

## **Ascension Complete Providence DSNP (HMO D-SNP) 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 Providence DSNP (HMO D-SNP). 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](https://ascensioncomplete.com). 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](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in Ascension Complete Providence DSNP (HMO D-SNP).

- 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 Providence DSNP (HMO D-SNP).
- Look in Section 2.2, page 19 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 1-833-542-1677 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Ascension Complete Providence DSNP (HMO D-SNP)**

- 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 Providence DSNP (HMO D-SNP).

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Ascension Complete Providence DSNP (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
* Your premium may be higher than this amount. See Section 1.1 for details.		
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit
<b>Inpatient hospital stays</b>	For covered admissions, per admission:  \$0 copay for each covered hospital stay.	For covered admissions, per admission:  \$0 copay for each covered hospital stay.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	If you receive “Extra Help”, you pay one of the following amounts:  Deductible: \$0 or \$99  (applies to Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier))	If you receive “Extra Help”, you pay one of the following amounts:  Deductible: \$0 or \$104  (applies to Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier))

Cost	2022 (this year)	2023 (next year)
	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Depending on your level of “Extra Help”, you only have to pay the following cost-sharing amounts for your prescription drugs:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$1.35 copay or</li> <li>• \$3.95 copay or</li> <li>• 15% of the total cost of the drug</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.00 copay or</li> <li>• \$9.85 copay or</li> <li>• 15% of the total cost of the drug</li> </ul>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Depending on your level of “Extra Help”, you only have to pay the following cost-sharing amounts for your prescription drugs:</p> <p>For generic drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$1.45 copay or</li> <li>• \$4.15 copay or</li> <li>• 15% of the total cost of the drug</li> </ul> <p>For all other covered drugs:</p> <ul style="list-style-type: none"> <li>• \$0 copay or</li> <li>• \$4.30 copay or</li> <li>• \$10.35 copay or</li> <li>• 15% of the total cost of the drug</li> </ul>

Cost	2022 (this year)	2023 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>If you do not qualify for “Extra Help” from Medicare, you will pay the following for your prescription drugs costs: Deductible: \$480</p> <p>(applies to Tier 2 (Generic Drugs), 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"> <li>• Drug Tier 1 - Preferred Generic Drugs: You pay a \$0 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 2 - Generic Drugs: You pay a \$10 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 3 - Preferred Brand Drugs: You pay a \$45 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 4 - Non-Preferred Drugs: You pay 47% of the total cost for a one-month (30-day) supply.</li> <li>• Drug Tier 5 - Specialty Tier: You pay 25% of the total cost for a</li> </ul>	<p>If you do not qualify for “Extra Help” from Medicare, you will pay the following for your prescription drugs costs: Deductible: \$505</p> <p>(applies to Tier 2 (Generic Drugs), 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"> <li>• Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$19 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$3 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$20 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$20 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing:</li> </ul>

Cost	2022 (this year)	2023 (next year)
	<p>one-month (30-day) supply.</p> <ul style="list-style-type: none"> <li>Drug Tier 6 - Select Care Drugs: You pay a \$0 copay for a one-month (30-day) supply.</li> </ul>	<p>You pay a \$47 copay for a one-month (30-day) supply.</p> <p>Preferred cost sharing: You pay a \$47 copay for a one-month (30-day) supply.</p> <ul style="list-style-type: none"> <li>Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 41% of the total cost for a one-month (30-day) supply. Preferred cost sharing: You pay 41% of the total cost for a one-month (30-day) supply.</li> <li>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> <li>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</li> </ul>

Cost	2022 (this year)	2023 (next year)
		a one-month (30-day) supply.
<p><b>Maximum out-of-pocket amount</b></p> <p>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.)</p>	<p>\$3,450</p> <p>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.</p>	<p>\$8,300</p> <p>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.</p>



## 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### 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)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> 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) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,450	\$8,300 Once you have paid \$8,300 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](https://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 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.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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

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)
<b>Referrals</b>	<p>The following in-network benefits have a change in referral requirements.</p> <ul style="list-style-type: none"> <li>• Hearing aids do(es) <u>not</u> require a referral.</li> <li>• Hearing exams do(es) <u>not</u> require a referral.</li> <li>• Eyewear do(es) <u>not</u> require a referral.</li> <li>• Eye exams do(es) <u>not</u> require a referral.</li> </ul> <ul style="list-style-type: none"> <li>• Hearing aids may require a referral.</li> <li>• Hearing exams may require a referral.</li> <li>• Eyewear may require a referral.</li> <li>• Eye exams may require a referral.</li> </ul>	
<b>Dental services - Comprehensive dental services - Extractions</b>	1 extraction per tooth	8 extractions every 12 months, 1 extraction per tooth

Cost	2022 (this year)	2023 (next year)
<b>Dental services - Comprehensive dental services - Periodontics</b>	Limited to 1 periodontic service(s) every 6 to 36 months.	1 scaling and root planing per quadrant every 24 months, limit of 2 quadrants per date of service 8 antimicrobial site applications every 24 months billed at least 10 days after scaling and root planing Every 6 to 36 months for other periodontics, depending on type of service.
<b>Dental services - Comprehensive dental services - Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services</b>	Prosthodontics - Every 12 to 84 months Other Oral/Maxillofacial Surgery - Every 12 to 60 months or per lifetime Other services - Implant services: Implants once per lifetime, implant crowns once every 84 months Other services - Non-implant services: Every 6 to 60 months	Prosthodontics - Every 12 to 84 months, depending on type of service Other Oral/Maxillofacial Surgery - Every 12 to 60 months or per lifetime, depending on type of service Other services - Implant services: 2 implants every 12 months, 2 implant abutment procedures every 12 months, 2 implant crowns every 12 months; 1 per tooth every 84 months, 2 bone graft procedures every 12 months Other services - Non-implant services: Every 6 to 60 months, depending on type of service
<b>Dental services - Comprehensive dental services - Restorative Services</b>	Every 12 to 84 months.	3 crowns or bridge units every 12 months Every 12 to 84 months for other restorative services, depending on type of service.
<b>Emergency care - Worldwide emergency coverage</b>	You pay a \$120 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to a hospital.	You pay a \$95 copay for each covered service.  Copayment is <u>not</u> waived if you are admitted to a hospital.

Cost	2022 (this year)	2023 (next year)
<b>Flex Card</b>	You receive \$2,500 on your Flex Card. The debit card is prepaid by the plan for covered dental, vision, or hearing services. Up to \$250 may be used for vision-related services only. Your remaining benefit dollars may be spent between dental and hearing as you see fit. Please refer to your Evidence of Coverage for more information.	You receive \$1,000 on your Flex Card. The debit card is prepaid by the plan for covered dental, vision, or hearing services. Up to \$250 may be used for vision-related services only. Your remaining benefit dollars may be spent between dental and hearing as you see fit. Please refer to your Evidence of Coverage for more information.
<b>On Demand Spiritual Care</b>	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.
<b>Over-the-counter benefit</b>	You pay a \$0 copay. You receive a benefit of \$505 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.	You pay a \$0 copay. You receive a benefit of \$520 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.

Cost	2022 (this year)	2023 (next year)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p>For Medicare-covered admission per benefit period:</p> <p>Days 1-100: You pay a \$0 copay for each Medicare-covered skilled nursing facility stay. Beyond day 100: You are responsible for all costs.</p>	<p>For Medicare-covered admission per admission:</p> <p>Days 1-100: You pay a \$0 copay for each Medicare-covered skilled nursing facility stay. Beyond day 100: You are responsible for all costs.</p>
<p><b>Special Supplemental Benefits for Chronically Ill (SSBCI) - Ascension On Demand Spiritual Care</b></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>
<p><b>Special Supplemental Benefits for Chronically Ill (SSBCI) - Grocery Delivery</b></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 \$100 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>

Cost	2022 (this year)	2023 (next year)
<p><b>Special Supplemental Benefits for Chronically Ill (SSBCI) - Non-Medical Transportation</b></p> <p>Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. You must meet eligibility guidelines for the following plan benefits.</p>	<p>The stand-alone non-medical transportation benefit is <u>not</u> covered; however, if you qualify for SSBCI, non-medical transportation is available as part of the Care Concierge benefit. Your plan provides a monthly allowance of 100 credits for plan-approved services through the plan's contracted vendor. Any unused credits will expire at the end of each month.</p>	<p>Non-Medical Transportation: You pay a \$0 copay. If eligible, you may receive unlimited one-way trips to plan approved locations. Please note you must use the plan's contracted vendor in order for this service to be covered.</p>
<p><b>Urgently needed services - Worldwide urgent care coverage</b></p>	<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 \$95 copay for each covered service.</p> <p>Copayment is <u>not</u> waived if you are admitted to a hospital.</p>
<p><b>Prior Authorizations</b></p>	<p>The following in-network benefits have a change in prior authorization requirements.</p> <ul style="list-style-type: none"> <li>• Outpatient mental health care - Non-psychiatric services do(es) <u>not</u> require prior authorization.</li> <li>• Opioid treatment program services do(es) <u>not</u> require prior authorization.</li> <li>• Physician/Practitioner services, including doctor's office visits- Other healthcare professionals do(es) <u>not</u> require prior authorization.</li> <li>• Physician/Practitioner services, including doctor's office visits - Specialist do(es) <u>not</u> require prior authorization.</li> <li>• Podiatry services do(es) <u>not</u> require prior authorization.</li> </ul>	

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> <li>Outpatient mental health care - Psychiatric services do(es) <u>not</u> require prior authorization.</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient mental health care - Psychiatric services may require prior authorization.</li> </ul>

## 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

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 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><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, you pay the full cost of your Tier 2 (Generic Drugs), 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.</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$99, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$505.</p> <p>During this stage, you pay either \$19 or \$3 cost sharing for drugs on Tier 1: Preferred Generic Drugs and \$0 cost sharing for drugs on Tier 6: Select Care Drugs and the full cost of drugs on Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, and Tier 5: Specialty Tier until you have reached the yearly deductible.</p> <p>Your deductible amount is either \$0 or \$104, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>

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



Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1 - Preferred Generic Drugs:</b> <i>Standard cost sharing:</i> You pay a \$0 copay per prescription.</p> <p><b>Drug Tier 2 - Generic Drugs:</b> <i>Standard cost sharing:</i> You pay a \$10 copay per prescription.</p> <p><b>Drug Tier 3 - Preferred Brand Drugs:</b> <i>Standard cost sharing:</i> You pay a \$45 copay per prescription.</p> <p><b>Drug Tier 4 - Non-Preferred Drugs:</b> <i>Standard cost sharing:</i> You pay 47% of the total cost.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Drug Tier 1 - Preferred Generic Drugs:</b> <i>Standard cost sharing:</i> You pay a \$19 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$3 copay per prescription.</p> <p><b>Drug Tier 2 - Generic Drugs:</b> <i>Standard cost sharing:</i> You pay a \$20 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$20 copay per prescription.</p> <p><b>Drug Tier 3 - Preferred Brand Drugs:</b> <i>Standard cost sharing:</i> You pay a \$47 copay per prescription. <i>Preferred cost sharing:</i> You pay a \$47 copay per prescription.</p> <p><b>Drug Tier 4 - Non-Preferred Drugs:</b> <i>Standard cost sharing:</i> You pay 41% of the total cost. <i>Preferred cost sharing:</i> You pay 41% of the total cost.</p>

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></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><b>Drug Tier 5 - Specialty Tier:</b> <i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><b>Drug Tier 6 - Select Care Drugs:</b> <i>Standard cost sharing:</i> You pay a \$0 copay per prescription.</p> <p>_____</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Drug Tier 5 - Specialty Tier:</b> <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><b>Drug Tier 6 - Select Care Drugs:</b> <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> <p>_____</p> <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 Providence DSNP (HMO D-SNP)

**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 Providence DSNP (HMO D-SNP).

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## Section 2.2 – If you want to change plans

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

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

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://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 Providence DSNP (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Ascension Complete Providence DSNP (HMO D-SNP).
- 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.

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.

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## SECTION 3 Changing Plans

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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 and Medicaid**

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>).

For questions about your Alabama Medicaid benefits, contact Alabama Medicaid at 1-334-242-5000 (TTY 1-800-253-0799) 8 a.m. - 4:30 p.m. CT, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Alabama Medicaid coverage.

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs.

- **“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).
- **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 Providence DSNP (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-833-542-1677. (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 Providence DSNP (HMO D-SNP). 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](https://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](https://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](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

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

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### **Section 6.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call Alabama Medicaid at 1-334-242-5000. TTY users should call 1-800-253-0799 from 8 a.m. - 4:30 p.m. CT, Monday - Friday.

## 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 numeraga 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)