Senior Care Plus Extensive Duals Plan (HMO) offered by Senior Care Plus

Annual Notice of Changes for 2023

You are currently enrolled as a member of Senior Care Plus Extensive Duals Plan. 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.seniorcareplus.com. You can also review the separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

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 Senior Care Plus Extensive Duals Plan.
- 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 Senior Care Plus Extensive Duals Plan.
- 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

- This document is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 888-775-7003 (TTY users should call the State Relay Service at 711). Please contact Customer Service at 775-982-3112 or toll-free at 888-775-7003 for additional information. (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round). Hours are 8:00 a.m. to 8:00 p.m., 7 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.
- Customer Service also has free language interpreter services available for non-English speakers
- Esta información está disponible gratuitamente en español.
- Atención: Si usted habla español, los servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 888-775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Por favor contáctese con nuestro servicio al cliente al 775-982-3112 o llame gratuitamente al 888-775-7003 para obtener información adicional. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711). (No estamos abiertos los 7 días de la semana durante todo el ano). El horario es de 8:00 a.m. A 8:00 p.m., Los 7 días de la semana (excepto Acción de Gracias y Navidad) desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes (excepto festivos) desde el 1 de abril hasta el 30 de septiembre.
- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.
- This information is available in different formats, including Spanish and other languages, as well as large print and braille. Please call Customer Service at the number listed above if you need plan information in another format or language.

- 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 Senior Care Plus Extensive Duals Plan

- Senior Care Plus Extensive Duals Plan is an HMO plan with a Medicare contract. Enrollment in Senior Care Plus Extensive Duals Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Senior Care Plus. When it says "plan" or "our plan," it means Senior Care Plus Extensive Duals Plan.

OMB Approval 0938-1051 (Expires: February 29, 2024)

Annual Notice of Changes for 2023
Table of Contents

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Senior Care Plus Extensive Duals Plan in several important areas. Please note this is only a summary of costs. If you are eligible for Medicare cost sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$31.70	$32.50
Doctor office visits	In-Network Primary care visits: 0% per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.	In-Network Primary care visits: 0% per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.
Inpatient hospital stays	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Copayments during the Initial Coverage Stage: Drug Tier 1: Standard Retail: $0 - $3.95 per prescription. Drug Tier 2: Standard Retail: $0 - $3.95 per prescription Drug Tier 3: Standard Retail: $0 - $9.85 per prescription Drug Tier 4: Standard Retail: $0 - $9.85 per prescription Drug Tier 5: Standard Retail: $0 - $9.85 per prescription	Copayments during the Initial Coverage Stage: Drug Tier 1: Standard Retail: $0 - $4.15 per prescription. Drug Tier 2: Standard Retail: $0 - $4.15 per prescription Drug Tier 3: Standard Retail: $0 - $10.35 per prescription Drug Tier 4: Standard Retail: $0 - $10.35 per prescription Drug Tier 5: Standard Retail: $0 - $10.35 per prescription
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 1.2 for details.)	$7,550 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.	$8,300 If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$31.70	$32.50
Part B premium	$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)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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 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 1.3 – Changes to the Provider and Pharmacy Networks

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 a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes tells you about changes to your Medicare and Medicaid 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)
Comprehensive Dental	You pay nothing for this benefit. There is $2500 allowance Every Year.	You pay nothing for this benefit. There is $2000 allowance Every Year. 0% coinsurance for Restorative services, Endodontics, Periodontics, Extractions, Prosthodontics, and Oral/Maxillofacial Surgery
Hearing Aids (all types)	You pay $699 minimum copay for this benefit. You pay $999 maximum copay for this benefit.	You pay $495 minimum copay for this benefit. You pay $1970 maximum copay for this benefit.
Hearing Exams	You pay $45 minimum copay for this benefit.	You pay 20% minimum coinsurance for this benefit.

Cost	2022 (this year)	2023 (next year)
OTC Items	You pay nothing for this benefit. There is $130 allowance per quarter.	You pay nothing for this benefit. There is $190 allowance per quarter.
Personal Emergency Response System (PERS)	This service is not covered for Preventive and Other Defined Supplemental Services	You pay nothing for this benefit.
Vision Care	You pay nothing for medicare-covered Eye Exams. $45 for each yearly routine eye exam. You pay $0 minimum copay for this benefit. Up to a $200 allowance Every Year towards the purchase of a complete set of eyeglasses or contact lenses.	$0 for each yearly routine eye exam. 20% coinsurance of the Medicare-approved amount for one pair of eyeglasses or one set of contact lenses after each cataract surgery with an intraocular lens. Up to a $250 allowance Every Year towards the purchase of a complete set of eyeglasses or contact lenses.
Worldwide Emergency Coverage	This service is not covered for Emergency Care Urgently Needed Services	You pay 20% minimum coinsurance for this benefit.

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. 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 Customer Service (see the back cover) or visiting our website (www.seniorcareplus.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 Customer Service 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

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 9/30, please call Customer Service 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 Customer Service 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)
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.	$480 per year. Members with LIS do not have a deducible.	$505 per year. Members with LIS do not have a deducible.

Changes to Your Cost Sharing in the Initial Coverage Stage

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. 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 for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions], look in Chapter 6, Section 5 of your Evidence of Coverage.	Your cost for a one-month supply filled at a network pharmacy: Drug Tier 1: Standard Retail: $0 - $3.95 per prescription. Drug Tier 2: Standard Retail: $0 - $3.95 per prescription Drug Tier 3: Standard Retail: $0 - $9.85 per prescription Drug Tier 4: Standard Retail: $0 - $9.85 per prescription Drug Tier 5: Standard Retail: $0 - $9.85 per prescription Once your total drug costs have reached $4,430 you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy: Drug Tier 1: Standard Retail: $0 - $4.15 per prescription. Drug Tier 2: Standard Retail: $0 - $4.15 per prescription Drug Tier 3: Standard Retail: $0 - $10.35 per prescription Drug Tier 4: Standard Retail: $0 - $10.35 per prescription Drug Tier 5: Standard Retail: $0 - $10.35 per prescription Once your total drug costs have reached $4,660 you will move to the next stage (the Coverage Gap Stage).

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Senior Care Plus Extensive Duals Plan

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 Senior Care Plus Extensive Duals Plan.

Section 2.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

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 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 Senior Care Plus Extensive Duals Plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Senior Care Plus Extensive Duals Plan.
- To change to Original Medicare without a prescription drug plan, you must either:
    - Send us a written request to disenroll. Contact Customer Service 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.

SECTION 3 Changing Plans

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

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

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

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

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

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Nevada, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Nevada 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 Nevada SHIP at 877-385-2345 or 800-307-4444. You can learn more about Nevada SHIP by visiting their website (adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/).

For questions about your Nevada Medicaid benefits, contact 877-638-3472 711 Monday through Friday, 8:00 am to 5:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Nevada Medicaid coverage.

SECTION 5 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. 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).

- Help from your state's pharmaceutical assistance program. Nevada has a program called Nevada SHIP 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.

SECTION 6 Questions?

Section 6.1 – Getting Help from Senior Care Plus Extensive Duals Plan

Questions? We're here to help. Please call Member Services at 1-888-775-7003. (TTY only, call 711). We are available for phone calls 8:00 a.m. to 8:00 p.m., 7 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 Senior Care Plus Extensive Duals Plan. 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.seniorcareplus.com. You can also review the attached separately mailed Evidence of Coverage to see if other benefit or cost changes affect you.] You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.seniorcareplus.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 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read Medicare & You 2023

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

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Nevada Medicaid at 877-638-3472 Monday through Friday, 8:00 am to 5:00 pm. TTY users should call 711