

SelectHealth Medicare Enhanced (HMO) offered by SelectHealth

Annual Notice of Changes for 2023

You are currently enrolled as a member of SelectHealth Advantage Enhanced. 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. 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.**

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 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 Enhanced.
- 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 Enhanced.
- 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 for more information.

About SelectHealth Medicare Enhanced

- 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 Enhanced.

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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-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 Arzneimittelpflicht. 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', koji' 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 خدمت المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بلصحة 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 سوالی 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 ็ 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 Enhanced* in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$67	\$48
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$5,000	\$5,700
Doctor Office Visits	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$30 per visit.	Primary care visits: you pay \$0 per visit. Specialist visits: you pay \$20 per visit.

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital Stays	<p>You pay a \$300 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>	<p>You pay a \$350 copay per day for days 1-4.</p> <p>You pay a \$0 copay for days 5-90.</p> <p>Additional days: you pay \$0 per day for each additional day.</p>
<p>Part D prescription drug coverage (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"> • Drug Tier 1: you pay \$0 per prescription. • Drug Tier 2: you pay \$10 per prescription. • 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> • Drug Tier 4: you pay \$95 per prescription after deductible. • Drug Tier 5: you pay 30% per prescription after deductible. 	<p>Deductible: \$50 – 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"> • Drug Tier 1: you pay \$0 per prescription. • Drug Tier 2: you pay \$6 per prescription. • 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> • 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> • Drug Tier 5: you pay 32% per prescription after deductible.

Cost	2022 (this year)	2023 (next year)
Coverage through the gap	<p>You pay \$0 per prescription for Tier 1 diabetes drugs through the coverage gap.</p> <p>You pay \$10 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 Enhanced (HMO) to *SelectHealth Medicare Enhanced (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 Enhanced*. This means starting January 1, 2023, you will be getting your medical coverage through SelectHealth Medicare Enhanced. 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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$67	\$48

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

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)
Maximum out-of-pocket amount	\$5,000	\$5,700
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 \$5,700 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. 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)
Ambulance Services	You pay a \$225 copay for Medicare-covered ambulance services (each-way).	You pay a \$250 copay for Medicare-covered ambulance services (each-way).
Ambulance Services - Medicare-covered Air Ambulance	You pay a \$225 copay for Medicare-covered ambulance services (each-way).	You pay a \$250 copay for Medicare-covered ambulance services (each-way).
Ambulatory Surgical Center Services	You pay a \$300 copay for Ambulatory Surgical Center Services.	You pay a \$250 copay for Ambulatory Surgical Center Services.
Cardiac Rehabilitation Services - Medicare-covered	You pay a \$10 copay for each Medicare-covered cardiac rehabilitation visit.	You pay a \$0 copay for each Medicare-covered cardiac rehabilitation visit.
Chiropractic Services	You pay a \$10 copay for each Medicare-covered chiropractic visit with an American Specialty Health Network (ASHN) provider.	You pay a \$20 copay for each Medicare-covered chiropractic visit with a SelectHealth Medicare network provider.

Cost	2022 (this year)	2023 (next year)
Dental Services	You pay a \$30 copay for Medicare-covered dental services.	You pay a \$20 copay for Medicare-covered dental services.
	Comprehensive dental services are automatically included in your plan for no additional premium.	Comprehensive dental services are automatically included in your plan for no additional premium.
	\$0 deductible	\$0 deductible
	Preventive services are covered at 100% in your plan.	Preventive services are covered at 100% in your plan.
	Basic services:	Basic services:
	You pay 50% for basic dental services such as fillings, extractions, endodontic and periodontal treatment.	You pay \$0 for basic dental services such as fillings, extractions, endodontic and periodontal treatment.
	Major services:	Major services:
	You pay 50% for major dental services such as crowns, dentures, & implants.	You pay \$0 for major dental services such as crowns, dentures, & implants.
	There is an annual maximum plan payment of \$1,500 that applies for basic and major services. The annual maximum plan payment does not apply to preventive services.	There is an annual maximum plan payment of \$2,000 that applies for basic and major services. The annual maximum plan payment does not apply to preventive services.

Cost	2022 (this year)	2023 (next year)
Diagnostic Colonoscopy	You pay a \$320 copay for each Medicare-covered diagnostic colonoscopy.	You pay a \$300 copay for each Medicare-covered diagnostic colonoscopy.
Diagnostic Procedures and Tests - Medicare-covered	You pay a \$30 copay for home-based sleep studies administered by a specialist.	You pay a \$20 copay for home-based sleep studies administered by a specialist.
Doctor Office Visits - Specialist Provider	You pay a \$30 copay per office visit with your specialist provider.	You pay a \$20 copay per office visit with your specialist provider.
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 \$30 copay for Medicare-covered non-routine eye exams.	You pay a \$20 copay for Medicare-covered non-routine eye exams.
Hearing Services - Medicare-covered Hearing Exams	You pay a \$30 copay for Medicare-covered hearing services.	You pay a \$20 copay for Medicare-covered hearing services.

Cost	2022 (this year)	2023 (next year)
Hospice Care	<p>In-Network:</p> <p>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.</p> <p>You pay 20% coinsurance for concurrent and transitional care for oncology during the first 90 days on hospice.</p> <p>Out-of-Network:</p> <p>You pay a \$0 copay for routine home hospice services, general inpatient hospice services and most other hospice services not listed below.</p> <p>You pay 5% coinsurance for respite hospice services up to 5 days at a time.</p> <p>You pay up to a \$5 copay for hospice-related drugs.</p>	<p>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>
Hospital at Home	Not a covered service.	<p>You pay a \$300 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p>

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital	<p>You pay a \$300 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p> <p>Additional days: you pay a \$0 copay per day for each additional day.</p>	<p>You pay a \$350 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p> <p>Additional days: you pay a \$0 copay per day for each additional day.</p>
Inpatient Psychiatric - Medicare-covered	<p>You pay a \$300 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p>	<p>You pay a \$350 copay per day for days 1-4.</p> <p>You pay a \$0 copay per day for days 5-90.</p>
Intensive Cardiac Rehabilitation Services - Medicare-covered	You pay a \$10 copay for each Medicare-covered cardiac rehabilitation visit.	You pay a \$0 copay for each Medicare-covered cardiac rehabilitation visit.
Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	You pay a \$30 copay for each Medicare-covered SET visit.	You pay a \$10 copay for each Medicare-covered SET visit.
Medicare-covered X-Ray Services	You pay a \$10 copay for Medicare-covered x-rays in your doctor's office or in an outpatient facility.	You pay a \$0 copay for Medicare-covered x-rays in your doctor's office or in an outpatient facility.
Occupational Therapy Services	You pay a \$30 copay per visit/encounter for Medicare-covered occupational therapy services.	You pay a \$20 copay per visit/encounter for Medicare-covered occupational therapy services.

Cost	2022 (this year)	2023 (next year)
Outpatient Hospital Services	<p>You pay a \$30 copay per encounter for outpatient services in a treatment room.</p> <p>You pay a \$30 copay per encounter for outpatient wound care.</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>
Outpatient Mental Health Care	<p>You pay a \$40 copay for Medicare-covered individual or group therapy in a specialist's office.</p> <p>You pay a \$40 copay for Medicare-covered individual or group therapy in an outpatient facility.</p>	<p>You pay a \$20 copay for Medicare-covered individual therapy in a specialist's office or an outpatient facility.</p> <p>You pay a \$15 copay for Medicare-covered group therapy in a specialist's office or an outpatient facility.</p>
Outpatient Hospital Observation	You pay a \$320 copay for Medicare-covered outpatient hospital observation services.	You pay a \$300 copay for Medicare-covered outpatient hospital observation services.
Outpatient Surgery	You pay a \$320 copay for Medicare-covered outpatient surgery in an outpatient hospital setting.	You pay a \$300 copay for Medicare-covered surgery in an outpatient hospital setting.
Outpatient Substance Abuse Services	<p>You pay a \$40 copay for Medicare-covered outpatient substance abuse services in a specialist's office.</p> <p>You pay a \$50 copay for Medicare-covered outpatient</p>	<p>You pay a \$20 copay for Medicare-covered individual outpatient substance abuse services in a specialist's office or outpatient facility.</p> <p>You pay a \$15 copay for</p>

Cost	2022 (this year)	2023 (next year)
	substance abuse services in an outpatient facility.	Medicare-covered group outpatient substance abuse services in a specialist's office or outpatient facility.

Cost	2022 (this year)	2023 (next year)
Over-the-Counter (OTC) drugs and supplies	There is \$50 allowance each quarter administered by Convey.	You have a \$75 allowance for OTC items each quarter on your SelectHealth Medicare flexible benefits Mastercard® that can be used for in-store purchases. Items are also available online or via mail order catalog.
Physical Therapy and Speech-Language Pathology Services	You pay a \$30 copay per visit/encounter for Medicare-covered physical or speech therapy services.	You pay a \$20 copay per visit/encounter for Medicare-covered physical or speech therapy services.
Podiatry Services - Medicare-covered	You pay a \$30 copay for each Medicare-covered podiatrist office visit.	You pay a \$20 copay for each Medicare-covered podiatrist office visit.
Pulmonary Rehabilitation Services - Medicare-covered	You pay a \$30 copay for each Medicare-covered pulmonary rehabilitation visit.	You pay a \$10 copay for each Medicare-covered pulmonary rehabilitation visit.
Routine Foot Care - Medicare-covered	You pay a \$10 copay for Routine Foot Care up to 6 visits.	You pay a \$20 copay for Routine Foot Care up to 6 visits.
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 21-50.</p> <p>You pay a \$0 copay per day for days 51-100.</p>

Cost	2022 (this year)	2023 (next year)
Telehealth Services	You pay a \$30 copay for a telehealth visit with a specialist provider.	You pay a \$20 copay for a telehealth visit with a specialist provider.
Transportation Services - Non-Emergent	Not a covered service.	You pay a \$0 copay for non-emergency transportation services up to 24 one-way trips.
Urgently Needed Services	You pay a \$45 copay for Medicare-covered services at an urgent care facility.	You pay a \$35 copay for Medicare-covered services at an urgent care facility.
Vision Hardware	<p>The plan will pay up to \$150 toward eyeglasses (lenses and frames) or contact lenses once every other year.</p> <p>You pay a \$0 copay for standard, bifocal, or trifocal lenses once every other year.</p> <p>You pay a \$65 copay for progressive lenses once every other year.</p> <p>You pay a copay of between \$15-\$45 for optional lens upgrades once every other year.</p>	The plan will pay up to \$200 toward eyeglasses (lenses and frames) or contact lenses once every 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.

Cost	2022 (this year)	2023 (next year)
Worldwide Emergency Transportation	You pay a \$225 copay for Medicare-covered ambulance services (each way).	You pay a \$250 copay for Medicare-covered ambulance services (each way).
Worldwide Urgent Coverage	You pay a \$45 copay for urgent care services outside of the service area.	You pay a \$35 copay for urgent care services outside of the service area.

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).

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)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost 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 \$10 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 \$50. 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 Enhanced 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)
Stage 2: Initial Coverage Stage 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 you pay your share of the cost. 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: Tier 1 – Preferred Generic Drugs: You pay \$0 per prescription. Tier 2 – Generic Drugs: You pay \$10 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Tier 1 – Preferred Generic Drugs: You pay \$0 per prescription. Tier 2 – Generic Drugs: 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.	Tier 3 – Preferred Brand-Name Drugs: You pay \$45 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins.)</i>	Tier 3 – Preferred Brand-Name Drugs: You pay \$47 per prescription. <i>(You pay \$35 per prescription for select Tier 3 insulins.)</i>
We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Tier 4 – Non-Preferred Brand-Name Drugs: You pay \$95 per prescription.	Tier 4 – Non-Preferred Brand-Name Drugs: You pay \$100 per prescription. <i>(You pay \$35 per prescription for select Tier 4 insulins.)</i>
	Tier 5 – Specialty Drugs: You pay 30% of the total cost per prescription.	Tier 5 – Specialty Drugs: You pay 32% of the total cost per prescription.
	Note: SelectHealth Medicare Enhanced 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.	Note: SelectHealth Medicare Enhanced 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.
	Once your total drug costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).

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)
Eye Exams - Routine	You pay a \$0 copay for Routine Eye Exams.	You pay a \$0 copay for Routine Eye Exam when administered by an EyeMed Provider.
Plan Name	Our plan name is SelectHealth Advantage Enhanced (HMO).	Our plan name is SelectHealth Medicare Enhanced (HMO).
SelectHealth Medicare Flexible Benefits Card	<p>You receive reimbursement for up to a total of \$480 per year for Wellness Your Way services.</p> <p>Over-the-Counter (OTC) items are available for purchase only via online or mail order catalog.</p>	<p>You have a \$480 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.</p> <p>You have a \$75 allowance for OTC items each quarter on your SelectHealth Medicare flexible benefits Mastercard® that can be used for in-store purchases. Items are also available online or via mail order catalog.</p>

SECTION 4 Deciding Which Plan to Choose

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

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 Enhanced.

Section 4.2 – If you want to change plans

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, 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 Enhanced.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SelectHealth Medicare Enhanced.
- 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 Utah, the SHIP is called the Senior Health Insurance Information Program, and in Idaho the State Health Insurance Assistance Program is called the Senior Health Insurance Benefits Advisors Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 SHIP at the numbers listed below for Utah and Idaho. You can learn more about SHIP by visiting their websites listed below.

- **Utah – Senior Health Insurance Information Program (SHIP)**
 - **Phone:** 1-800-541-7735; TTY users should call 711
 - **Address:**
Division of Aging and Adult Services
Utah Department of Human Services
195 North 1950 West
Salt Lake City, UT 84116
 - **Website:** daas.utah.gov/seniors

- **Idaho– Senior Health Insurance Benefits Advisors Program (SHIBA)**

- **Phone:** 1-800-247-4422; TTY users should call 711

- **Address:**

- Idaho Department of Insurance

- Atten: SHIBA

- 700 W. State Street, 3rd Fl.

- PO Box 83720

- Boise, ID 83720

- **Website:** 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 residents 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
 - **Website:** 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, or the Utah Department of Health, Bureau of Epidemiology. For information on eligibility criteria, covered drugs, or how to enroll in the program, in Utah please call 801-538-6197, in Idaho please call 208-334-5612.

SECTION 8 Questions?

Section 8.1 – Getting Help from *SelectHealth Medicare Enhanced*

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 Enhanced*. 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. 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. 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).

Section 8.2 – Getting Help from Medicare

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). 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).

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.