MyTruAdvantage Select (HMO) offered by Southeastern Indiana Health Organization, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of MyTruAdvantage Select (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 www.mytruadvantage.com/documents-and-forms. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

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

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - If you don't join another plan by December 7, 2022, you will stay in MyTruAdvantage Select (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 MyTruAdvantage Select (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 1-844-425-4280 for additional information. (TTY users should call 1-800-743-3333 or 711). Hours are:
  - October 1 – March 31:
    - 7 Days a week, 8:00 a.m. to 8:00 p.m., Local Time
    - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
  - April 1 – September 30:
    - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
    - On weekends and holidays, leave a message and it will be returned within 1 business day.
- Please call Member Services if you would like to receive materials in alternate formats (e.g., braille or large print).
- **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 MyTruAdvantage Select (HMO)

- MyTruAdvantage Select is an HMO plan with a Medicare contract. Enrollment in MyTruAdvantage Select (HMO) depends on contract renewal.
- When this document says "we," "us," or "our", it means Southeastern Indiana Health Organization, Inc. When it says "plan" or "our plan," it means MyTruAdvantage Select (HMO).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for MyTruAdvantage Select (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0 Per Month	$**0** Per Month
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	In-network: $4,200	In-network: **$3,500**
Doctor office visits	Primary care visits: In network: $0 per visit Specialist visits: In network: $35 per visit	Primary care visits: In network: **$0** per visit Specialist visits: In network: **$25** per visit
Inpatient hospital stays	**In-network:** Days 1-6 $325 each day $0 each additional day.	**In-network:** Days 1-6 **$295** each day $0 each additional day.
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0 per year for all Tiers. Copayment during the Initial Coverage Stage: Standard retail cost sharing (in network) for up to a 30-day supply:	Deductible: **$0** per year for all Tiers. Copayment during the Initial Coverage Stage: Standard retail cost sharing (in network) for up to a 30-day supply:

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage - continued (See Section 2.5 for details.)	• Drug Tier 1: $5 • Drug Tier 2: $12 • Drug Tier 3: $47 • Drug Tier 4: $100 • Drug Tier 5: Coinsurance of 33% of total cost • *Drug Tier 6 (Not Available)* • Select Insulin: $35 Preferred retail cost sharing (in network) for up to a 30-day supply: • Drug Tier 1: $0 • Drug Tier 2: $7 • Drug Tier 3: $42 • Drug Tier 4: $95 • Drug Tier 5: Coinsurance of 33% of total cost • *Drug Tier 6 (Not Available)* • Select Insulin: $35	• Drug Tier 1: **$5** • Drug Tier 2: **$12** • Drug Tier 3: **$47** • Drug Tier 4: **$100** • Drug Tier 5: Coinsurance of **33%** of total cost • **Drug Tier 6: $0** • Select Insulins: **$35,** no matter what cost sharing tier it's on. Preferred retail cost sharing (in network) for up to a 30-day supply: • Drug Tier 1: **$0** • Drug Tier 2: **$7** • Drug Tier 3: **$42** • Drug Tier 4: **$95** • Drug Tier 5: Coinsurance of **33%** of total cost • **Drug Tier 6: $0** • Select Insulin: **$35,** no matter what cost sharing tier it's on.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MyTruAdvantage Select (HMO) in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our MyTruAdvantage Select (HMO) . This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through MyTruAdvantage Select (HMO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium There is no change to your monthly premium. For the 2023 plan year your premium will remain $0.	$0	**$0**
Optional Enhanced Dental Package Premium (See section 2.4 for additional benefits for next year) (You must also continue to pay your Medicare Part B premium.)	Optional Enhanced Dental Package not available	**$25.00**

- 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 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 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.	$4,200	**$3,500** Once you have paid **$3,500** 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 2.3 – Changes to the Provider and Pharmacy Networks

Updated provider and pharmacy directories are located on our website at

- **Provider Directory**
  The Provider Directory, or list of providers, is available online at:
  www.mytruadvantage.com/provider-search
- **Pharmacy Directory**
  The Pharmacy Directory, or list of pharmacies, is available online at:
  http://www.mytruadvantage.com/Pharmacy-Directory-2023

  You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Added Benefits for 2023		
Worldwide Emergency/Urgent Coverage	Worldwide Urgent Coverage is not covered. Worldwide Emergency Transportation is not covered. Worldwide Emergency Coverage is covered.	In addition to Worldwide Emergency Coverage, in 2023 we **will** cover Worldwide Urgent Coverage and Worldwide Emergency Transportation Coverage. You pay a Minimum Copayment of **$50** for Worldwide Urgent Coverage per visit. You pay a Maximum Copayment of **$50** for Worldwide Urgent Coverage per visit. You pay a Minimum Copayment of **$260** for Worldwide Emergency Transportation, Ground Ambulance Services per transport. You pay a maximum copayment of **$325** for Worldwide Emergency Transportation, Air Ambulance Services per transport. The copayment **is not** waived for Worldwide Urgent Coverage if admitted to the hospital.

Cost	2022 (this year)	2023 (next year)
Worldwide Emergency/Urgent Coverage		The Copayment **is not** waived for Worldwide Emergency Transportation if admitted to the hospital. The Maximum Plan Benefit Coverage is **$25,000 US Dollars.**
New Changing Limitations for 2023		
Outpatient Diagnostic and Therapeutic Radiological Services	Prior Authorization/Pre-certification for: MRI/MRA, CT/SPECT **is** required.	Prior Authorization/Pre-certification for: MRI/MRA, CT/SPECT **is not** required.
Changes to Cost Share for 2023		
Inpatient Hospital-Acute	You pay a $325 copayment for days 1 through 6 per day.	You pay a **$295** copayment for days 1 through 6 per day.
Inpatient Hospital-Psychiatric	You pay a $325 copayment for days 1 through 5 per day.	You pay a **$295** copayment for days 1 through 5 per day.
Urgently Needed Services	You pay a $50 copayment for covered benefits per visit.	You pay a **$35** copayment for covered benefits per visit.
Physician Specialist Services	You pay a $35 copayment per visit.	You pay a **$25** copayment per visit.
Mental Health Specialty Services	Copayment for Medicare covered individual sessions is $30. Copayment for Medicare covered group sessions is $30.	Copayment for Medicare covered individual sessions is **$25,** per visit. Copayment for Medicare covered group sessions is **$25,** per visit.

Cost	2022 (this year)	2023 (next year)
Other Health Care Professional Services	Copayment for Medicare covered benefits is $35, per visit.	Copayment for Medicare covered benefits is **$25,** per visit.
Psychiatric Services	Copayment for Medicare covered individual sessions is $35. Copayment for Medicare covered group sessions is $35.	Copayment for Medicare covered individual sessions is **$25,** per visit. Copayment for Medicare covered group sessions is **$25,** per visit.
Additional Telehealth Services	**Copay:** Specialist & Psychiatric $35 copayment for each visit. Individual outpatient mental health & substance abuse $30 copayment for each visit.	**Copay:** Specialist & Psychiatric **$25** copayment for each visit. Individual outpatient mental health & substance abuse **$25** copayment for each visit.
Outpatient Diagnostic and Therapeutic Radiological Services	**Diagnostic Radiological Services (e.g., CT, MRI, etc.)** In-network: Minimum copayment $40 per visit for other Medicare covered Diagnostic Radiological Services. Maximum copayment **$235** for Complex Radiology Services (e.g. CT, MRI, PET).	**Diagnostic Radiological Services (e.g., CT, MRI, etc.)** In-network: Minimum Copayment **$0** per visit for DEXA scan and diagnostic mammography. Maximum Copayment **$235** for Complex Radiology Services (e.g. CT, MRI, PET).
Outpatient Substance Abuse Services	Copayment for Medicare covered individual sessions is $30. Copayment for Medicare covered group sessions is $30.	Copayment for Medicare covered individual sessions is **$25,** per visit. Copayment for Medicare covered group sessions is **$25,** per visit.

Cost	2022 (this year)	2023 (next year)
Over-the-Counter (OTC) Items	Maximum benefit coverage is $45 per quarter. In store option is not available, in select retail CVS Caremark locations.	Maximum benefit coverage is **$75** per quarter. In store option **is** available, in select retail CVS Caremark locations.
Durable Medical Equipment and Related Supplies	The following Continuous Glucose Meters (CGMs) are covered at 20% coinsurance: • Freestyle Libre • Dexcom	Continuous Glucose Meters (CGMs) are covered at 20% coinsurance.
Fitness Benefit: The Silver&Fit® Healthy Aging and Exercise Program	In-Network and Out-of-Network: There is no cost to you for participating in the Silver&Fit® Healthy Aging and Exercise Program • No-cost, annual fitness center membership: You may go to a Silver&Fit fitness center, YMCA, or exercise center near you that takes part in the Silver&Fit program. To find a participating fitness center, please visit www.SilverandFit.com.	In-Network and Out-of-Network: There is no cost to you for participating in the Silver&Fit® Healthy Aging and Exercise Program • No-cost, annual fitness center membership: You may go to a Silver&Fit fitness center, YMCA, or fitness studio near you that takes part in the Silver&Fit program. To find a participating fitness center, please visit www.SilverandFit.com.

Cost	2022 (this year)	2023 (next year)
Fitness Benefit: The Silver&Fit® Healthy Aging and Exercise Program	• Home Fitness Kits, one per plan year (options include Fitbit® Wearable Fitness Tracker Kit, Garmin® Wearable Fitness Tracker Kit, Aqua, Tai Chi, Chair-based exercise and more) • Online fitness classes (options include cardio, yoga, strength training and more) • Phone-based Healthy Aging Coaching • Personal Exercise Plan, one per plan year **Note:** Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed. The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH).	• Home Fitness Kits, one per plan year (options include Fitbit® or Garmin® Wearable Fitness Tracker, Yoga Kit, Pilates Kit, Strength Kit, or Swim Kit • On-demand fitness classes (options include cardio, yoga, strength training and more) • Healthy Aging Coaching by phone, video, or chat • Personal Workout Plan **Note:** Non-standard services that call for an added fee are not part of the Silver&Fit® program and will not be reimbursed. The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit® is a trademark of ASH and used with permission herein. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change.

Cost	2022 (this year)	2023 (next year)
Preventive Dental Services (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)	There is no annual benefit coverage.	Preventive and Comprehensive have a combined maximum benefit of **$1,000** per year.
Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services)	Benefits include: • Non-routine Services; • Diagnostic Services; • Restorative Services; • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services *Endodontics is not a covered benefit.* *Periodontics is not a covered benefit.* *Extractions is not a covered benefit.*	Benefits include: • Non-routine Services; • Diagnostic Services; • Restorative Services; • **Endodontics;** • **Periodontics;** • **Extractions**; • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Maximum Benefit Coverage is combined with Preventive Dental Services **($1,000).**

Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services)	Non-Routine Services: Minimum Coinsurance for Non-routine services is 0% of the total cost. Diagnostic Services: Minimum Coinsurance for Diagnostic Services is 0% of the total cost. Restorative Services: Minor restorative services include fillings and crown repair payable at 50% coinsurance. Relines and repairs to bridges and dentures is payable once per 36-month period at 50% coinsurance. Coinsurance for Restorative Services is 0% of the total cost. Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: Brush Biopsy is payable at 50% coinsurance. Copayment for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services is $0. Other basic services include such items as films, tests, and anesthesia payable with 0%-member coinsurance.	**Non-Routine Services:** Coinsurance for Non-routine services is **50%** of the total cost. **Diagnostic Services:** Coinsurance for Diagnostic Services is **50%** of the total cost. **Restorative Services:** Fillings are payable once in any two-year period for the same tooth and same surface. Crown Repair is covered as needed, per dental provider. Relines and Rebase to existing Full and Partial Dentures covered once every 36-months. Relines and Repairs to existing Bridges and Partial Denture covered once every 36 months. Minimum Coinsurance for Restorative Services is **40%** of the total cost. Maximum Coinsurance for Restorative Services is **50%** of the total cost. **Endodontics:** Coinsurance for Endodontics is **50%** of the total cost. **Periodontics:** Periodontal maintenance counts toward the frequency of cleanings (2 total cleanings and/or periodontal maintenance per year). Coinsurance for Periodontics is **50%** the total cost.

Cost	2022 (this year)	2023 (next year)
Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services)		**Extractions:** **Simple extractions only** Coinsurance for Extractions is **40%** the total cost. **Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services**: Brush biopsy covered annually at **50%** coinsurance of the total cost. Coinsurance percentage for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services is **50%** the total cost.
Eyewear	Benefits include: Contact lenses; Eyeglasses (lenses and frames).	Benefits include: Contact lenses; Eyeglasses (lenses and frames); **Eyeglass lenses; Eyeglass frames**.
Enhanced Optional Dental Package	Optional Enhanced Dental Package is not included.	Premium is **$25** **Annual Coverage** Maximum is **$1,500** **Crowns are covered at 50% coinsurance.** Crowns are covered as needed, per dental provider.

Cost	2022 (this year)	2023 (next year)
Enhanced Optional Dental Package		**New full/partial dentures covered at 50% coinsurance.** New Full / Partial dentures covered at 1 per 5 years. Benefit payment limited to Delta Dental payment for out-of-network providers. One visit per service, as determined by dental provider.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website (www.mytruadvantage.com/2023-Formulary).

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, 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. 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.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at $35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help – Please contact our Member Services number at 1-844-425-4280 for additional information. (TTY users should call 1-800-743-3333 or 711.)

Hours are:

- October 1 – March 31:
  - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
  - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day
- April 1 – September 30:
  - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
  - On weekends and holidays, leave a message and it will be returned within 1 business day

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you. There is no deductible for the MyTruAdvantage Select (HMO) for Select Insulins. You pay $35 for a one-month supply of Select Insulins.	Because we have no deductible, this payment stage does not apply to you. There is **no deductible** for MyTruAdvantage Select (HMO) for Select Insulins. You pay **$35** for a one-month supply of Select Insulins, no matter what cost sharing tier it's on.

Changes to Your Cost Sharing in the Initial Coverage Stage

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

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Your cost for a one-month supply at a network pharmacy: You pay $35 for a one-month supply of Select Insulins. **Tier 1 (Preferred Generic):** *Standard cost sharing:* You pay $5 per prescription. *Preferred cost sharing:* You pay $0 per prescription. **Tier 2 (Generic):** *Standard cost sharing:* You pay $12 per prescription. *Preferred cost sharing:* You pay $7 per prescription. **Tier 3 (Preferred Brand):** *Standard cost sharing:* You pay $47 per prescription. *Preferred cost sharing:* You pay $42 per prescription. **Tier 4 (Non-Preferred Brand):** *Standard cost sharing:* You pay $100 per prescription. *Preferred cost sharing:* You pay $95 per prescription. **Tier 5 (Specialty Tier):** You pay*:* 33% of the total cost.	Your cost for a one-month supply at a network pharmacy: You pay **$35** for a one-month supply of Select Insulins, no matter what cost sharing tier it's on. **Tier 1 (Preferred Generic):** *Standard Cost Sharing*: You pay **$5** per prescription. *Preferred Cost Sharing:* You pay **$0** per prescription. **Tier 2 (Generic):** *Standard cost sharing:* You pay **$12** per prescription. *Preferred cost sharing:* You pay **$7** per prescription. **Tier 3 (Preferred Brand):** *Standard cost sharing:* You pay: **$47** per prescription. *Preferred cost sharing:* You pay $**42** per prescription. **Tier 4 (Non-Preferred Brand):** *Standard cost sharing:* You pay: **$100** per prescription. *Preferred cost sharing:* You pay **$95** per prescription. **Tier 5 (Specialty Tier):** You pay **33%** of the total cost.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Tier 6 (Select Care)** ***Not Available*** Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). Once you have paid $7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	**Tier 6 (Select Care Drugs):** *Standard cost sharing:* You pay: **$0** per prescription. *Preferred cost sharing*: You pay **$0** per prescription. Once your total drug costs have reached **$4,660** you will move to the next stage (the Coverage Gap Stage) Once you have paid **$7,400** out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in MyTruAdvantage Select (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 MyTruAdvantage Select (HMO).

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, MyTruAdvantage Select (HMO) (Southeastern Indiana Health Organization, Inc.) offers other Medicare health plans *and* 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 MyTruAdvantage Select (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from MyTruAdvantage Select (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 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Indiana, the SHIP is called Indiana 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. Indiana State Health Insurance Assistance Program 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 Indiana State Health Insurance Assistance Program at 1-800-452-4800. You can learn more about Indiana State Health Insurance Assistance Program by visiting their website (www.indianaship.com).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Indiana has a program called HoosierRx 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.
- **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 Indiana State Department of Health HIV/STD Viral Hepatitis Division. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-866-588-4948.

SECTION 7 Questions?

Section 7.1 – Getting Help from MyTruAdvantage Select (HMO)

Questions? We're here to help. Please call Member Services at 1-844-425-4280. (TTY only, call 1-800-743-3333 or 711).

- Hours are:
  - October 1 – March 31:
    - 7 Days a week, 8:00 a.m. to 8:00 p.m., Local Time
    - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day.
  - April 1 – September 30:
    - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
    - On weekends and holidays, leave a message and it will be returned within 1 business day.

Member Services also has free language interpreter services available for non-English speakers. 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 MyTruAdvantage Select (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 www.mytruadvantage.com/documents-and-forms. 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.mytruadvantage.com/. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (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.