

«LTR\_GEN\_DT»

«SBSB\_NAME» «SBAD\_ADDR\_1» «SBAD\_ADDR\_2» «SBAD\_ADDR\_3» «SBAD\_CSZ»

## Changes to the Farm Bureau Select Rx 2023 Annual Notice of Change

Dear «SBSB\_NAME»:

## This is important information on changes in your Farm Bureau Select Rx coverage.

We previously sent you the Annual Notice of Change (ANOC) which provided information about changes to your coverage as an enrollee in our plan. This notice is to let you know there was an error in your ANOC. Below you will find information describing and correcting the error. Please keep this information for your reference. The correct ANOC can be found on our website at <u>www.mhinsurance.com/part-d</u>.

## Changes to your ANOC

Where you can find the error in your 2023 ANOC	Original Information	Corrected Information	What does this mean for you?
On page 8, under "Section 1.3 Changes to Part D Prescription Drug Coverage, Changes to Prescription Drug Costs" your Annual Notice of Change does not list "Important Message About What You Pay for Insulin"	(Blank)	Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one- month supply of each insulin product covered by our plan, no matter what cost- sharing tier it's on.	No benefits or coverages changes were made to your plan. You will pay \$35 for one month supply of insulin product that are covered by the plan.

Farm Bureau Health Plans is a prescription drug plan with a Medicare contract. Enrollment inFarm Bureau Health Plans depends on contract renewal.S2668\_MHALMK23109\_M



Where you can find the error in your 2023 ANOC	Original Information	Corrected Information	What does this mean for you?
On page 8, under "Section 1.3 Changes to Part D Prescription Drug Coverage, Changes to Prescription Drug Costs" your Annual Notice of Change does not list "Important Message About What You Pay for Insulin"	(Blank)	Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800- MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1- 877-486-2048.	No benefit or coverage changes were made to your plan. You have been provided additional information on how to obtain Help from Medicare.



Where you can find the error in your 2023 ANOC	Original Information	Corrected Information	What does this mean for you?
	(Blank)	Additional Resources to Help – Please contact our Member Services number at 1-855-540- 4744 for additional information. (TTY users should call 711.) Hours are Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 	No benefit or coverage changes were made to your plan. You were provided additional information on how to obtain Help through FBHP member services.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call Member Services at 1-855-540-4744 for additional information. (TTY users should call 711.) Hours are Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays.

Best Regards,

Farm Bureau Select Rx

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**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-540-4744. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-540-4744. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何 疑问。如果您需要此翻译服务,请致电 1-855-540-4744。我们的中文工作人员很乐意 帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問,為此我們提供免費的 翻譯 服務。如需翻譯服務,請致電 1-855-540-4744。我們講中文的人員將樂意為您提 供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-540-4744. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurancemédicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-540-4744. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-540-4744 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-540-4744. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-540-4744 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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> Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-540-4744. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

> Arabic: إننا نقدم خدمات المترجم الغوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول باننا نقدم خدمات المترجم فوري، ليس عليك سوى الاتصال بنا18555404744 سيقوم شخص ما يتحدث العربية .

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-540-4744 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-540-4744. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-540-4744. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-540-4744. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-540-4744. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-540-4744 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービス です。