Diagnostic tests and procedures	You pay $20 copay in-network.
• Lab services	You pay $0 copay in-network.
• MRIs, CAT scans	You pay $125 copay in-network.
• X-rays	You pay $20 copay in-network.
• Therapeutic radiology services	You pay 20% of the total cost in-network.
Hearing Services	
• Medicare-covered hearing exam	You pay $35 copay in-network.
• Routine hearing exam	You pay $0 copay in-network (1 exam every year).
• Fitting and evaluation for hearing aids	You pay $0 copay in-network (unlimited visits every year).

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
• Hearing aids	You pay $599 to $899 copay in-network for prescription hearing aids – all types (2 hearing aids every year). Must use TruHearing® provider to access this benefit.
Dental Services	
• Medicare-covered dental services	You pay $35 copay in-network.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
• Preventive dental services ○ 2 oral exams every year ○ 2 cleanings every year ○ 2 fluoride treatments every year ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months. ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing and periapical, or 1 per consecutive 36 months for comprehensive series. ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited.	$1,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit. You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments, other preventive dental services You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
• Comprehensive dental services: • Restorative Services: 1 visit; frequencies include unlimited, one per consecutive 6 months, one per consecutive 12 months, or one per consecutive 60 months depending on service code. • Endodontics: 1 visit; frequencies include one per tooth per lifetime, two per tooth per lifetime, or unlimited depending on service code. • Periodontics: 1 visit; frequencies include unlimited, two per calendar year, two per consecutive 12 months, one per consecutive 36 months, or one per quadrant per consecutive 24 or 36 months depending on service code. • Oral and Maxillofacial Surgery: 1 visit; frequency includes unlimited, 1 per site per visit, consecutive 36 months, or lifetime, 1 per tooth per lifetime, 1 per consecutive 36 months, or 1 biopsy per site per visit depending on service code. • Adjunctive General Services: 1 visit; frequency is unlimited, 1 per consecutive 6 months, or 2 per calendar year depending on the service code.	$1,000 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services. This amount is combined with the diagnostic and preventive dental services benefit. You pay 50% of the total cost in-network for restorative services. You pay 70% of the total cost in-network for endodontics services. You pay 70% of the total cost in-network for periodontics services. You pay 50% of the total cost in-network for oral and maxillofacial surgery services. You pay $0 copay in-network for adjunctive general services. You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
Vision Services	
• Medicare-covered benefits	You pay $35 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.
• Routine eye exams	You pay $0 copay in-network (1 exam every year).
• Routine eyewear	$250 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit.
Mental Health Services	
• Outpatient therapy with a psychiatrist	You pay $30 copay in-network for individual sessions. You pay $30 copay in-network for group sessions.
• Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay $30 copay in-network for individual sessions. You pay $30 copay in-network for group sessions.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay: $0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100.
Physical Therapy	You pay $40 copay in-network.
Ambulance	You pay $200 copay in-network for ground ambulance services. You pay $250 copay in-network for air ambulance services. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
Transportation	You pay $0 copay in-network (Unlimited round trips to plan-approved health-related locations using taxi, rideshare services, van, and medical transport. Excluding Stretcher rides, other modes include any special transport requirements for medically fragile or physically/mentally challenged members, based on the members medical needs documentation. Other modes of transportation include ambulance, wheelchair, and extra-large wheelchair vehicles.) You must call 833-944-0516 to access this benefit.
Medicare Part B Drugs	You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.* You pay 20% of the total cost in-network for other Medicare Part B drugs.* You pay a $35 copay in-network for Medicare Part B insulin drugs. May require prior authorization or step therapy. *You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price.
Podiatry Services	You pay $35 copay in-network for Medicare podiatry services.
Durable Medical Equipment	You pay 20% of the total cost in-network durable medical equipment. May require prior authorization.
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: You pay 20% of the total cost for in-network devices. Related medical supplies: You pay 20% of the total cost for in-network supplies. May require prior authorization.

Premiums and Benefits	Mount Carmel MediGold Plus (HMO)
Diabetic Supplies and Services	Diabetic supplies: You pay $0 copay for in-network supplies. Diabetes self-management training: $0 copay for in-network training. Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes. May require prior authorization.
Fitness Benefit	You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit.
Meal Benefit	You pay $0 copay for the meal benefit. The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences. You must use GA Foods to access this benefit.

Part D Prescription Drugs

This is a summary of Part D prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Part D Prescription Drugs	
Part D Insulin Coverage	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.
ED Drug Coverage	Included! Call for details.
Deductible	You will pay a yearly deductible of $250 on Tier 3, Tier 4, and Tier 5 drugs. **You must pay the full cost of your Tier 3, Tier 4, Tier 5 drugs** until you reach this amount. For all other drugs, including insulin, you will not have to pay any deductible.

Initial Coverage	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	
30-Day Supply	**Standard Retail Rx** 30-day supply	**Mail Order Rx** 30-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$10	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	30% of the total cost	30% of the total cost
90-Day Supply	**Standard Retail Rx** 90-day supply	**Mail Order Rx** 90-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$30	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Catastrophic Coverage	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. During this payment stage, you pay nothing for your covered Part D drugs. ED drugs will have the Tier 2 copay in the catastrophic coverage for 2027.	

Your cost-sharing may be different if you use a Long -Term Care pharmacy, or an out-of-network pharmacy or if you purchase a long-term supply (up to 90 days) of a drug. Please call us or see the plan's Evidence of Coverage on our website www.thpmedicare.org/mount-carmel/ for complete information about your costs or covered drugs.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Additional Benefits	
Over the Counter (OTC) Allowance	$0 copay. $100 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period. You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit.
24 Hour Nurse Advice Line + Virtual Care Visits	$0 copay. You must call 1-855-638-5842 to access this benefit.
Visitor Travel Allowance	$3,000 This benefit is per plan year and does not carry over to the next plan year. May require prior authorization.
Acupuncture	$20 copay, 6 visits every year, for in-network services. May require prior authorization.

Optional Supplemental Benefits

This plan offers some extra benefits that are not covered by Original Medicare and not included in its benefits package. These extra benefits are called **Optional Supplemental Benefits**. If you want these optional supplemental benefits, you must sign up for them and you may have to pay an additional premium for them. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Optional Supplemental Benefits	
Optional Dental Silver	The premium for the Dental Silver benefit is $17 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $1,500. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services.
Optional Dental Gold	The premium for the Dental Gold benefit is $39 per month. You pay this monthly premium in addition to your Medicare Part B premium and plan premium (if applicable). • There is an annual maximum benefit limit of $2,000. • $0 copay for diagnostic and preventive services, emergency palliative treatment and X-rays. • 50% coinsurance for extractions, endodontic services, periodontic services and other oral surgery. • 0% - 50% coinsurance for restorative services. • 50% coinsurance for crowns, bridges and dentures.

Mount Carmel MediGold Plus (HMO) is a local HMO plan with a Medicare contract. Enrollment depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan, Inc.

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Mount Carmel MediGold is an affiliate of Trinity Health. In select counties, Mount Carmel MediGold offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Mount Carmel MediGold has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Mount Carmel MediGold, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Mount Carmel MediGold, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-3851 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Mount Carmel MediGold welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Mount Carmel MediGold provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact
Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Mount Carmel MediGold allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:
ATTN: Member Services Manager
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213
1-800-240-3851
medigoldappeals@mchs.com

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
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Mount Carmel MediGold website: www.thpmedicare.org/mount-carmel/

This policy pertains to the privacy practices of Mount Carmel Health Plan, Inc., DBA Mount Carmel MediGold ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan, Inc., / Mount Carmel MediGold.

Mount Carmel MediGold **NOTICE OF PRIVACY PRACTICES**

Policy last revised February 16, 2026

Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

Permitted Uses and Disclosures

Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is

specifically prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act (“GINA").

Other Uses and Disclosures

Information and Health Promotion Activities

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

Research

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

More Stringent State and Federal Laws

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

Permitted Uses or Disclosures With an Opportunity for You to Agree or Object

Family/Friends

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

Other Permitted Uses and Disclosures

Company may also disclose your PHI as follows.

Administer Your Plan

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Business Associates

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

Membership in Trinity Health

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization

Law Enforcement

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Legal Proceedings

Company will use and disclose PHI in response to a court order or other lawful purpose.

Required by Law

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Public Health Oversight or Safety

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

Health Information Exchange (HIE)

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical

and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Phone

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Use or Disclosure Requiring Your Authorization

Marketing

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

Psychotherapy Notes, Sale of PHI, and Other Uses

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

Individual Rights

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Right to Confidential Communications. You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

Right to Amend. With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

Right to an Accounting. With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

Right to Notification of Breach. You will receive notification of any breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Further Information

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

Changes to This Notice

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.

2027 Summary of Benefits

Mount Carmel MediGold Cash Back (HMO)



MOUNT CARMEL Health Plan

A Member of Trinity Health

MediGold

2027 Summary of Benefits

Mount Carmel MediGold Cash Back (HMO)

This is a summary of Medicare health care and prescription drug coverage for Mount Carmel MediGold Cash Back (HMO).

January 1 – December 31, 2027

Mount Carmel MediGold Cash Back (HMO) is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-800-240-3851 (TTY 711) and request the "Evidence of Coverage" or access it online at www.thpmedicare.org/mount-carmel/.

To join **Mount Carmel MediGold Cash Back (HMO),** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Ohio: Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Darke, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hamilton, Harrison, Highland, Hocking, Holmes, Jackson, Knox, Licking, Logan, Madison, Meigs, Miami, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pickaway, Pike, Preble, Richland, Ross, Shelby, Union, Vinton, Warren and Washington.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Find a provider at this link www.thpmedicare.org/mount-carmel/find-a-provider.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.)

This document is available in other formats such as large print or audio.

For more information, please call us at 1-800-240-3851 (TTY users should call 711), 8 a.m. to 8 p.m., 7 days a week, or visit us at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
Monthly Plan Premium (includes both medical and drugs)	You pay $0 each month. You must continue to pay your Medicare Part B premium.
Part B Premium Buy-down	Our plan will reduce your monthly Medicare Part B premium by $160.
Deductible	You pay $275 for in-network medical benefits. You pay $350 for Part D prescription drugs on Tiers 3, 4, and 5.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than $8,900 annually. Includes copays and other costs for in-network medical services for the year.
Inpatient Hospital	For in-network inpatient hospital stays, you pay: Acute: $475 copay per day for days 1-5; $0 copay per day for days 6-90. Psych: $415 copay per day for days 1-5; $0 copay per day for days 6-90. May require prior authorization.
Outpatient Hospital	For services at an in-network outpatient hospital, you pay $525 copay.
Ambulatory Surgical Center (ASC)	You pay $525 copay in-network.
Doctor Visits	
• Primary care provider	You pay $0 copay in-network.
• Specialists	You pay $45 copay in-network.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network.
Emergency Care	You pay $115 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition. $115 copay for each emergency care visit outside of the United States and its territories. Worldwide ER services cost sharing is waived if you are admitted to the hospital within 48 hours for the same condition.
Urgently Needed Services	You pay $40 copay per visit. $115 copay for each urgently needed care visit outside of the United States and its territories. $300 to $350 copay for each emergency/urgently needed care transportation service outside of the United States and its territories.
Diagnostic Services /Labs /Imaging /Radiology	
• Diagnostic tests and procedures	You pay $50 copay in-network.
• Lab services	You pay $10 copay in-network.
• MRIs, CAT scans	You pay $350 copay in-network.
• X-rays	You pay $50 copay in-network.
• Therapeutic radiology services	You pay 20% of the total cost in-network.
Hearing Services	
• Medicare-covered hearing exam	You pay $45 copay in-network.
• Routine hearing exam	You pay $0 copay in-network (1 exam every year).

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
• Fitting and evaluation for hearing aids	You pay $0 copay in-network (unlimited visits every year).
• Hearing aids	You pay $599 to $899 copay in-network for prescription hearing aids – all types (2 hearing aids every year). Must use TruHearing® provider to access this benefit.
Dental Services	
• Medicare-covered dental services	You pay $45 copay in-network.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)

• Preventive dental services
  ○ 2 oral exams every year
  ○ 2 cleanings every year
  ○ 2 fluoride treatments every year
  ○ 1 X-ray; x-ray benefit is for bitewing x-rays two to eight per calendar year, vertical bitewing x-rays one per consecutive 36 months, or one full mouth x-ray every 36 consecutive months.
  ○ 1 visit for other diagnostic dental services; intraoral tomosynthesis benefit is for two to eight x-rays per calendar year for bitewing, or 1 per consecutive 36 months for comprehensive series.
  ○ 1 visit for other preventive dental services; space maintainer benefit is for 1 per consecutive 60 months, re-cement or re-bond of space maintainer is for 1 per consecutive 6 months, or removal of fixed space maintainer is unlimited.
	$1,000 maximum plan coverage amount every year for diagnostic and preventive dental services.
	You pay $0 copay in-network for an office visit. Services include exams, X-rays, other diagnostic dental services, cleanings, fluoride treatments.
	You must use the Dental Benefit Providers, Inc. provider network to access this benefit.

Vision Services	
• Medicare-covered benefits	You pay $45 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay $0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
• Routine eye exams	You pay $0 copay in-network (1 exam every year).
• Routine eyewear	$125 maximum plan coverage amount every year for all non-Medicare-covered eyewear. Must use a Spectera, Inc. provider to access this benefit.
Mental Health Services	
• Outpatient therapy with a psychiatrist	You pay $40 copay in-network for individual sessions. You pay $40 copay in-network for group sessions.
• Outpatient therapy with a mental health care professional (non-psychiatrist)	You pay $40 copay in-network for individual sessions. You pay $40 copay in-network for group sessions.
Skilled Nursing Facility (SNF)	For in-network SNF stays, you pay: $0 copay per day for days 1-20; $221 copay per day for days 21-65; $0 copay per day for days 66-100.
Physical Therapy	You pay $35 copay in-network.
Ambulance	You pay $300 copay in-network for ground ambulance services. You pay $350 copay in-network for air ambulance services. May require prior authorization.
Transportation	Not covered.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
Medicare Part B Drugs	You pay 20% of the total cost in-network for Medicare Part B chemotherapy and radiation drugs.* You pay 20% of the total cost in-network for other Medicare Part B drugs.* You pay a $35 copay in-network for Medicare Part B insulin drugs. May require prior authorization or step therapy. *You may pay less than a 20% coinsurance for certain Part B rebatable drugs. If the drug price has increased at a rate faster than the rate of inflation, the amount you pay will be based on a lower, inflation-adjusted price.
Podiatry Services	You pay $45 copay in-network for Medicare podiatry services.
Durable Medical Equipment	You pay 20% of the total cost in-network durable medical equipment. May require prior authorization.
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic devices: You pay 20% of the total cost for in-network devices. Related medical supplies: You pay 20% of the total cost for in-network supplies. May require prior authorization.
Diabetic Supplies and Services	Diabetic supplies: You pay $0 copay for in-network supplies. Diabetes self-management training: $0 copay for in-network training. Therapeutic shoes or inserts: You pay 20% of the total cost for in-network shoes. May require prior authorization.
Fitness Benefit	You pay $0 copay for the fitness benefit. One Pass® network must be used for this benefit.

Premiums and Benefits	Mount Carmel MediGold Cash Back (HMO)
Meal Benefit	You pay $0 copay for the meal benefit. The benefit consists of 2 meals per day for 7 days, immediately following a qualifying discharge. There is no annual limit on occurrences. You must use GA Foods to access this benefit.

Part D Prescription Drugs

This is a summary of Part D prescription drug coverage and cost sharing for our plan. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Part D Prescription Drugs	
Part D Insulin Coverage	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.
ED Drug Coverage	Included! Call for details.
Deductible	You will pay a yearly deductible of $350 on Tier 3, Tier 4, and Tier 5 drugs. **You must pay the full cost of your Tier 3, Tier 4, Tier 5 drugs** until you reach this amount. For all other drugs, including insulin, you will not have to pay any deductible.

Initial Coverage	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	
30-Day Supply	**Standard Retail Rx** 30-day supply	**Mail Order Rx** 30-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$5	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	29% of the total cost	29% of the total cost
90-Day Supply	**Standard Retail Rx** 90-day supply	**Mail Order Rx** 90-day supply
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$15	$0
Tier 3: Preferred Brand	25% of the total cost	25% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost
Tier 5: Specialty Tier	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Catastrophic Coverage	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,400 limit for the calendar year. During this payment stage, you pay nothing for your covered Part D drugs. ED drugs will have the Tier 2 copay in the catastrophic coverage for 2027.	

Your cost-sharing may be different if you use a Long -Term Care pharmacy, or an out-of-network pharmacy or if you purchase a long-term supply (up to 90 days) of a drug. Please call us or see the plan's Evidence of Coverage on our website www.thpmedicare.org/mount-carmel/ for complete information about your costs or covered drugs.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.thpmedicare.org/mount-carmel/.

Additional Benefits	
Over the Counter (OTC) Allowance	$0 copay. $25 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period. You must use CVS Flex Benefits (formerly known as Over-the-Counter Health Solutions) to access this benefit.
24 Hour Nurse Advice Line + Virtual Care Visits	$0 copay. You must call 1-855-638-5842 to access this benefit.
Visitor Travel Allowance	$1,500 This benefit is per plan year and does not carry over to the next plan year. May require prior authorization.
Acupuncture	$20 copay, 6 visits every year, for in-network services. May require prior authorization.

Mount Carmel MediGold Cash Back (HMO) is a local HMO plan with a Medicare contract. Enrollment depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services. Health coverage is offered by Mount Carmel Health Plan, Inc.

Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. Mount Carmel MediGold is an affiliate of Trinity Health. In select counties, Mount Carmel MediGold offers Medicare Advantage plans in partnership with Trinity Health's regional health ministry. Most operational and administrative functions for the plan are performed through the plan's headquarters in Columbus, Ohio. Mount Carmel MediGold has the right and responsibility to collect for covered Medicare services for which Medicare is not the primary payer.

According to CMS regulations at 42 CFR sections 422.108 and 423.462, Mount Carmel MediGold, as a Medicare Advantage organization, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws. Out-of-network care is only considered when services are not accessible in-network (does not apply for PPO). Out-of-network or non-contracted providers are under no obligation to treat Mount Carmel MediGold members, except in emergency situations. Mount Carmel MediGold encourages members or their provider to contact Member Services for a pre-service organization determination before you receive a service. Please call Member Services at 800-240-3851 (TTY: 711) or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. To file a grievance, call 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week, or call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. You can also fax 833-802-2495 or write to: Mount Carmel MediGold, (HMO), Attn: Appeals and Grievances Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus OH 43213. One Pass® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-3851 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION, AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS, AND ACCESSIBILITY SERVICES

Trinity Health understands that we all have different lived experiences, needs, identities, customs, and abilities. We are committed to providing quality, accessible, equitable care and services that are responsive to the needs of the diverse communities served.

Mount Carmel MediGold welcomes all individuals who come to us for care, treatment, and services. We comply with all Federal civil right laws and do not exclude anyone or treat them differently because of their age, race, color, ethnicity (including limited English proficiency and primary language), national origin, religion, culture, language, physical or mental disability, socioeconomic status (including ability to pay or participation in Medicaid, Medicare or Children's Health Insurance Program), sex (including sex at birth or legal sex), sex characteristics (including intersex traits), pregnancy or related conditions, sex stereotypes, sexual orientation, gender identity or expression, veteran status, or any other category protected by law.

As a sponsored ministry of the Catholic Church, we provide healthcare services guided by the moral principles described in the Ethical and Religious Directives for Catholic Healthcare Services published by the U.S. Conference of Catholic Bishops.

Mount Carmel MediGold provides free auxiliary aids and communication services, so that people can communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages.

If you need these services, contact

Language Assistance Services at **1-800-240-3851**
Telecommunications Relay Service (TRS): 7-1-1

Mount Carmel MediGold allows service animals that are trained to do work or perform tasks for the benefit of individuals with a disability.

If you need another type of reasonable modification or accessibility services, please discuss it with your provider or the Section 1557/Americans with Disabilities Act Coordinator:

ATTN: Member Services Manager
3100 Easton Square Place, Suite 300
Columbus, OH 43219
Phone:
1-800-240-3851 (TTY 711)

Fax:
1-833-802-2495

Email:
medigoldappeals@mchs.com

If you believe that Mount Carmel MediGold has failed to provide these services or discriminated in another way, you can file a grievance with:

Member Services
3100 Easton Square Place Suite 300
Columbus, OH 43219
1-800-240-3851
medigoldappeals@mchs.com

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
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

This notice is available at the Mount Carmel MediGold website: www.thpmedicare.org/mount-carmel/

This policy pertains to the privacy practices of Mount Carmel Health Plan, Inc., DBA Mount Carmel MediGold ("Company"). When this policy says "we," "us," "our," it means Mount Carmel Health Plan, Inc., / Mount Carmel MediGold.

Mount Carmel MediGold **NOTICE OF PRIVACY PRACTICES**

Policy last revised February 16, 2026

Protection of Information

Company understands that your information is highly personal and is committed to safeguarding your protected health information ("PHI"). Please read this Notice of Privacy Practices thoroughly. Company is required by law to maintain the privacy of PHI. We are required to provide you with notice of our legal duties and privacy practices with respect to PHI. We will only use or disclose your PHI as permitted or required by applicable state or federal law. We can help you understand our privacy practices and your rights.

Permitted Uses and Disclosures

Treatment

We may use and disclose PHI to doctors, hospitals, pharmacies and/or other health care providers who are involved in your care and treatment.

For example, doctors may request PHI from us for coordination of care purposes or doctors may send Company information about your diagnosis and treatment plan so we can arrange additional services. Company may also disclose your PHI to health care providers in connection with preventive health, early detection and disease and case management programs.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Payment

To help pay for your covered services, we may use and disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility and coverage; determining prescription drug compliance; collecting premiums; calculating cost-sharing amounts and coordination of benefits; and responding to complaints, appeals and requests for external review.

For example, we may use your medical history and other health information about you to decide whether a treatment is a covered benefit and what the payment should be – and during the process we may disclose information to your provider. We also use PHI to obtain payment for any mail-order pharmacy services provided to you or to obtain payment for premiums.

Health Care Operations

Company may use and disclose PHI about you to develop better services for you. Other routine operations requiring use and disclosure of PHI include population health and wellness; underwriting and premium rating; administration of pharmacy benefit programs; coordination of benefits; and other general administrative activities including information resources and data management. Company is specifically prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes as required by the Genetic Information and Nondiscrimination Act ("GINA").

Other Uses and Disclosures

Information and Health Promotion Activities

Company may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you newsletters or general communications. Company may also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well-being and can improve your health.

Research

Under certain circumstances, Company may use and disclose your PHI for research purposes. Research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Researchers are required to safeguard all PHI they receive. We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must first be cleared through this special approval process.

More Stringent State and Federal Laws

There may be times where certain areas of state law is more stringent than the Health Insurance Portability and Accountability Act and associated regulations ("HIPAA"). Certain federal laws also are more stringent than HIPAA. Company will continue to abide by these more stringent state and federal laws.

The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. For example, Ohio law may require that we obtain your authorization before releasing records containing HIV/AIDs diagnosis or before disclosing information regarding treatment you received at an Ohio licensed behavioral health facility. And in Idaho, electronic medical records must be provided by hospitals within three (3) days of the request being received.

Permitted Uses or Disclosures With an Opportunity for You to Agree or Object

Family/Friends

Company may disclose PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps you pay for your care. You have a right to request that your PHI not be shared with some or all of your family or friends.

Other Permitted Uses and Disclosures

Company may also disclose your PHI as follows.

Administer Your Plan

We may disclose PHI to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Business Associates

To organizations that provide services to us and assure us in writing that they will protect the information. We will give out as little information as possible to allow our business associates to complete these tasks and Company requires these business associates to appropriately safeguard the privacy of your information.

Membership in Trinity Health

Members of Trinity Health (including Company) participate together in an organized health care arrangement for utilization review and quality assessment activities with respect to this information. Members of Trinity Health may also use your PHI for treatment, payment and/or health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

Uses and Disclosures Permitted by Public Policy or Law Without Your Authorization

Law Enforcement

Company will use and disclose PHI to federal, state, and local law enforcement officials as required by applicable law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Legal Proceedings

Company will use and disclose PHI in response to a court order or other lawful purpose.

Required by Law

Company will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. We may also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order. Company will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Company will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Public Health Oversight or Safety

Company will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Company will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

Health Information Exchange (HIE)

Your PHI may be disclosed to an approved health information exchange ("HIE") to facilitate the provision of health care to you. The HIE has a duty under the law to maintain appropriate administrative, physical and technical safeguards to protect the privacy and security of PHI. Only authorized individuals may access and use PHI from the HIE. You or your personal representative have the right to request in writing that Company do either or both of the following: (i) not disclose any of your PHI to the HIE; and (ii) not disclose specific categories of your PHI to the HIE.

Any restrictions on the disclosure of PHI you request as described in the prior sentence may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you. Company will honor all requests for restrictions on disclosure of PHI to health information exchange(s) as required by law.

For more information or to request restrictions, please contact Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Phone

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Use or Disclosure Requiring Your Authorization

Marketing

Company is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain Plan products or services unless you have signed an authorization. If Company receives direct or indirect payment from or on behalf of a third party to make a communication that encourages you to purchase or use that third party's product or service, we will obtain your authorization.

Psychotherapy Notes, Sale of PHI, and Other Uses

In addition to marketing and research, the following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes (if recorded by a mental health professional); and (ii) disclosures that constitute a sale of PHI. Company does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies, unless you have signed an authorization.

Other uses and disclosures of your medical information not described in this Notice will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. If you have questions regarding authorizations, please call Member Services.

Individual Rights

Under federal privacy regulations, you have the following rights regarding your personal health information. You can exercise these rights as described below by contacting Company, either by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Right to Confidential Communications. You have the right to request in writing to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Company only contact you at work or by mail.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. Company will consider your request, but is not required to agree to your requested restrictions.

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy information about your PHI as long as we maintain the information. In certain limited circumstances, Company may be required to deny your request.

Right to Amend. With some exceptions, you have the right to request in writing an amendment of your PHI for as long as Company maintains the information.

Right to an Accounting. With some exceptions, you have a right to receive an accounting of certain disclosures of your PHI that Company has made.

Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

Right to Notification of Breach. You will receive notification of any breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Company. You may submit complaints directly to Company by mail or by calling Member Services.

Mail

5955 E. Broad Street
Health Plan - 2nd Floor
Columbus, OH 43213

Member Services

1-800-240-3851 (TTY/TDD 711)
8 a.m. to 8 p.m., seven days a week

Company assures you that filing a complaint will in no way affect your covered services or membership in our plan – we will not retaliate against you for filing a complaint.

Complaints may also be filed with the Department of Health and Human Services, Office for Civil Rights, by:

- Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,
- Calling 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints

Further Information

To obtain additional information, please contact Member Services at 1-800- 240-3851 (TTY: 711). Member Services is available 8 a.m. to 8 p.m., seven days a week.

Changes to This Notice

Company will abide by the terms of the notice currently in effect. We reserve the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. We will notify you in writing of any substantial changes to the notice. Our current Notice of Privacy Practices is always available on our website.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 800-964-4525 (TTY: 711).

Understanding the Benefits

- ❑ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit www.thpmedicare.org/mount-carmel/for-members/plan-documents or call 800-964-4525 (TTY: 711) to view a copy of the EOC.

- ❑ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select new doctors.

- ❑ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

- ❑ Review the Formulary to make sure your drugs are covered.

Understanding Important Rules

- ❑ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- ❑ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.

- ❑ [For HMO and other plans that do not offer out-of-network coverage] Except in an emergency or urgent situation, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).

- ❑ [For PPO and other plans that offer out-of-network coverage] Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

- ❑ **Effect on Current Coverage:** Your current health care coverage will end once your new Medicare coverage starts.

What Happens Next

Congratulations! Your application to join Mount Carmel MediGold (HMO) has been submitted. Thank you for choosing us as your Medicare Advantage plan and for putting your trust in us. We are committed to improving your health with more compassion, convenience and personal care that will always be focused on you.

As a new member of Mount Carmel MediGold, you will want to know what to expect in the coming weeks. Please see below for important information regarding your Mount Carmel MediGold membership.

1. Mount Carmel MediGold must confirm your eligibility with Medicare. Once we confirm your eligibility, we will send you an approval letter by mail. **You should not disenroll from any plan you currently have until you receive your approval letter.**
2. You will receive a Mount Carmel MediGold Welcome Kit in the mail within two weeks of approval. This kit will contain:
    a. A comprehensive Member Guide;
    b. Over-the-Counter catalog;
    c. Electronic Funds Transfer enrollment form;
    d. CVS Caremark mail order pharmacy order form

3. Next, you will receive a call from a Mount Carmel MediGold representative who will make sure you have received your Welcome Kit and answer any questions you may have.
4. Lastly, you will receive your Mount Carmel MediGold Member ID Card seven to 10 days after applying for enrollment. Similarly, you will receive your Dental/Vision membership cards within seven to 10 days of enrollment in our plan, subject to eligibility approval. Upon approval, you will no longer need your red, white and blue Medicare Card for health-related activities, but should hold onto it for safekeeping. Should Medicare deny your application request, you will need to destroy your Mount Carmel MediGold Member ID, Flexible Benefit and Dental/Vision cards.

We're Here for You

If you have any questions about your Mount Carmel MediGold plan benefits, we are a phone call or click away. You can reach us at 800-240-3851 (TTY: 711), 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system. You may also visit our website, www.thpmedicare.org/mount-carmel. Medicare is also available at 1-800-MEDICARE, 24 hours a day, 7 days a week.

We look forward to serving you!

Mount Carmel MediGold (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county.

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

Mount Carmel MediGold (HMO) - H3668

For 2027, Mount Carmel MediGold - 3668 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★★☆

MOUNT CARMEL Health Plan

MediGold

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **Medicare.gov/plan-compare**.

Questions about this plan?

Prospective Members:
Please contact Mount Carmel MediGold at 800-964-4525 (TTY: 711). Speak with a licensed sales agent during call center hours: April 1 to September 7, 8 a.m. to 8 p.m., Monday through Friday; September 8 to March 31, 8 a.m. to 8 p.m., seven days a week.

Current Members:
Please contact Member Services at 800-240-3851 (TTY: 711), 8 a.m. to 8 p.m., seven days per week. On certain holidays, your call will be handled by our automated phone system.

Mount Carmel MediGold (HMO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Other pharmacies, physicians or providers are available in the plan's network. To file a grievance, call 1-800-MEDICARE (TTY: 711) to file a complaint with Medicare. Star Ratings are based on a 5-star rating system and evaluated annually by the Centers for Medicare & Medicaid Services (CMS). Mount Carmel MediGold (HMO) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping) and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-964-4525 (TTY: 711). 注意：如果您使用繁體中文，您可 以免費獲得語言援助服務。請致電 800-964-4525 (TTY: 711).