# Annual Notice of Changes for 2023

You are currently enrolled as a member of *West Virginia Senior Advantage (HMO I-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 [www.wvsenioradvantage.com](http://www.wvsenioradvantage.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.**

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.

1. **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](http://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.

1. **CHOOSE:** Decide whetheryou want to change your plan

* If you don't join another plan by December 7, 2022, you will stay in *West Virginia Senior Advantage (HMO I-SNP)*.
* To change to a different plan, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.
* We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Additional Resources

* Please contact our Member Services number at 1-844-854-6888 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.
* This document is also available in braille and in 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

About *West Virginia Senior Advantage (HMO I-SNP)*

* *West Virginia Senior Advantage (HMO I-SNP)* is an HMO-MAPD plan with a Medicare contract. Enrollment in *West Virginia Senior Advantage (HMO I-SNP)* depends on contract renewal.
* When this document says“we,” “us,” or “our,” it means *West Virginia Senior Advantage (HMO I-SNP)*.When it says “plan” or “our plan,” it means *West Virginia Senior Advantage (HMO I-SNP)*.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for *West Virginia Senior Advantage (HMO I-SNP)* in several important areas. **Please note this is only a summary of costs**.

These are 2022 cost-sharing amounts and may change for 2023. *West Virginia Senior Advantage (HMO I-SNP)* will provide updated rates as soon as they are released.

| Cost | 2022 (this year) | 2023 (next year) |
| --- | --- | --- |
| Monthly plan premium\*  \* Your premium may be higher than this amount. See Section 2.1 for details. | *$40.60* | *$41.10* |
| Deductible | *$233* | $226 |
| Maximum out-of-pocket amount  This is the most you will pay  out-of-pocket for your covered services.  (See Section 2.2 for details.) | *$7,550* | *$8,300* |
| Doctor office visits | Primary care visits: $0 copayment per visit  Specialist visits: *$20 copayment* per visit | Primary care visits: $0 copaymentper visit  Specialist visits: *$20 copayment* per visit |
| Inpatient hospital stays  Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day. | $1,556 deductible  $0 copayment each day for days 1 to 60;  $389 copayment each day for days 61 to 90;  $778 copayment each day for days 91 to 150 (lifetime reserve days) | $1,600 deductible  $0 copayment each day for days 1 to 60;  $400 copayment each day for days 61 to 90; $800 copayment each day for days 91 to 150 (lifetime reserve days) |
| Part D prescription drug coverage  (See Section 2.5 for details.) | Deductible: $480  25%during the Initial Coverage Stage | Deductible: $505  25%during the Initial Coverage Stage |

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *West Virginia Senior Advantage (HMO I-SNP)* in 2023

**If you do nothing by December 7, 2022, we will automatically enroll you in our *West Virginia Senior Advantage (HMO I-SNP)*.** This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through *West Virginia Senior Advantage (HMO I-SNP)*. 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 Benefit and Cost for Next Year

### Section 2.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
| --- | --- | --- |
| Monthly premium  (You must also continue to pay your Medicare Part B premium.) | $40.60 | $41.10 |

* Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
* If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
* Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

### Section 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 and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $7,550 | $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 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at [www.wvsenioradvantage.com](http://www.wvsenioradvantage.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 Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are no changes to our network of pharmacies for next year.

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 – *There are Changes to your Benefits or Amounts you pay for Medical Services*

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2023 Evidence of Coverage.*

| Cost | 2022 (this year) | 2023 (next year) |
| --- | --- | --- |
| Hearing services  Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.  **Supplemental benefit**  • Routine hearing exams  • Hearing aid fitting/evaluations  • Hearing aids | Deductible applies.  20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.  No coinsurance or copayment for 1 routine hearing exam and unlimited hearing aid fitting/evaluations.    Up to a $1,800 credit for both ears combined every two years for hearing aids. | Deductible applies.  20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.  No coinsurance or copayment for 1 routine hearing exam and unlimited hearing aid fitting/evaluations.  Up to a $1,300 credit for both ears combined every three years for hearing aids. |
| Urgently needed services  Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.  Cost sharing for necessary urgently needed services furnished out-of-network is the same as for such services furnished in-network. | 20% coinsurance for each Medicare-covered service.  Up to a maximum of $65 per visit.  You pay these amounts until you reach the out-of-pocket maximum.    Coinsurance is waived  if you are admitted to a hospital within 3 days. | 20% coinsurance for each Medicare-covered service.  Up to a maximum of $60 per visit.  You pay these amounts until you reach the out-of-pocket maximum.  Coinsurance is waived if you are admitted to a hospital within 3 days. |

### 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. The Drug List includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the*complete*Drug List** by calling Member Services (see the back cover) or visiting our website ([www.wvsenioradvantage.com](http://www.wvsenioradvantage.com)).

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.

Starting in 2023, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

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

#### Changes to Prescription Drug Costs

**Note:** If you 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” 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.)

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
| --- | --- | --- |
| Stage 1: Yearly Deductible Stage  During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible. | The deductible is $445 | The deductible is $*505*  *.* |

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  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.** | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  You pay 25% of the total cost. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  You pay 25% of the total cost. |
| Stage 2: Initial Coverage Stage (continued)  The costs in this row are for a one-month (*30-*day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your *Evidence of Coverage*. | Once your total drug costs have reached $*4,430* you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached $*4,660* you will move to the next stage (the Coverage Gap 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.

SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *West Virginia Senior Advantage (HMO I-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 *West Virginia Senior Advantage (HMO I-SNP).*

### 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 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

* To **change** **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *West Virginia Senior Advantage (HMO I-SNP)*.
* To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from *West Virginia Senior Advantage (HMO I-SNP)*.
* To **change to Original Medicare without a prescription drug plan**, you must either:
  + Send us a written requestto 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.** Thechange 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 West Virginia, the SHIP is called West Virginia State Health Insurance Assistance Program (WVSHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. West Virginia State Health Insurance Assistance Program (WVSHIP)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 West Virginia State Health Insurance Assistance Program (WVSHIP)at 1-877-987-4463. You can learn more about 1-877-987-4463 by visiting their website (<http://www.wvship.org>).

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).

SECTION 7 Questions?

### Section 7.1 – Getting Help from *West Virginia Senior Advantage (HMO I-SNP)*

Questions? We’re here to help. Please call Member Services at 1-844-854-6888. (TTY only, call *711*). We are available for phone calls between 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30. 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 *West Virginia Senior Advantage (HMO I-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 [www.wvsenioradvantage.com](http://www.wvsenioradvantage.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 [www.wvsenioradvantage.com](http://www.wvsenioradvantage.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](http://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](http://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.