

Annual Notice of Change 2023

Care N' Care Choice (PPO) H6328-003



1-877-374-7993 (TTY 711) October 1 - March 31, 8 a.m. to 8 p.m., CST, seven days a week
or April 1 - September 30, 8 a.m. to 8 p.m., CST, Monday through Friday.



YourTeam@cnchealthplan.com



cnchealthplan.com

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Insurance Company, Inc.

Care N' Care Choice (PPO) offered by Care N' Care Insurance Company

Annual Notice of Changes for 2023

You are currently enrolled as a member of Care N' Care Choice (PPO). 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.cnchealthplan.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.

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 Care N' Care Choice (PPO).

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- 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 Care N' Care Choice.
- 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. Este documento está disponible de forma gratuita en español.
- Please contact our Customer Experience Team number at 1-877-374-7993 for additional information. (TTY users should call 711.) Hours are [October 1 – March 31, 8AM to 8PM Central, 7 days a week; April 1 – September 30, 8AM to 5PM Central, Monday through Friday.
- This information is available in a different format, including large print and Spanish. Please call your Customer Experience Team 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 Care N' Care Choice (PPO)

- Care N' Care Insurance Company, Inc. is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Care N' Care Insurance Company. When it says “plan” or “our plan,” it means Care N' Care Choice (PPO).

Annual Notice of Changes for 2023

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Care N' Care Choice (PPO) 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 1.1 for details.	\$0	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$3,900 From network and out-of-network providers combined: \$7,500	From network providers: \$4,200 From network and out-of-network providers combined: \$8,950
Doctor office visits	<u>In-Network</u> Primary care visits: \$0 Copay per visit Specialist visits: \$35 Copay per visit <u>Out-of-Network</u> Primary care visits: \$25 Copay per visit Specialist visits: \$70 Copay per visit	<u>In-Network</u> Primary care visits: \$0 Copay per visit Specialist visits: \$35 Copay per visit <u>Out-of-Network</u> Primary care visits: \$25 Copay per visit Specialist visits: \$70 Copay per visit
Inpatient hospital stays	<u>In-Network</u> Day 1-1: \$250 Copay per day Day 2-6: \$150 Copay per day . Day 7-90: \$0 Copay per day . <u>Out-of-Network</u>	<u>In-Network</u> Day 1-5: \$250 Copay per day Day 6-90: \$0 Copay per day . <u>Out-of-Network</u>

Cost	2022 (this year)	2023 (next year)
	You pay 35% Coinsurance for this benefit.	You pay 35% Coinsurance for this benefit.
Part D prescription drug coverage (See Section 1.5 for details.) Select Insulins Note: This cost-sharing applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").	Deductible: \$0 Copayment for a 30-day supply during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$4 copay • Drug Tier 2: \$14 copay • Drug Tier 3: \$47 copay • Drug Tier 4: \$100 copay • Drug Tier 5: 33% coinsurance <ul style="list-style-type: none"> • Select Insulins: \$35 Copay for a retail 30-day supply \$70 Copay for a retail or mail order 90-day supply 	Deductible: \$0 Copayment for a 30-day supply during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$4 copay • Drug Tier 2: \$14 copay • Drug Tier 3: \$47 copay • Drug Tier 4: \$100 copay • Drug Tier 5: 33% coinsurance <ul style="list-style-type: none"> • Select Insulins: \$35 Copay for a retail 30-day supply \$70 Copay for a retail or mail order 100-day supply
To find out which drugs are Select Insulins, review the most recent Drug List at www.cnchealthplan.com/pharmacy-information-2023/ . You can identify Select Insulins by the abbreviation "SSM" found in the "Requirements/Limits" column in the Drug List. If you have questions about the Drug List, you can also call Customer Experience Team (Phone numbers for Customer Experience Team are printed on the back cover of this booklet).		

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.)	\$0	\$0
Optional Dental Benefit premium	\$26	\$25

- 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 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” 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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,900	\$4,200 Once you have paid \$4,200 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$7,500	\$8,950 Once you have paid \$8,950 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.cnchealthplan.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) 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 1.4 – 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)
Acupuncture Services	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay \$40 copay for this benefit.	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay \$70 copay for this benefit.

Cost	2022 (this year)	2023 (next year)
Additional Telehealth Services	In-Network: \$0 Copay for PCP \$40 Copay for Mental Health Specialists	In-Network: \$0 PCP \$25 copay: Mental Health Specialists \$35 copay: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, ENT/Otolaryngology, Gynecology, OB/GYN, Infectious Diseases, Nephrology, Neurology, Ophthalmology
Ambulance Services- Medicare-covered benefits	In-Network: You pay \$200 copay for this benefit. Out-of-Network: You pay \$200 copay for this benefit.	In-Network: You pay \$275 copay for this benefit. Out-of-Network: You pay \$275 copay for this benefit.
Annual Physical Exam	In-Network: You pay nothing for this benefit. Out-of-Network:	In-Network: You pay nothing for this benefit. Out-of-Network:

Cost	2022 (this year)	2023 (next year)
	You pay \$25 minimum copay for this benefit.	You pay \$30 minimum copay for this benefit.
ASC Services	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$200 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$275 copay for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$150 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$275 copay for this benefit.</p>
Diabetic Supplies	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay 0% minimum coinsurance for this benefit. You pay 20% maximum coinsurance for this benefit.</p> <p>Out-of-Network:</p> <p>You pay 20% coinsurance for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay 0% minimum coinsurance for this benefit. You pay 20% maximum coinsurance for this benefit.</p> <p>Out-of-Network:</p> <p>You pay 30% coinsurance for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
Diabetic Therapeutic Shoes or Inserts	In-Network: You pay 20% coinsurance for this benefit. Out-of-Network: You pay 20% coinsurance for this benefit.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 30% coinsurance for this benefit.
Emergency Care	In-Network: You pay \$90 copay for this benefit.	In-Network: You pay \$100 copay for this benefit.
Fitness Benefit	In-Network: You pay nothing for this benefit. Out-of-Network: You pay \$25 minimum copay for this benefit.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit. You must use a preferred vendor for this benefit
Inpatient Acute Medicare-covered stay	<i>Services may require prior authorization</i> In-Network:	<i>Services may require prior authorization</i> In-Network:

Cost	2022 (this year)	2023 (next year)
	<p>Days 1: You pay a \$250 copayment per day.</p> <p>Days 2-6 : You pay a \$150 copayment per day.</p> <p>Days 7-90 : You pay a \$0 copayment</p> <p>Out-of-Network:</p> <p>You pay 35% coinsurance for this benefit.</p>	<p>Days 1-5 : You pay a \$250 copayment per day.</p> <p>Days 6 and beyond : You pay a \$0 copayment</p> <p>Out-of-Network:</p> <p>You pay 35% coinsurance for this benefit.</p>
Inpatient Psychiatric Medicare-covered	<p><i>Services may require prior authorization:</i></p> <p>In-Network:</p> <p>\$1500 per stay</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>Days 1-5 : You pay a \$250 copayment per day.</p> <p>Days 6-90 : You pay a \$0 copayment</p> <p>Out-of-Network:</p> <p>You pay 35% coinsurance for this benefit.</p>
<p>Meal Benefit</p> <p>Chronic Conditions</p> <p>Members under care management with certain chronic conditions may be eligible to receive healthy meals as part of a supervised program to transition to a lifestyle modification.</p>	Benefit not covered	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay nothing for this benefit</p> <p>Out-of-Network:</p> <p>You pay nothing for this benefit</p>

Cost	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> • Eligible chronic conditions include AIDS, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure, coronary artery disease, diabetes, hypertension, and chronic kidney disease (CKD). • Beneficiaries may receive a maximum of 3 healthy meals per day for up to 2 weeks per year per condition 		You must use a preferred vendor for this benefit
Meal Benefit Post- Discharge Immediately following surgery or inpatient hospitalization, beneficiaries may receive 3 meals per day for up to 2 weeks, up to 2 discharges per year.	<i>Services may require prior authorization</i> In-Network: You pay nothing for this benefit. Out-of-Network: You pay \$25 minimum copay for this benefit.	<i>Services may require prior authorization</i> In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit. You must use a preferred vendor for this benefit
Medicare-covered Diabetes Self-Management Training	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 20% minimum coinsurance for this benefit.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay 30% minimum coinsurance for this benefit.

Cost	2022 (this year)	2023 (next year)
Medicare-covered Diagnostic Procedures Tests	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$10 minimum copay for this benefit. You pay \$150 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$75 minimum copay for this benefit. You pay \$200 maximum copay for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$50 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$175 maximum copay for this benefit.</p>
Medicare-covered Diagnostic Radiological Services	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$50 minimum copay for this benefit. You pay \$200 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$75 minimum copay for this benefit. You pay \$200 maximum copay for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$200 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$75 minimum copay for this benefit. You pay \$250 maximum copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
Medicare-covered Lab Services	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$10 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$25 copay for this benefit.</p>	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$10 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$25 copay for this benefit.</p>
Medicare-covered Observation Services	<p>In-Network:</p> <p>You pay \$250 minimum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$350 minimum copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$275 minimum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$350 minimum copay for this benefit.</p>
Mental Health Specialty Services-Medicare-covered Group Sessions	<p>In-Network:</p> <p>You pay \$40 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$25 copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
	Out-of-Network: You pay \$60 copay for this benefit.	Out-of-Network: You pay \$60 copay for this benefit.
Mental Health Specialty Services-Medicare-covered Individual Sessions	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.
OTC Items	In-Network: You pay nothing for this benefit. There is \$30 allowance Every Three Months. Out-of-Network: You pay nothing for this benefit. There is \$30 allowance.	In-Network: You pay nothing for this benefit. There is \$60 allowance Every Three Months. Out-of-Network: You pay nothing for this benefit. There is \$60 allowance. You must use a preferred vendor for this benefit

Cost	2022 (this year)	2023 (next year)
Other Health Care Professional Services	<p>In-Network:</p> <p>You pay \$15 minimum copay for this benefit. You pay \$35 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$40 minimum copay for this benefit. You pay \$60 maximum copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$35 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$70 copay for this benefit.</p>
Outpatient Hospital Services	<p>In-Network:</p> <p>You pay \$250 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$350 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$275 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$350 copay for this benefit.</p>
Outpatient Substance Abuse Services-Group Sessions	<p>In-Network:</p> <p>You pay \$45 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$60 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$15 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$60 copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
Outpatient Substance Abuse Services- Individual Sessions	In-Network: You pay \$45 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.
Psychiatric Services- Group Sessions	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.
Psychiatric Services- Individual Sessions	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.

Cost	2022 (this year)	2023 (next year)
PT and SP Services	In-Network: You pay \$40 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.	In-Network: You pay \$15 copay for this benefit. Out-of-Network: You pay \$60 copay for this benefit.
Remote Access Technologies (Nursing Hotline)	Benefit Not Covered	In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit. You must use a preferred vendor for this benefit
Texas Health Care at Home Hospital services in the home allows for certain health care services to be provided outside of a traditional hospital setting and within your home. Care begins after you're evaluated, determined to be eligible, and a hospitalist refers you. The hospitalist will consider your eligibility criteria including your medical conditions and your geographic location. If the patient is approved by the hospitalist, the Intake Employee will conduct a Safety Screening with the patient to ensure the	Not Covered	<i>Services require prior authorization.</i> In-Network: Days 1 – 5: \$250 copayment Days 6 – 90: \$0 copayment Out-of-Network: You pay 35% coinsurance for this benefit

Cost	2022 (this year)	2023 (next year)
<p>patient's home is safe for both the patient and for providers who deliver patient care in their home. The Safety Screening assesses for safety issues such as presence of a caregiver in the home, potential fall risks, running water, reliable cell phone coverage, etc. If a patient passes the Safety Screening, the patient can be admitted into the program contingent on the patient providing consent.</p> <p>You will receive treatment and monitoring at home from a team of providers. Conditions which are eligible to be treated with this benefit can include: asthma, bronchitis, and other respiratory systems diagnosis; heart failure and shock; simple pneumonia and pleurisy; chronic obstructive pulmonary disease (COPD); cellulitis; kidney and urinary tract infections (UTI).</p>		
Urgently Needed Services	<p>In-Network:</p> <p>You pay \$30 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$25 copay for this benefit.</p>

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 Experience Team (see the back cover) or visiting our website (www.cnchealthplan.com/search).

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 30, 2022, please call the Customer Experience Team 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	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you. There is no deductible for Care N' Care Choice (PPO) for Select Insulins. This

Stage	2022 (this year)	2023 (next year)
		payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

For some drugs, you can get a long-term supply (also called an “extended supply”)	Tier 1, Tier 2, Tier 3, Tier 4 90 day supply	Tier 1, Tier 2, Tier 3, Tier 4 100 day supply
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>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 <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$4 copay per prescription</p> <p>Generics: You pay \$14 copay per prescription</p> <p>Preferred Brands: You pay \$47 copay per prescription</p> <p>Non-Preferred Drugs: You pay \$100 copay per prescription</p> <p>Specialty Tier: You pay 33% coinsurance of the total cost</p> <p>Select Insulins: You pay \$35 copay for a retail 30-day supply</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$4 copay per prescription</p> <p>Generics: You pay \$14 copay per prescription</p> <p>Preferred Brands: You pay \$47 copay per prescription</p> <p>Non-Preferred Drugs: You pay \$100 copay per prescription</p> <p>Specialty Tier: You pay 33% coinsurance of the total cost</p> <p>Select Insulins: You pay \$35 copay for a retail 30-day supply</p>

For some drugs, you can get a long-term supply (also called an “extended supply”)	Tier 1, Tier 2, Tier 3, Tier 4 90 day supply	Tier 1, Tier 2, Tier 3, Tier 4 100 day supply
	<p>You pay \$70 copay for a retail or mail order 90-day supply</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$70 copay for a retail or mail order 90-day supply</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> <p>Care N' Care Choice (PPO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will \$35 copay for a retail one-month supply.</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Care N' Care Choice (PPO)

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 Care N' Care Choice (PPO).

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. If you do not enroll in a Medicare drug plan, please see Section 1.1 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, Care N' Care Insurance Company offers other Medicare health 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 Care N' Care Choice (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Care N' Care Choice (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll . Contact your Customer Experience Team 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 3 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.

Note: If you’re in a drug management program, you may not be able to change plans.

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

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called the Health Information Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Health Information Counseling and Advocacy Program (HICAP) 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 The Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about the Health Insurance Counseling and Advocacy Program (HICAP) by visiting their website (hhs.texas.gov/services/health/medicare).

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.** 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.** Texas has a program called Texas Kidney Health Care Program (KHC) and the Texas HIV Medication Program 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 Texas HIV Medication Program (THMP) For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090.

SECTION 6 Questions?

Section 6.1 – Getting Help from Care N' Care Choice (PPO)

Questions? We're here to help. Please call Customer Experience Team at 1-877-374-7993. (TTY only, call 711.) We are available for phone calls October 1 - March 31, 8AM – 8PM Central, 7 days a week; April 1 - September 30, 8AM – 8PM Central, Monday through Friday.

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 Care N' Care Choice (PPO). 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.cnchealthplan.com/search. You may also call your Customer Experience Team to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.cnchealthplan.com/search. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). 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 (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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-374-7993 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-374-7993 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-374-7993 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-374-7993 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-374-7993 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-374-7993 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-374-7993 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-374-7993 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-374-7993 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-374-7993 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم (1-877-374-7993 (TTY: 711) على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-xxx-xxx-xxxx] بمساعدتك. هذه خدمة مجانية شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-374-7993 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-374-7993 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-374-7993 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-374-7993 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-374-7993 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-374-7993 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。