

SummaCare Medicare Sapphire (HMO-POS) offered by SummaCare

Annual Notice of Changes for 2023

You are currently enrolled as a member of SummaCare Medicare Sapphire. Next year, there will be changes to the plan's costs and benefits. *Please see page 5 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 www.summacare.com/eoc. You may also call SummaCare Medicare 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 SummaCare Medicare Sapphire.
- 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 SummaCare Medicare Sapphire.
- 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

- Please contact our SummaCare Medicare Member Services number at 330-996-8885 or toll-free 1-800-996-6250 for additional information. (TTY users should call 1-800-750-0750.) From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week.
- Call SummaCare Medicare Member Services to request this booklet in an alternate format such as large print or another language.
- **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 SummaCare Medicare Sapphire

- *SummaCare Medicare Sapphire is an HMO-POS plan with a Medicare contract. Enrollment in SummaCare Medicare Sapphire depends on contract renewal.*
- When this document says “we,” “us,” or “our,” it means *SummaCare*. When it says “plan” or “our plan,” it means *SummaCare Medicare Sapphire*.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for SummaCare Medicare Sapphire 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 1.1 for details.	\$76	\$76
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,600	\$3,550
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$35 per visit	Primary care visits: \$0 per visit Specialist visits: \$35 per visit
Inpatient hospital stays	\$240 copay per day for days 1-6	\$240 copay per day for days 1-6
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copays during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay • Drug Tier 2: \$8 copay • Drug Tier 3: \$44 copay • Drug Tier 4: \$100 copay • Drug Tier 5: 33% of the cost of the drug • Drug Tier 6: \$0 copay 	Deductible: \$0 Copays during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay • Drug Tier 2: \$8 copay • Drug Tier 3: \$44 copay • Drug Tier 4: \$100 copay • Drug Tier 5: 33% of the cost of the drug • Drug Tier 6: \$0 copay

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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.)	\$76	\$76
Monthly premium for optional supplemental dental coverage through Delta Dental	\$28	\$35

- 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 1.2 – 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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,600	\$3,550 Once you have paid \$3,550 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.summacare.com/providerdirectory. You may also call SummaCare Medicare 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 and pharmacies for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, pharmacies etc.) 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 SummaCare Medicare Member Services so we may assist.

Section 1.4 – 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)
Dental services	<p>In-Network: \$0 copay per visit for two exams, two cleanings, one set of bitewing x-rays, periapical x-rays, full-mouth x-rays and palliative treatment.</p> <p>You pay 50% of the allowed amount for fillings.</p> <p>Root canals, simple extractions, bridges, crowns and dentures are not covered.</p> <p>Annual maximum for dental services is \$500 per year.</p> <p>Out-of-Network: Preventive and comprehensive dental services are not covered under your Point of Service benefit.</p>	<p>In-Network: \$0 copay per visit for two exams, two cleanings, one set of bitewing x-rays, periapical x-rays, full-mouth x-rays and palliative treatment.</p> <p>You pay 50% of the allowed amount for fillings, root canals and simple extractions.</p> <p>You pay 70% of the allowed amount for bridges, crowns and dentures.</p> <p>Annual maximum for dental services is \$2,000 per year.</p> <p>Out-of-Network: Preventive and comprehensive dental services are not covered under your Point of Service benefit.</p>
Emergency care	<p>In- and Out-of-Network: \$90 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)</p>	<p>In- and Out-of-Network: \$110 copay for Medicare-covered emergency room visits. (Copay waived if admitted within 24 hours.)</p>

Cost	2022 (this year)	2023 (next year)
Hearing services	<p>In-Network: You pay a \$395 or \$795 copay per hearing aid for select models.</p> <p>Out-of-Network: Hearing aids are <u>not</u> covered under your Point of Service benefit.</p>	<p>In-Network: You pay a \$395 or \$695 copay per hearing aid for select models.</p> <p>Out-of-Network: Hearing aids are <u>not</u> covered under your Point of Service benefit.</p>
Over-the-Counter (OTC) items (Supplemental)	<p>In-Network: You have \$30 every quarter (three months) to spend on plan-approved OTC items. You can place a maximum of two orders per quarter for plan-approved OTC items.</p> <p>Out-of-Network: OTC items are not covered under your Point of Service benefit.</p>	<p>In-Network: You have \$40 every quarter (three months) to spend on plan-approved OTC items. You can place a maximum of two orders per quarter for plan-approved OTC items.</p> <p>Out-of-Network: OTC items are not covered under your Point of Service benefit.</p>
Skilled nursing facility (SNF) care	<p>In-Network: You pay a \$0 copay per day for days 1-20 and a \$184 copay per day for days 21-100.</p> <p>Out-of-Network: You pay a \$184 copay per day for days 1-100.</p>	<p>In-Network: You pay a \$0 copay per day for days 1-20 and a \$188 copay per day for days 21-100.</p> <p>Out-of-Network: You pay a \$188 copay per day for days 1-100.</p>
Supplemental Dental Coverage through Delta Dental of Ohio	<p>In-Network: If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$1,500 per benefit year. This includes your preventive and supplemental dental benefits.</p> <p>Out-of-Network: Preventive and supplemental dental services are not covered under your Point of Service benefit.</p>	<p>In-Network: If you purchase this optional supplemental dental benefit, the plan will pay a total maximum benefit of \$2,000 per benefit year. This includes your preventive and supplemental dental benefits.</p> <p>Out-of-Network: Preventive and supplemental dental services are not covered under your Point of Service benefit.</p>
Urgently needed services	<p>In- and Out-of-Network: You pay a \$40 copay for each Medicare-covered urgently needed care visit.</p>	<p>In- and Out-of-Network: You pay a \$25 copay for each Medicare-covered urgently needed care visit.</p>

Section 1.5 – 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.

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 SummaCare Medicare Member Services for more information.

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” and you haven’t received this insert by September 30, 2022, please call SummaCare Medicare 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	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this chart 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 costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>(Tier 1) Preferred Generic Drugs: You pay \$0 per prescription</p> <p>(Tier 2) Generic Drugs: You pay \$8 per prescription</p> <p>(Tier 3) Preferred Brand Name Drugs: You pay \$44 per prescription</p> <p>(Tier 4) Non-Preferred Drugs: You pay \$100 per prescription</p> <p>(Tier 5) Specialty Drugs: You pay 33% of the total cost.</p> <p>(Tier 6) Vaccines: You pay \$0 per vaccine</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>(Tier 1) Preferred Generic Drugs: You pay \$0 per prescription</p> <p>(Tier 2) Generic Drugs: You pay \$8 per prescription</p> <p>(Tier 3) Preferred Brand Name Drugs: You pay \$44 per prescription</p> <p>(Tier 4) Non-Preferred Drugs: You pay \$100 per prescription</p> <p>(Tier 5) Specialty Drugs: You pay 33% of the total cost.</p> <p>(Tier 6) Select Care Drugs (includes Vaccines): You pay \$0 per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Hearing services	Services for hearing aids must be received through SummaCare’s in-network provider: Homelink.	Services for hearing aids must be received through SummaCare’s in-network provider: Amplifon.
Over-the-Counter (OTC) items (Supplemental)	All OTC items must be purchased through SummaCare OTC.	OTC items may be purchased either through SummaCare OTC or by using a SummaCare Visa Benefit Card at any of more than 62,000 participating retailers nationwide.
Part D Prescription Drugs	A long-term supply of Tier 6 Vaccines is available for up to 90 days.	A long-term supply of Tier 6 Select Care Drugs (includes Vaccines) is available for up to 100 days. Select generic hypertension, diabetes, and cholesterol lowering medications have been added to Tier 6 for \$0 copay.
Visitor/Travel benefit	SummaCare Medicare members who are visiting the state of Florida receive all plan-covered services through the Visitor/Travel benefit. The benefit is available at any time during the year for an unlimited number of trips throughout the year.	SummaCare Medicare members who are visiting the states of Arizona, Florida and Texas receive all plan-covered services through the Visitor/Travel benefit. The benefit is available at any time during the year for an unlimited number of trips throughout the year.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in SummaCare Medicare Sapphire

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 our SummaCare Medicare Sapphire.

Section 3.2 – 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, please see Section 2.1 regarding 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 5), or call Medicare (see Section 7.2). As a reminder, SummaCare 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 SummaCare Medicare Sapphire.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SummaCare Medicare Sapphire.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact SummaCare Medicare 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 4 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 5 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 Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OHSIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. OHSIIP 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 OSHIIP at 1-800-686-1578. You can learn more about OSHIIP by visiting their website (www.insurance.ohio.gov/wps/portal/gov/odi/about-us/divisions/oshiip).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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).
- **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 Ohio AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-777-4775.

SECTION 7 Questions?

Section 7.1 – Getting Help from SummaCare Medicare Sapphire

Questions? We’re here to help. Please call SummaCare Medicare Member Services at 330-996-8885 or toll-free 1-800-996-6250. (TTY only, call 1-800-750-0750). From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m. Monday through Friday. From October 1 through March 31, a representative will be available to take your calls from 8:00 a.m. until 8:00 p.m., seven days a week.

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 SummaCare Medicare Sapphire. 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 www.summacare.com/eoc. You may also call SummaCare Medicare Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.summacare.com/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 7.2 – 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 (www.medicare.gov) 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.