

## **SelectHealth Medicare Essential (HMO) offered by SelectHealth**

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of SelectHealth Advantage Essential. Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

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

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023 handbook*.

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

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

- If you don't join another plan by December 7, 2022, you will stay in SelectHealth Medicare Essential.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with SelectHealth Medicare Essential.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-855-442-9900** (toll-free) for additional information. (TTY users should call **711**) Hours are:
  - **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
  - **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.
- Outside of these hours of operation, please leave a message and your call will be returned within one business day.
- This document may be available in alternate formats (e.g., large print). Please contact Member Services at the numbers listed in Section 8.1 of this booklet.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About SelectHealth Medicare Essential

- SelectHealth is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal.
- When this document says "we," "us," or "our", it means SelectHealth. When it says "plan" or "our plan", it means SelectHealth Medicare Essential.

# Multi-Language Insert



## Multi-Language Interpreter Services

SelectHealth: **1-855-442-9900** (TTY:711)

SelectHealth provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Member Services team at **1-855-442-9900** for additional information (TTY users, please call 711). Hours are 24 hours a day, 7 days a week.

**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 **1-855-442-9900** (TTY: 711). Someone who speaks English 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 **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese:** 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 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**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 **1-855-442-9900**. 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'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. 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 quý vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Navajo:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éí ná hólq', kojì' hódíłnih SelectHealth.

**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 **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-442-9900**.

سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**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 **1-855-442-9900** 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 **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** 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 **1-855-442-9900**. 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 **1-855-442-9900**. 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 **1-855-442-9900**. 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。通訳をご用命になるには、**1-855-442-9900** 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。

**Amharic:** ስለ ጤና ወይም የመድኃኒት ዕቅዳችን ማንኛውንም ጥያቄ ለመመለስ ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት በ **1-855-442-9900** ይደውሉልን። አማርኛ የሚናገር ሰው ሊረዳህ ይችላል። ይህ ነፃ አገልግሎት ነው።

**Serbian:** Имамо бесплатне услуге преводиоца за одговоре на сва ваша питања о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на **1-855-442-9900**. Неко ко говори српски може вам помоћи. Ово је бесплатна услуга.

**Persian:** ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، فقط با شماره **1-855-442-9900** تماس بگیرید. کسی که فارسی صحبت می کند می تواند به شما کمک کند. این یک سرویس رایگان است.

**Thai:** เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือแผนยาของเรา หากต้องการล่าม เพียงโทรหาเราที่ **1-855-442-9900** คนที่พูดภาษาไทย สามารถช่วยคุณได้ ๖ นี่เป็นบริการฟรี

**Nepali:** हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंलाई हुन सक्ने कुनै पनि प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभाषे सेवाहरू छन्। एक दोभासे प्राप्त गर्न, हामीलाई **1-855-442-9900** मा कल गर्नुहोस्। नेपाली बोल्ने कोहीले तपाईंलाई मद्दत गर्न सक्छ। यो निःशुल्क सेवा हो।

## ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *SelectHealth Medicare Essential* in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$6,700	\$5,900
<b>Doctor Office Visits</b>	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$50 per visit.	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$20 per visit.

Cost	2022 (this year)	2023 (next year)
<b>Inpatient Hospital Stays</b>	<p>You pay a \$300 copay per day for days 1-7.</p> <p>You pay a \$0 copay per day for days 8-90.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>	<p>You pay a \$350 copay per day for days 1-5.</p> <p>You pay a \$0 copay for days 6-90.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p>	<p>Deductible: \$150 – Applies only to drugs in Tier 3, Tier 4 and Tier 5.</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: you pay \$0 per prescription.</li> <li>• Drug Tier 2: you pay \$15 per prescription.</li> <li>• Drug Tier 3: you pay \$45 per prescription after deductible. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></li> <li>• Drug Tier 4: you pay \$95 per prescription after deductible.</li> <li>• Drug Tier 5: you pay 30% per prescription after deductible.</li> </ul>	<p>Deductible: \$100 – Applies only to drugs in Tier 3, Tier 4 and Tier 5.</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: you pay \$0 per prescription.</li> <li>• Drug Tier 2: you pay \$6 per prescription.</li> <li>• Drug Tier 3: you pay \$47 per prescription after deductible. <i>(You pay \$35 per prescription for select Tier 3 insulins, deductible does not apply.)</i></li> <li>• Drug Tier 4: you pay \$100 per prescription after deductible. <i>(You pay \$35 per prescription for select Tier 4 insulins, deductible does not apply.)</i></li> <li>• Drug Tier 5: you pay 31% per prescription after deductible.</li> </ul>

Cost	2022 (this year)	2023 (next year)
<b>Coverage through the gap</b>	<p>You pay \$0 per prescription for Tier 1 diabetes drugs through the coverage gap.</p> <p>You pay \$15 per prescription for Tier 2 diabetes drugs through the coverage gap.</p> <p>You pay \$35 per prescription for select Tier 3 insulins through the coverage gap.</p> <p>There is no supplemental gap coverage for select Tier 4 insulins.</p>	<p>You pay \$0 per prescription for Tier 1 generic diabetes drugs through the coverage gap.</p> <p>You pay \$6 per prescription for Tier 2 generic diabetes drugs through the coverage gap.</p> <p>You pay \$35 per prescription for select Tier 3 insulins through the coverage gap.</p> <p>You pay \$35 per prescription for select Tier 4 insulins through the coverage gap.</p>



## SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from SelectHealth Advantage Essential (HMO) to *SelectHealth Medicare Essential (HMO)*.

You will receive a new ID card in the mail—please replace the ID card in your wallet with the new one. You will also see our new name on other communications, from member materials to our website.

**If you do nothing by December 7, 2022, we will automatically enroll you in *SelectHealth Medicare Essential*.** This means starting January 1, 2023, you will be getting your medical coverage through SelectHealth Medicare Essential. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b>	\$6,700	\$5,900
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Copays for hearing aids and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$5,900 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a *directory*.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network.**

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

## Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
Ambulatory Surgical Center Services	You pay a \$320 copay for Ambulatory Surgical Center Services.	You pay a \$250 copay for Ambulatory Surgical Center Services.
Dental Services	<p>You pay a \$50 copay for Medicare-covered dental services.</p> <p>There is \$1000 allowance Every Year.</p> <p>Comprehensive dental services are automatically included in your plan for no additional premium.</p> <p>\$50 deductible</p> <p>Preventive services are already covered at 100% in your plan.</p> <p>Basic services:</p> <p>You pay 50% coinsurance for basic dental services such as fillings, extractions, endodontic and periodontal treatment.</p>	<p>You pay a \$20 copay for Medicare-covered dental services.</p> <p>There is \$1000 allowance Every Year.</p> <p>Comprehensive dental services are automatically included in your plan for no additional premium.</p> <p>\$0 deductible</p> <p>Preventive services are already covered at 100% in your plan.</p> <p>Basic services:</p> <p>You pay a \$0 copay for basic dental services such as fillings, extractions, endodontic and periodontal treatment.</p>

Cost	2022 (this year)	2023 (next year)
	<p>Major services:</p> <p>You pay 60% coinsurance for major dental services such as crowns, dentures, &amp; implants.</p> <p>There is an annual maximum plan payment of \$1,000 that applies for basic and major services. The annual maximum plan payment does not apply to preventive services.</p>	<p>Major services:</p> <p>You pay 20% coinsurance for major dental services such as crowns, dentures, &amp; implants.</p> <p>There is an annual maximum plan payment of \$1,000 that applies for basic and major services. The annual maximum plan payment does not apply to preventive services.</p>
Diagnostic Procedures and Tests - Medicare-covered	<p>You pay a \$10 copay per visit for diagnostic procedures and tests.</p> <p>You pay a \$50 copay for home-based sleep studies administered by a specialist.</p>	<p>You pay a \$0 copay per visit for diagnostic procedures and tests.</p> <p>You pay a \$20 copay for home-based sleep studies administered by a specialist.</p>
Doctor Office Visits - Specialist Provider	You pay a \$50 copay per office visit with your specialist provider.	You pay a \$20 copay per office visit with your specialist provider.
Durable Medical Equipment (DME)	You pay 20% coinsurance for canes, crutches, and walkers.	You pay a \$0 copay for canes, crutches, and walkers.
Emergency Care	You pay a \$90 copay for each Medicare-covered emergency room visit.	You pay a \$95 copay for each Medicare-covered emergency room visit.
Eye Exams - Medicare-covered	You pay a \$50 copay for Medicare-covered non-routine eye exams.	You pay a \$20 copay for Medicare-covered non-routine eye exams.

Cost	2022 (this year)	2023 (next year)
Eye Exams- Routine	You pay a \$50 copay for routine eye exams.	You pay a \$0 copay for this benefit when administered by an EyeMed Provider <u>or</u> you may receive up to a \$35 reimbursement when administered by an out-of-network provider.
Hearing Services - Medicare-covered Hearing Exams	You pay a \$50 copay for Medicare-covered hearing services.	You pay a \$20 copay for Medicare-covered hearing services.
Hearing Services - Routine Hearing Exams	You pay a \$50 copay for routine hearing exams.	You pay a \$0 copay for routine hearing exams.

Cost	2022 (this year)	2023 (next year)
Hospice Care	<p data-bbox="641 321 808 352"><b>In-Network:</b></p> <p data-bbox="641 405 1036 861">You pay a \$0 copay for routine home hospice services, respite hospice services up to 7 days at a time, general inpatient hospice services, and hospice-related drugs. You pay 20% coinsurance for concurrent and transitional care for oncology during the first 90 days on hospice.</p> <p data-bbox="641 913 868 945"><b>Out-of-Network:</b></p> <p data-bbox="641 997 1040 1402">You pay a \$0 copay for routine home hospice services, general inpatient hospice services and most other hospice services not listed below. You pay 5% coinsurance for respite hospice services up to 5 days at a time. You pay up to a \$5 copay for hospice-related drugs.</p>	<p data-bbox="1052 405 1419 730">When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not SelectHealth.</p>

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital	<p>You pay a \$300 copay per day for days 1-7.</p> <p>You pay a \$0 copay per day for days 7-90.</p> <p>Additional days: you pay \$0 copay per day for each additional day.</p>	<p>You pay a \$350 copay per day for days 1-5.</p> <p>You pay a \$0 copay per day for days 6-90.</p> <p>Additional days: you pay \$0 copay per day for each additional day.</p>
Inpatient Psychiatric - Medicare-covered	<p>You pay a \$260 copay per day for days 1-6.</p> <p>You pay a \$0 copay per day for days 7-90.</p>	<p>You pay a \$350 copay per day for days 1-5.</p> <p>You pay a \$0 copay per day for days 6-90.</p>
Lab Services - Medicare-covered	You pay a \$10 copay for Medicare-covered lab services.	You pay a \$0 copay for this benefit.
Observation Services - Medicare-covered	You pay a \$320 copay for Medicare-covered outpatient hospital observation services.	You pay a \$350 copay for Medicare-covered outpatient hospital observation services.
Outpatient Hospital Services	<p>You pay a \$320 copay per encounter for Medicare-covered outpatient procedures in an outpatient hospital setting.</p> <p>You pay a \$50 copay per encounter for outpatient services in a treatment room.</p> <p>You pay a \$50 copay per encounter for outpatient wound care.</p>	<p>You pay a \$350 copay per encounter for Medicare-covered outpatient procedures in an outpatient hospital setting.</p> <p>You pay a \$20 copay per encounter for outpatient services in a treatment room.</p> <p>You pay a \$20 copay per encounter for outpatient wound care.</p>

Cost	2022 (this year)	2023 (next year)
Over-the-Counter (OTC) drugs and supplies	This service is not covered.	You have a \$350 combined allowance every year on a SelectHealth Medicare flexible benefits Mastercard® to be used for qualifying OTC products. This allowance is shared with Wellness Your Way services.
Podiatry Services - Medicare-covered	You pay a \$50 copay for each Medicare-covered podiatrist office visit.	You pay a \$20 copay for each Medicare-covered podiatrist office visit.
Podiatry Services - Routine Foot Care	This service is not covered.	You pay a \$20 copay for Routine Foot Care up to 6 visits.
Pulmonary Rehabilitation Services - Medicare-covered	You pay a \$30 copay for each Medicare-covered pulmonary rehabilitation visit.	You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation visit.
Skilled Nursing Facility (SNF) Medicare-covered stay	<p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$160 copay per day for days 21-75.</p> <p>You pay a \$0 copay per day for days 76-100.</p>	<p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$196 copay per day for days 21-55.</p> <p>You pay a \$0 copay per day for days 56-100.</p>
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services - Medicare-covered	You pay a \$30 copay for each Medicare-covered SET visit.	You pay a \$20 copay for each Medicare-covered SET visit.



Cost	2022 (this year)	2023 (next year)
Telehealth Services	<p>You pay a \$0 copay for telehealth visit with a primary care provider.</p> <p>You pay a \$50 copay for a telehealth visit with a specialist provider.</p>	<p>You pay a \$0 copay for a telehealth visit with a primary care provider.</p> <p>You pay a \$20 copay for a telehealth visit with a specialist provider.</p>
Vision Hardware	The plan will pay up to \$200 toward eyeglasses (lenses and frames) or contact lenses once every other year.	The plan will either pay up to \$200 toward eyeglasses (lenses and frames) or contact lenses at an EyeMed Vision retailer once every year <u>or</u> you may receive up to \$200 toward eyeglasses (lenses and frames) or contact lenses purchased at an out-of-network retailer once every year.
Wellness Your Way	The Wellness Your Way benefit will reimburse an enrollee a combined total of up to \$240 per year for approved services.	You have a \$350 combined allowance every year on a SelectHealth Medicare flexible benefits Mastercard® to be used for Wellness Your Way services (such as: gym/health club membership, health education, nutritional benefits, weight management programs). This allowance is shared with qualifying OTC products.

Cost	2022 (this year)	2023 (next year)
Worldwide Emergency Coverage	You pay a \$90 copay for emergency services outside of the service area.	You pay a \$95 copay for emergency services outside of the service area.
X-Ray Services - Medicare-covered	You pay a \$20 copay for Medicare-covered x-rays.	You pay a \$0 copay for Medicare-covered x-rays.

## Section 2.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website ([selecthealth.org/medicare](https://selecthealth.org/medicare)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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

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

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the ‘IC’ abbreviation listed under the Requirements/Limits column in the Drug List. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” if you haven’t received this insert by September 30, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

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

## Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your preferred brand name, non-preferred brand name, or specialty drugs tiers drugs until you have reached the yearly deductible.	The deductible is \$150.  During this stage, you pay \$0 or \$15 cost sharing for drugs on the generic or preferred generic tiers, \$35 cost sharing for Select Insulins on preferred brand name tier, and the full cost of other drugs on the preferred brand name, non-preferred brand name, or specialty drugs tiers until you have reached the yearly deductible.	The deductible is \$100.  During this stage, you pay \$0 or \$6 cost sharing for drugs on the generic or preferred generic tiers, and the full cost of other drugs on the preferred brand name, non-preferred brand name, or specialty drugs tiers until you have reached the yearly deductible.  There is no deductible for SelectHealth Medicare Essential for Select Insulins. You pay \$35 cost sharing for a one-month supply of Select Insulins.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>  The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 – Preferred Generic Drugs:</b> You pay \$0 per prescription.  <b>Tier 2 – Generic Drugs:</b> You pay \$15 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>Tier 1 – Preferred Generic Drugs:</b> You pay \$0 per prescription.  <b>Tier 2 – Generic Drugs:</b> You pay \$6 per prescription.

Stage	2022 (this year)	2023 (next year)
costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.	<p><b>Tier 3 – Preferred Brand-Name Drugs:</b></p> <p>You pay \$45 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins.)</i></p> <p><b>Tier 4 – Non-Preferred Brand-Name Drugs:</b></p> <p>You pay \$95 per prescription.</p> <p><b>Tier 5 – Specialty Drugs:</b></p> <p>You pay 30% of the total cost per prescription.</p> <p><b>Note:</b> SelectHealth Medicare Essential offers additional gap coverage for Select Insulins on Tier 3. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins on Tier 3 will be \$35 for a one-month supply.</p> <p>Once your total drug costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 3 – Preferred Brand-Name Drugs:</b></p> <p>You pay \$47 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins.)</i></p> <p><b>Tier 4 – Non-Preferred Brand-Name Drugs:</b></p> <p>You pay \$100 per prescription. <i>(You pay \$35 per prescription for select Tier 4 insulins.)</i></p> <p><b>Tier 5 – Specialty Drugs:</b></p> <p>You pay 31% of the total cost per prescription.</p> <p><b>Note:</b> SelectHealth Medicare Essential offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35 for a one-month supply.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**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 for all insulins regardless of what tier, even if you haven't paid your deductible. Tier 1 insulins will be covered at 100%.

### SECTION 3 Administrative Changes

Cost	2022 (this year)	2023 (next year)
Plan Name	Our plan name is SelectHealth Advantage Essential (HMO).	Our plan name is SelectHealth Medicare Essential (HMO).
SelectHealth Medicare Flexible Benefits Card	You receive reimbursement for up to a total of \$240 per year for Wellness Your Way services.	You have a \$350 combined allowance every year on your SelectHealth Medicare flexible benefits Mastercard® to be used for supplemental items and services available through the Wellness Your Way benefit and qualifying Over-the-Counter items.

### SECTION 4 Deciding Which Plan to Choose

#### Section 4.1 – If you want to stay in *SelectHealth Medicare Essential*

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in SelectHealth Medicare Essential.

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## Section 4.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, SelectHealth offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from SelectHealth Medicare Essential.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SelectHealth Medicare Essential.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

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

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Idaho, the SHIP is called Senior Health Insurance Benefits Advisors (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at 1-800-247-4422. You can learn more about SHIBA by visiting their website ([doi.idaho.gov/shiba](https://doi.idaho.gov/shiba)).

## SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Idaho has a program called IDAGAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.



- **Idaho Aids Drug Assistance Program (IDAGAP)**
  - **Phone:** 1-208-334-5612; TTY users should call 711
  - **Address:**  
Idaho Ryan White Part B Program  
PO Box 83720  
Boise, ID 83720  
[IdahoADAP@dhw.idaho.gov](mailto:IdahoADAP@dhw.idaho.gov)
  - **Website:**  
[healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv](https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv)
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Idaho Department of Health and Welfare. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 208-334-5612.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from *SelectHealth Medicare Essential*

We're here to help. Please call Member Services at **1-855-442-9900**. (TTY only, call 711). We are available for phone calls:

- **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. Calls to these numbers are free.

### **Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for *SelectHealth Medicare Essential*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). You can also review the separately available *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

## Visit our Website

You can also visit our website at [selecthealth.org/medicare](https://selecthealth.org/medicare). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. (To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)).

### Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.