Nascentia Dual Advantage (DSNP) offered by Nascentia Health Plus

Annual Notice of Changes for 2023

You are currently enrolled as a member of *Nascentia Dual Advantage*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 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.nascentiahealthplus.org*. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed 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. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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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 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 *Nascentia Dual Advantage*.
- 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 *Nascentia Dual Advantage*.
- Look in section *4.2* page 20 to learn more about your choices.
- 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 Member Services number at *1-888-477-4663* for additional information. (TTY users should call *711*.) Hours are 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover 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 *https://www.irs.gov/affordable-care-act/individuals* for more information.

About Nascentia Dual Advantage

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-4663 (TTY 711), 8 am – 8 pm, 7 days a week, from October 1-March 31 and Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.
- When this document says "we," "us," or "our," it means *Nascentia Health Plus.* When it says "plan" or "our plan," it means *Nascentia Dual Advantage.*

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *Nascentia Dual Advantage* in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium See Section 2.1 for details.	$0 - $42.40	$0 - $38.90
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $0 copayment per visit	Primary care visits: $0 copayment per visit Specialist visits: $0 copayment per visit
Inpatient hospital stays	$0 copayment for each Medicare covered hospital stay for unlimited days.	$0 copayment for each Medicare covered hospital stay for unlimited days.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.35 copay; or $3.95 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.85 copay; or 15%	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.45 copay; or $4.15 copay; or 15% For all other drugs, either $0 copay; or $4.30 copay; or $10.35 copay; or 15%
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 2.2 for details.)	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Nascentia Dual Advantage in 2023

If you do nothing in 2022, we will automatically enroll you in our Nascentia Dual Advantage. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Nascentia Dual Advantage. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

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 unless it is paid for you by Medicaid.	$0 - $42.40	$0 - $38.90

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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) 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.	$0	$0

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.nascentiahealthplus.org. 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 a 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

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Benefits Chart (what is covered and what you pay), in your 2022 Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.nascentiahealthplus.org. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed 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.

Cost	2022 (this year)	2023 (next year)
Emergency Services	Maximum per visit amount: $90	Maximum per visit amount: $95
Urgently Needed Services	Maximum per visit amount: $65	Maximum per visit amount: $60
Additional Telehealth Services for Part B Services	Primary Care Physician Services, Physician Specialist Services, Individual Sessions for Psychiatric Services	Not Covered
Transportation	8 One Way Tips per year	48 One Way Trips per year
Dental – Comprehensive and Preventative (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)	$700 plan maximum 1 x-ray per year: Bitewings-one set per benefit year; panoramic and full mouth series limited to once every three (3) years	$2000 plan maximum 1 x-ray per year: Bitewings-one set per benefit year; panoramic and full mouth series limited to once every three (3) years
Over-The-Counter (OTC) Items	$400/quarter Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill.	$480/quarter Includes OTC catalog items and healthy and nutritious foods and is a shared amount with the Food and Product allowance permitted to members under Special Supplemental Benefits for the chronically ill.
Chiropractor Services	Yes	Not Covered

Cost	2022 (this year)	2023 (next year)
Fitness Benefit	Not Covered	One-Pass Fitness Benefit: This program includes access to a local participating gym, on-demand exercise programs available through live streaming on your television, and health and wellness events all free of charge.
Vision	Yearly Eye Exam 0% to 20% coinsurance per visit. $355 Upgrade for frames, lenses or contacts	Yearly Eye Exam 0% to 20% coinsurance per visit. $400 Upgrade for frames, lenses or contacts
Hearing Exam **Hearing Aid Coverage**	Yes 1 hearing aid every year $1,200 maximum benefit amount for both ears combined No Coinsurance No Authorization	Yes 1 hearing aid every year $2,000 maximum benefit amount for both ears combined No Coinsurance No Authorization
Utilities	Not Covered	Use up to $100 every month to pay utilities

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. If you don't see your drug on this list, it might still be covered. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website (www.nascentiahealthplus.org).

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.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

Note: If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **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 have 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 Member Services and ask for the "LIS Rider."

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. 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, no matter what cost-sharing tier it's on.

Effective April 1, 2023, some rebatable Part B drugs may be subject to a lower coinsurance.

Effective July 1. 2023, Cost sharing for covered Part B Insulin furnished through a covered item of durable medical equipment will be no more than $35 for a one-month (up to 30-day) supply and if your plan has a deductible, it does not apply to Part B Insulin

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 drugs until you have reached the yearly deductible.	The deductible is either $0 or $99, depending on the level of "Extra Help" you receive.	The deductible is either $0 or $104, depending on the level of "Extra Help" you receive.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage.

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 shown are for a one-month 30 day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.35 copay; or $3.95 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.85 copay; or 15%	If you are enrolled in Medicare Parts A and B and receive assistance under Medicaid, depending on income and level of "Extra Help", you pay one of the following amounts: Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.45 copay; or $4.15 copay; or 15% For all other drugs, either $0 copay; or $4.30 copay; or $10.35 copay; or 15%

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) For all covered drugs, if you do not qualify for "Extra Help" from Medicare to help pay your prescription drug costs	You pay 25% of the total cost	You pay 25% of the total 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 costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once your total drug costs have reached $4,430, you will move to the next state (the Coverage Gap Stage).	Once your total drug costs have reached $4,660, you will move to the next state (the Coverage Gap Stage).

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *Nascentia Dual Advantage*

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 *Nascentia Dual Advantage*.

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 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.

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, *Nascentia Health Plus* offers Medicare health plans *AND/OR* Medicare prescription drug 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 *Nascentia Dual Advantage*.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *Nascentia Dual Advantage*.
- 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 this (phone numbers are in Section 7.1 of this booklet).
    - – *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.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 Changing Plans

If you want to change to a different plan or 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 and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York State the SHIP is called The Health Insurance Information Counseling and Assistance Program (HIICAP)State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Health Insurance Information Counseling and Assistance Program (HIICAP)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 The Health Insurance Information Counseling and Assistance Program (HIICAP)at 1-800-701-0501. You can learn more about The Health Insurance Information Counseling and Assistance Program (HIICAP) by visiting their website https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap.

For questions about your New York Medicaid benefits, contact New York's Medicaid Program at 1-800-541-2831 (TTY users please call 1-800-662-1220) Monday through Friday from 9:00 am to 5:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your New York Medicaid benefits coverage.

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.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", 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.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) 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. (the name and phone numbers for this organization are in Section 6 of this booklet).
- **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 New York Department of Health's AIDS Institute. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call New York Department of Health's AIDS Institute website at https://www.health.ny.gov/diseases/aids/ or call 1-800-541-2137.

SECTION 8 Questions?

Section 8.1 – Getting Help from Nascentia Dual Advantage

Questions? We're here to help. Please call Member Services at 1-888-477-4663. (TTY only, call 711.) We are available for phone calls 8:00 am-8:00 pm, 7 days a week, October 1- March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. 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 Nascentia Dual Advantage. 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.nascentiahealthplus.org. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed 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 www.nascentiahealthplus.org. 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.

Section 8.3 – Getting Help from Medicaid

To get information from Department of Health (Medicaid), you can call 1-855-355-5777 or visit their website at *www.benefits.gov* .