

Ascension Complete St. Vincent's Reward (HMO) offered by Centene Venture Company Alabama Health Plan, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Ascension Complete St. Vincent's Reward (HMO). 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 ascensioncomplete.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare 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 Ascension Complete St. Vincent's Reward (HMO).
- 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 Ascension Complete St. Vincent's Reward (HMO).
- 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 1-833-623-0771 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.
- **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 Ascension Complete St. Vincent's Reward (HMO)

- Ascension Complete is contracted with Medicare for HMO and PPO plans. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in Ascension Complete depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Centene Venture Company Alabama Health Plan, Inc. When it says “plan” or “our plan,” it means Ascension Complete St. Vincent's Reward (HMO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Ascension Complete St. Vincent's Reward (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(See Section 1.2 for details.)</p>	\$2,900	\$3,450
<p>Doctor office visits</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$50 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$50 copay per visit</p>
<p>Inpatient hospital stays</p>	<p>For covered admissions, per admission:</p> <p>\$500 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.</p>	<p>For covered admissions, per admission:</p> <p>\$450 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. \$0 copay for additional covered hospital days.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$480</p> <p>(applies to Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier))</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$5 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$15 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$5 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a \$47 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$37 copay for a one-month (30-day) supply. 	<p>Deductible: \$480</p> <p>(applies to Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier))</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$5 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$15 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$5 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a \$47 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$37 copay for a one-month (30-day) supply.

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li data-bbox="735 317 1084 709">• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay a \$100 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$90 copay for a one-month (30-day) supply. <li data-bbox="735 747 1084 1220">• Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. <li data-bbox="735 1262 1084 1654">• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a \$0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply. 	<ul style="list-style-type: none"> <li data-bbox="1128 352 1477 745">• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay a \$100 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$90 copay for a one-month (30-day) supply. <li data-bbox="1128 783 1477 1255">• Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. <li data-bbox="1128 1297 1477 1690">• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a \$0 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply.

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.)	\$0	\$0
Optional supplemental benefits monthly premium	\$23	<u>Not Available</u>
Part B Premium Reduction	\$100	\$100

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

Section 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 costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$2,900	\$3,450 Once you have paid \$3,450 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 also located on our website at ascensioncomplete.com. 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 & Pharmacy 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 *Provider & 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 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)
Referrals	<p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> • Hearing exams do(es) <u>not</u> require a referral. • Eyewear do(es) <u>not</u> require a referral. • Eye exams do(es) <u>not</u> require a referral. 	
Ambulance services - Air transportation	You pay a \$350 copay per one-way trip for Medicare-covered air ambulance services.	You pay a \$340 copay per one-way trip for Medicare-covered air ambulance services.

Cost	2022 (this year)	2023 (next year)
Ambulance services - Ground transportation	You pay a \$350 copay per one-way trip for Medicare-covered ground ambulance services.	You pay a \$340 copay per one-way trip for Medicare-covered ground ambulance services.
Dental services - Comprehensive dental services	Your plan has up to a \$500 allowance for all in-network covered preventive and comprehensive dental services every year.	Your plan has no maximum allowance for in-network covered comprehensive dental services every year.
Dental services - Preventive dental services	Your plan has up to a \$500 allowance for all in-network covered preventive and comprehensive dental services every year.	Your plan has no maximum allowance for in-network covered preventive dental services every year.
Emergency services	<p>You pay a \$120 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p>	<p>You pay a \$125 copay for each Medicare-covered service.</p> <p>Copayment is waived if you are admitted to a hospital within 24 hours.</p>
Emergency care - Worldwide emergency coverage	<p>You pay a \$120 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p>You pay a \$125 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>
Hearing services - Additional routine hearing exams	<u>Not</u> covered	You pay a \$0 copay.
Hearing services - Additional routine hearing exams	<u>Not</u> covered	Limited to 1 visit(s) every year.
Hearing services - Hearing Aid Fitting/Evaluation(s)	<u>Not</u> covered	You pay a \$0 copay.
Hearing services - Hearing Aid Fitting/Evaluation(s)	<u>Not</u> covered	Limited to 1 visit(s) every year.
Hearing services - Hearing aids	<u>Not</u> covered	Up to a \$350 allowance per ear every year for hearing aids.

Cost	2022 (this year)	2023 (next year)
Hearing services - Hearing aids - All types	<u>Not</u> covered	You pay a \$0 copay.
Hearing services - Hearing aids - All types	<u>Not</u> covered	Limited to 2 hearing aid(s) every year.
Inpatient hospital care	For covered admissions, per admission: You pay a \$500 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. You pay a \$0 copay for additional covered days.	For covered admissions, per admission: You pay a \$450 copay per day, for days 1 to 5 and \$0 copay per day, for days 6 to 90 for each covered hospital stay. You pay a \$0 copay for additional covered days.
On Demand Spiritual Care	Ascension On Demand Spiritual Care benefit requires the member meet eligibility and participation guidelines and is covered under Special Supplemental Benefits for the Chronically Ill.	Ascension On Demand Spiritual Care benefit does <u>not</u> require the member meet eligibility and participation guidelines and is now covered as additional counseling.
Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services	You pay a \$60 copay for each Medicare-covered service.	You pay 20% of the total cost for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital observation	You pay a \$120 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$350 copay for outpatient observation services when you enter observation status through an outpatient facility.	You pay a \$125 copay for outpatient observation services when you enter observation status through an emergency room. You pay a \$350 copay for outpatient observation services when you enter observation status through an outpatient facility.

Cost	2022 (this year)	2023 (next year)
<p>Over-the-counter benefit</p>	<p>You pay a \$0 copay. You receive a benefit of \$35 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period.</p>	<p>You pay a \$0 copay. You receive a benefit of \$67 every quarter to spend on eligible over-the-counter (OTC) products via mail order or at participating retailers. This benefit does <u>not</u> carry over to the next period.</p>
<p>Skilled nursing facility (SNF) care</p>	<p>For Medicare-covered admission per benefit period:</p> <p>You pay a \$0 copay per day, for days 1 to 20 and \$188 copay per day, for days 21 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.</p>	<p>For Medicare-covered admission per admission:</p> <p>You pay a \$0 copay per day, for days 1 to 20, \$196 copay per day, for days 21 to 40, and \$0 copay per day, for days 41 to 100 for Medicare-covered skilled nursing facility care. Beyond day 100: You are responsible for all costs.</p>
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Ascension On Demand Spiritual Care</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>	<p>Benefit requires member to meet eligibility and participation guidelines.</p>	<p>Benefit does not require member meet eligibility and participation guidelines and is now covered as additional counseling under the On Demand Spiritual Care benefit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) - Grocery Delivery</p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.</p>	<p>Grocery Delivery: You pay a \$0 copay. If eligible, you may receive a pre-paid membership to the plan's contracted grocery delivery service vendor and up to \$50 a month to use on plan-approved grocery items. There is a minimum order limit of \$35 per delivery. At the end of the month, any unused benefit dollars will not carry over.</p>	<p>Grocery Delivery is <u>not</u> covered.</p>
<p>Urgently needed services - Worldwide urgent care coverage</p>	<p>You pay a \$120 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.</p>	<p>You pay a \$125 copay for each covered service. Copayment is <u>not</u> waived if you are admitted to a hospital.</p>
<p>Vision care - Routine eye exam</p>	<p><u>Not</u> covered</p>	<p>You pay a \$0 copay.</p>
<p>Vision care - Routine eye exam</p>	<p><u>Not</u> covered</p>	<p>Limited to 1 visit(s) every year.</p>
<p>Vision care - Additional routine eyewear</p>	<p><u>Not</u> covered</p>	<p>Up to a \$100 combined credit every year for all additional eyewear.</p>
<p>Vision care - Additional routine eyewear - Contact lenses</p>	<p><u>Not</u> covered</p>	<p>You pay a \$0 copay.</p>
<p>Vision care - Additional routine eyewear - Contact lenses</p>	<p><u>Not</u> covered</p>	<p>Unlimited contact lenses every year.</p>
<p>Vision care - Additional routine eyewear - Eyeglass frames</p>	<p><u>Not</u> covered</p>	<p>You pay a \$0 copay.</p>
<p>Vision care - Additional routine eyewear - Eyeglass frames</p>	<p><u>Not</u> covered</p>	<p>Unlimited eyeglass frames every year.</p>
<p>Vision care - Additional routine eyewear - Eyeglass lenses</p>	<p><u>Not</u> covered</p>	<p>You pay a \$0 copay.</p>

Cost	2022 (this year)	2023 (next year)
Vision care - Additional routine eyewear - Eyeglass lenses	<u>Not</u> covered	Unlimited eyeglass lenses every year.
Vision care - Additional routine eyewear - Eyeglasses (lenses and frames)	<u>Not</u> covered	You pay a \$0 copay.
Vision care - Additional routine eyewear - Eyeglasses (lenses and frames)	<u>Not</u> covered	Unlimited eyeglasses (lenses and frames) every year.
Vision care - Additional routine eyewear - Upgrades	<u>Not</u> covered	You pay a \$0 copay.
Prior Authorizations	<p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> • Outpatient mental health care - Non-psychiatric services do(es) <u>not</u> require prior authorization. • Opioid treatment program services do(es) <u>not</u> require prior authorization. • Physician/Practitioner services, including doctor's office visits- Other healthcare professionals do(es) <u>not</u> require prior authorization. • Physician/Practitioner services, including doctor's office visits - Specialist do(es) <u>not</u> require prior authorization. • Podiatry services do(es) <u>not</u> require prior authorization. • Outpatient mental health care - Psychiatric services do(es) <u>not</u> require prior authorization. • Outpatient mental health care - Non-psychiatric services may require prior authorization. • Opioid treatment program services may require prior authorization. • Physician/Practitioner services, including doctor's office visits- Other healthcare professionals may require prior authorization. • Physician/Practitioner services, including doctor's office visits - Specialist may require prior authorization. • Podiatry services may require prior authorization. • Outpatient mental health care - Psychiatric services may require prior authorization. 	

Cost	2022 (this year)	2023 (next year)
Optional supplemental benefit package - You may purchase this optional supplemental benefits package for an additional premium.	Centene Silver 1500 40%, Vision 200	Centene Silver 1500 40%, Vision 200 <u>not</u> offered
<i>Prior Authorization rules may apply for covered services.</i>		
Comprehensive Dental	Up to a \$1,500 allowance for all in-network covered preventive and comprehensive dental services every year.	<u>Not</u> covered
Diagnostic services	You pay 40% of the total cost. Limited to 1 diagnostic service(s) every year.	<u>Not</u> covered
Endodontics	You pay 40% of the total cost. Limited to 1 endodontic service(s) per tooth.	<u>Not</u> covered
Extractions	You pay 40% of the total cost. Limited to 1 extraction(s) per tooth.	<u>Not</u> covered
Non-routine services	You pay 40% of the total cost. Limited to 1 non-routine service(s) every date of service to 24 months depending on type of service.	<u>Not</u> covered
Periodontics	You pay 40% of the total cost. Limited to 1 periodontic service(s) every 6 to 36 months depending on type of service.	<u>Not</u> covered
Prosthodontics, Other Oral/Maxillofacial Surgery	You pay 40% of the total cost. Prosthodontics: 1 every 12 to 84 months depending on type of service Other Oral or Maxillofacial Surgery: 1 every 12 to 60 months or per lifetime depending on type of service.	<u>Not</u> covered

Cost	2022 (this year)	2023 (next year)
Restorative	You pay 40% of the total cost. Limited to 1 restorative service(s) every 12 to 84 months depending on type of service.	<u>Not covered</u>
Preventive Dental	Up to a \$1,500 allowance for all in-network covered preventive and comprehensive dental services every year.	<u>Not covered</u>
Oral Exams	You pay a \$0 copay. Limited to 2 oral exam(s) every year.	<u>Not covered</u>
Prophylaxis (cleanings)	You pay a \$0 copay. Limited to 2 cleaning(s) every year.	<u>Not covered</u>
Dental X-ray(s)	You pay a \$0 copay. Limited to 1 x-ray(s) every 12 to 36 months depending on type of service.	<u>Not covered</u>
Fluoride Treatment(s)	You pay a \$0 copay. Limited to 1 fluoride treatment(s) every year.	<u>Not covered</u>
Vision Care		
Eye Exams	You pay a \$0 copay. Limited to 1 visit(s) every year.	<u>Not covered</u>
Eyewear	You pay a \$0 copay. Unlimited contact lenses, eyeglasses, lenses and frames, and upgrades every year. Up to a \$200 combined credit every year for all additional eyewear.	<u>Not covered</u>

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 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 30th, 2022, 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.)

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, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480. During this stage, you pay either \$5 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$15 or \$5 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>	<p>The deductible is \$480. During this stage, you pay either \$5 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs, either \$15 or \$5 cost sharing for drugs on Tier 2: Generic Drugs, and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>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.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)	<p>Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$5 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p>	<p>Drug Tier 1 - Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay a \$5 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</p>
	<p>Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$15 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$5 copay per prescription.</p>	<p>Drug Tier 2 - Generic Drugs: <i>Standard cost sharing:</i> You pay a \$15 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$5 copay per prescription.</p>
	<p>Drug Tier 3 - Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay a \$47 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$37 copay per prescription.</p>	<p>Drug Tier 3 - Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay a \$47 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$37 copay per prescription.</p>
	<p>Drug Tier 4 - Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay a \$100 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$90 copay per prescription.</p>	<p>Drug Tier 4 - Non-Preferred Drugs: <i>Standard cost sharing:</i> You pay a \$100 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$90 copay per prescription.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. 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>Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p>Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay per prescription.</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>Drug Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 25% of the total cost. <i>Preferred cost sharing:</i> You pay 25% of the total cost.</p> <p>Drug Tier 6 - Select Care Drugs: <i>Standard cost sharing:</i> You pay a \$0 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$0 copay 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 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Ascension Complete St. Vincent's Reward (HMO)

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 Ascension Complete St. Vincent's Reward (HMO).

Section 2.2 – 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 1.1 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 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Ascension Complete St. Vincent's Reward (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Ascension Complete St. Vincent's Reward (HMO).
- 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 3 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 4 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 Alabama, the SHIP is called Alabama State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Alabama State Health Insurance Assistance Program (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 Alabama State Health Insurance Assistance Program (SHIP) at 1-800-AGE-LINE (1-800-243-5463) (TTY users should call 711). You can learn more about Alabama State Health Insurance Assistance Program (SHIP) by visiting their website (<http://www.alabamaageline.gov>).

SECTION 5 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 Alabama Office of HIV Prevention and Care. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The Alabama

Office of HIV Prevention and Care, at 1-800-252-1818 (TTY 711) from 8 a.m. - 5 p.m. local time, Monday - Friday.

SECTION 6 Questions?

Section 6.1 – Getting Help from Ascension Complete St. Vincent's Reward (HMO)

Questions? We're here to help. Please call Member Services at 1-833-623-0771. (TTY only, call 711). We are available for phone calls. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. 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 Ascension Complete St. Vincent's Reward (HMO). 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 ascensioncomplete.com. 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 ascensioncomplete.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – 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.

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية يمكنه مساعدتك. هذه الخدمة تقدم مجاناً.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numera o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totagi.

We're Just a Phone Call Away

ALABAMA

- + HMO, PPO
- 📞 **1-833-623-0771**
- + HMO D-SNP
- 📞 **1-833-542-1677**

FLORIDA

- + HMO, HMO-POS
- 📞 **1-833-603-2971**
- + HMO D-SNP
- 📞 **1-833-542-1676**

ILLINOIS

- + HMO
- 📞 **1-833-293-5966**

INDIANA

- + HMO, PPO
- 📞 **1-833-525-0824**
- + HMO D-SNP
- 📞 **1-833-542-1679**

KANSAS

- + HMO, PPO
- 📞 **1-833-816-6623**

MICHIGAN

- + HMO, PPO
- 📞 **1-833-431-1356**
- + HMO D-SNP
- 📞 **1-833-542-1678**

TENNESSEE

- + HMO, PPO
- 📞 **1-833-906-2876**

TEXAS

- + HMO, PPO
- 📞 **1-833-705-1358**

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

📅 **October 1 to March 31:** Monday-Sunday, 8 a.m. to 8 p.m.

📅 **April 1 to September 30:** Monday-Friday, 8 a.m. to 8 p.m.

💻 Or visit [AscensionComplete.com](https://www.ascensioncomplete.com)