

West Virginia Senior Advantage (HMO I-SNP) offered by West Virginia Senior Advantage, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of West Virginia Senior Advantage Institutional Special Needs Plan (HMO I-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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. 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 2024 "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 2024 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, 2023, you will stay in West Virginia Senior Advantage 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.

Additional Resources

- Please contact our Member Services number at (844) 854-6888 for additional information. (TTY/TDD users should call 711) Hours are 8:00 a.m. to 8:00 p.m., seven days a week from October 1 to March 31 and Monday to Friday from April 1 to September 30. This call is free.
- Please contact West Virginia Senior Advantage at (844) 854-6888 (TTY/TDD: 711) if you need information in a different language or a different accessible format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About West Virginia Senior Advantage ISNP

- West Virginia Senior Advantage ISNP is an HMO plan with a Medicare contract. Enrollment in West Virginia Senior Advantage ISNP depends on contract renewal.
- When this document says "we," "us," or "our", it means West Virginia Senior Advantage (WVSA). When it says "plan" or "our plan," it means West Virginia Senior Advantage (WVSA) Institutional Special Needs Plan (ISNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for West Virginia Senior Advantage I-SNP in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	Part C premium: \$0 Part D premium: \$41.10	Part C premium: \$0 Part D premium: \$40.20
Deductible	Part B deductible: \$226 Part C deductible: \$0 Part D deductible: \$505	Part B deductible: \$240 Part C deductible: \$0 Part D deductible: \$545 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$8,300	\$8,850
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits \$20 copayment per visit per visit	Primary care visits: 20% coinsurance per visit Specialist visits: 20% coinsurance per visit
Inpatient hospital stays	\$1,600 deductible \$0 copayment each day for days 1 to 60; \$400 copayment for each day for days 61-90; \$800	\$1,632 deductible \$0 copayment each day for days 1 to 60; \$408 copayment for each day for days 61-90;



Cost	2023 (this year)	2024 (next year)
	copayment each day for days 91-150 (lifetime reserve days)	\$816 copayment each day for days 91-150 (lifetime reserve days).
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$505 25% during the Initial Coverage Stage.	Deductible: \$545 except for covered insulin products and most adult Part D vaccines. Coinsurance during the Initial Coverage Stage: 25% coinsurance Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.



SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in West Virginia Senior Advantage I-SNP in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our West Virginia Senior Advantage I-SNP. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through West Virginia Senior Advantage 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 Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Part C premium: \$0 Part D premium: \$41.10	Part C premium: \$0 Part D premium: \$40.20

- 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	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>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.</p>	\$8,300	<p style="text-align: center;">\$8,850</p> <p>Once you have paid \$8,850 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.</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at 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, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 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	2023 (this year)	2024 (next year)
Inpatient Hospital Care	<p>Deductible: \$1,600 per benefit period</p> <p>Days 1-60: \$0 for each benefit period.</p> <p>Days 61-90: You pay a \$400 co-pay per day of each benefit period.</p> <p>Days 91 and beyond: \$800 co-pay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p>	<p>Deductible: \$1,632 per benefit period</p> <p>Days 1-60: \$0 for each benefit period.</p> <p>Days 61-90: You pay a \$408 co-pay per day of each benefit period.</p> <p>Days 91 and beyond: \$816 co-pay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p>
Emergency Care	You pay a \$95 copay per visit	You pay a \$100 copay per visit
Hearing services	<p>Deductible applies.</p> <p>20% coinsurance for each Medicare-covered service. You pay these amounts until you reach the out-of-pocket maximum.</p> <p>No coinsurance or copayment for 1 routine hearing exam and unlimited hearing aid fitting/evaluations.</p> <p>Up to a \$1,300 credit for both ears combined every three years for hearing aids.</p>	<p>No coinsurance or copayment.</p> <p>Up to a \$1,900 credit for both ears combined every three years for hearing aids.</p>
Podiatry Services (Routine Foot Care)	6 visits per year	9 visits per year



Cost	2023 (this year)	2024 (next year)
Extra Benefit: Vision	There is no deductible, coinsurance or copay for the cost of the extra vision services up to the annual benefit limit of \$250.	There is no deductible, coinsurance or copay for the cost of the extra vision services up to the annual benefit limit of \$300.
Urgently needed services	<p>20% coinsurance for each Medicare-covered service. Up to a maximum of \$60 per visit.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p>	<p>20% coinsurance for each Medicare-covered service. Up to a maximum of \$55 per visit.</p> <p>You pay the above amount until you reach the out-of-pocket maximum.</p>

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).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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” 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	2023 (this year)	2024 (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 doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is \$505	The deductible is \$545

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (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. Most adult Part D vaccines are covered at no cost to you. 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	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. Once your total drug costs have reached \$4,600 you will move to the next stage (The Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. Once your total drug costs have reached \$5,030 you will move to the next stage (The Coverage Gap Stage).



Stage	2023 (this year)	2024 (next year)
sharing. For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .		You pay \$35 per one-month supply of each covered insulin product.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
Mail order pharmacy	Mail order services not offered.	Prescriptions may be filled through our mail order pharmacy.
Long term supply of drugs	The plan offers a long term (up to a 90-day) supply in the retail and mail order pharmacy settings.	Long term supply of prescription drugs is not available. Prescriptions are limited to a 1-month supply.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in West Virginia Senior Advantage ISNP

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 ISNP.



Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 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 ISNP. 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/TDD users should 1-877-486-2048.

SECTION 5 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, 2024.

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, 2024, 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, 2024.



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

SECTION 6 Programs That Offer Free Counseling about Medicare

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 West Virginia State Health Insurance Assistance Program by visiting their website (<http://www.wvship.org>).

SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** 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/TDD 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/TDD users should call 1-800-325-0778; or
 - Your State Medicaid Office (applications).

SECTION 8 Questions?

Section 8.1 – Getting Help from West Virginia Senior Advantage ISNP

Questions? We’re here to help. Please call Member Services at 1-844-854-6888 (TTY/TDD only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m. seven days a week from October 1 to March 31 (8:00 a.m. to 8:00 p.m. Monday through Friday from April 1 to September 30). Calls to these numbers are free.



Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for West Virginia Senior Advantage ISNP. 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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD 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 2024

Read the *Medicare & You 2024* handbook. Every fall, this document 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/TDD users should call 1-877-486-2048.