

Annual Notice of Change 2023

Care N' Care Choice MA-Only (PPO) H6328-005



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

care@care
Insurance Company, Inc.

Care N' Care Choice MA-Only (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 MA-Only (PPO). 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.cnchealthplan.com.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about your overall health care costs.
- ☐ 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 MA-Only (PPO).

- 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 MA-Only (PPO).
- 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 – 8PM Central, 7 days a week; April 1 - September 30, 8AM – 8PM 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 MA-Only (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 MA-Only (PPO).
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Annual Notice of Changes for 2023

Table of Contents

Summary of Important Costs for 2023	5
SECTION 1 Changes to Benefits and Costs for Next Year	6
Section 1.1 – Changes to the Monthly Premium	6
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts	6
Section 1.3 – Changes to the Provider Network.....	7
Section 1.4 – Changes to Benefits and Costs for Medical Services	7
SECTION 2 Deciding Which Plan to Choose	17
Section 2.1 – If you want to stay in Care N' Care Choice MA-Only (PPO).....	17
Section 2.2 – If you want to change plans	17
SECTION 3 Deadline for Changing Plans	18
SECTION 4 Programs That Offer Free Counseling about Medicare	18
SECTION 5 Programs That Help Pay for Prescription Drugs.....	18
SECTION 6 Questions?	19
Section 6.1 – Getting Help from Care N' Care Choice MA-Only (PPO).....	19
Section 6.2 – Getting Help from Medicare.....	20

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Care N' Care Choice MA-Only (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 or lower 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: \$2,500 From in-network and out-of-network providers combined: \$5,100	From network providers: \$2,500 From in-network and out-of-network providers combined: \$5,100
Doctor office visits	<u>In-Network</u> Primary care visits: \$0 Copay per visit Specialist visits: \$10 Copay per visit <u>Out-of-Network</u> Primary care visits: \$20 Copay per visit Specialist visits: \$20 Copay per visit	<u>In-Network</u> Primary care visits: \$0 Copay per visit Specialist visits: \$10 Copay per visit <u>Out-of-Network</u> Primary care visits: \$20 Copay per visit Specialist visits: \$20 Copay per visit
Inpatient hospital stays	<u>In-Network</u> Day 1-6: \$50 Copay per day. Day 7-90: \$0 Copay per day. <u>Out-of-Network</u> 10% Coinsurance	<u>In-Network</u> Day 1-5: \$50 Copay per day. Day 6-90: \$0 Copay per day. <u>Out-of-Network</u> 10% Coinsurance

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
Part B Premium Reduction	Not Available	Care N' Care will reduce your monthly Part B Premium by \$10 every month
Optional Dental Benefit premium	\$26	\$25

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 network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$2,500	\$2,500 Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services from network providers, 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 plan premium does not count toward your maximum out-of-pocket amount.	\$5,100	\$5,100 Once you have paid \$5,100 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 in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

An updated *Provider/Pharmacy Directory* is located on our website at www.cnchealthplan.com. You may also call Customer Experience Team for updated provider information or to ask us to mail you a *Provider Directory*. **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) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact your Customer Experience Team 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)
Additional Telehealth Services	In-Network: \$0 Copay for PCP \$35 Copay for Mental Health Specialists	In-Network: \$0 PCP \$25 copay: Mental Health Specialists \$10 copay: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, ENT/Otolaryngology, Gynecology, OB/GYN,

Cost	2022 (this year)	2023 (next year)
		Infectious Diseases, Nephrology, Neurology, Ophthalmology
Ambulance Services- Medicare-covered benefits	In-Network: You pay \$225 copay for this benefit. Out-of-Network: You pay \$225 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: You pay \$30 minimum copay for this benefit.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit.
Diabetic Supplies	In-Network: You pay 0% minimum coinsurance for this benefit. You pay 20% maximum coinsurance for this benefit. Out-of-Network:	In-Network: You pay 0% minimum coinsurance for this benefit. You pay 20% maximum coinsurance for this benefit. Out-of-Network:

Cost	2022 (this year)	2023 (next year)
	You pay 20% coinsurance for this benefit.	You pay 30% coinsurance for this benefit.
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.
DME	In-Network: You pay 20% coinsurance for this benefit. Out-of-Network: You pay 20% coinsurance for this benefit.	In-Network: You pay 20% coinsurance for this benefit. Out-of-Network: You pay 30% coinsurance for this benefit.
Fitness Benefit	In-Network: You pay nothing for this benefit. Out-of-Network: You pay \$30 copay for this benefit.	In-Network: You pay nothing for this benefit. Out-of-Network: You pay nothing for this benefit.

Cost	2022 (this year)	2023 (next year)
		You must use preferred vendor for this benefit
Inpatient Acute Medicare-covered stay	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p> <p>Days 1-6 : You pay a \$50 copayment per day. Days 7-90 : You pay a \$0 copayment</p> <p>Out-of-Network:</p> <p>You pay 10% 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 \$50 copayment per day. Days 6-90 : You pay a \$0 copayment</p> <p>Out-of-Network:</p> <p>You pay 10% 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 20% coinsurance for this benefit</p>	<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 10% coinsurance for this benefit</p>
<p>Meal Benefit</p> <p>Chronic Conditions</p>	Benefit not covered	<p><i>Services may require prior authorization</i></p> <p>In-Network:</p>

Cost	2022 (this year)	2023 (next year)
<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> <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 		<p>You pay nothing for this benefit.</p> <p>Out-of-Network:</p> <p>You pay nothing for this benefit.</p> <p>You must use a preferred vendor for this benefit</p>
<p>Meal Benefit</p> <p>Post- Discharge</p> <p>Immediately following surgery or inpatient hospitalization, beneficiaries may receive 3 meals per day for up to 2 weeks, up to 2 discharges per year.</p>	<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 \$30 copay for this benefit.</p>	<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> <p>You must use a preferred vendor for this benefit</p>
Medicare-covered Diagnostic Procedures Tests	<p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit.</p>

Cost	2022 (this year)	2023 (next year)
	<p>You pay \$100 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$75 minimum copay for this benefit. You pay \$150 maximum copay for this benefit.</p>	<p>You pay \$50 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$50 minimum copay for this benefit. You pay \$150 maximum copay for this benefit.</p>
Medicare-covered Diagnostic Radiological Services	<p>In-Network:</p> <p>You pay \$50 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 \$150 maximum copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$150 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$25 minimum copay for this benefit. You pay \$200 maximum copay for this benefit.</p>
Medicare-covered Medical Supplies	<p>In-Network:</p> <p>You pay 20% coinsurance for this benefit.</p> <p>Out-of-Network:</p> <p>You pay 20% coinsurance for this benefit.</p>	<p>In-Network:</p> <p>You pay 20% 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)
Medicare-covered Prosthetic Devices	In-Network: You pay 20% coinsurance for this benefit. Out-of-Network: You pay 20% coinsurance for this benefit.	In-Network: You pay 20% coinsurance for this benefit. Out-of-Network: You pay 30% coinsurance for this benefit.
Mental Health Specialty Services-Medicare-covered Group Sessions	In-Network: You pay \$35 copay for this benefit. Out-of-Network: You pay \$50 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$50 copay for this benefit.
Mental Health Specialty Services-Medicare-covered Individual Sessions	In-Network: You pay \$35 copay for this benefit. Out-of-Network: You pay \$50 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$50 copay for this benefit.
OTC Items	In-Network:	In-Network:

Cost	2022 (this year)	2023 (next year)
	<p>You pay nothing for this benefit. There is \$30 allowance Every Three Months.</p> <p>Out-of-Network:</p> <p>You pay nothing for this benefit. There is \$30 allowance.</p>	<p>You pay nothing for this benefit. There is \$40 allowance Every Three Months.</p> <p>Out-of-Network:</p> <p>You pay nothing for this benefit. There is \$40 allowance.</p> <p>You must use a preferred vendor for this benefit</p>
Other Health Care Professional Services	<p>In-Network:</p> <p>You pay \$10 minimum copay for this benefit. You pay \$25 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$40 minimum copay for this benefit. You pay \$50 maximum copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$0 minimum copay for this benefit. You pay \$15 maximum copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$40 minimum copay for this benefit. You pay \$50 maximum copay for this benefit.</p>
Psychiatric Services- Group Sessions	<p>In-Network:</p> <p>You pay \$35 copay for this benefit.</p> <p>Out-of-Network:</p>	<p>In-Network:</p> <p>You pay \$25 copay for this benefit.</p> <p>Out-of-Network:</p>

Cost	2022 (this year)	2023 (next year)
	You pay \$50 copay for this benefit.	You pay \$50 copay for this benefit.
Psychiatric Services- Individual Sessions	In-Network: You pay \$35 copay for this benefit. Out-of-Network: You pay \$50 copay for this benefit.	In-Network: You pay \$25 copay for this benefit. Out-of-Network: You pay \$50 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	Not Covered	Services require prior authorization. In-Network: Days 1 – 5: \$50 copayment Days 6 – 90: \$0 copayment Out-of-Network:

Cost	2022 (this year)	2023 (next year)
<p>hospitalist refers you. The hospitalist will consider your eligibility criteria including your medical conditions and your geographic location.</p> <p>If the patient is approved by the hospitalist, the Intake Employee will conduct a Safety Screening with the patient to ensure the 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.</p> <p>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>		<p>You pay 10% coinsurance for this benefit</p>
<p>Urgently Needed Services</p>	<p>In-Network:</p> <p>You pay \$30 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$30 copay for this benefit.</p>	<p>In-Network:</p> <p>You pay \$25 copay for this benefit.</p> <p>Out-of-Network:</p> <p>You pay \$25 copay for this benefit</p>

Cost	2022 (this year)	2023 (next year)

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Care N' Care Choice MA-Only (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 MA-Only (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, there may be 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 MA-Only (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 MA-Only (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.

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 Information Counseling and Advocacy Program (HICAP) by visiting their website (<https://hs.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.
 - **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP). **Note:** To be eligible for the ADAP operating in your State, 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.
 - If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Texas HIV Medication Program (THMP) can be contacted at 1-800-255-1090.

SECTION 6 Questions?

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

Questions? We're here to help. Please call Customer Experience Team at 1-877-374-7993. (TTY only, call 711.) We are available 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 MA-Only (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. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*).

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.

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 [1-xxx-xxx-xxxx] على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-374-7993 (TTY: 711). سيقوم 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。



Insurance Company, Inc.

1603 Lyndon B. Johnson Freeway, Suite 300 Farmers Branch, TX 75234

Care N' Care Insurance Company, Inc.

2023

Annual Notice of Change

Addendum

This addendum provides additional information to the 2023 Annual Notice of Change under "Section 1.5, Changes to Prescription Drug Coverage,"

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

Additional Resources to Help – Please contact our Customer Experience Team number at 1-877-374-7993 for additional information. (TTY users should call 711) Hours are October 1 - March 31, 8AM – 8PM Central, 7 days a week; April 1 - September 30, 8AM – 8PM Central, Monday through Friday.

February 16, 2023

**ADDENDUM TO 2023 ANOC and EOC
Care N' Care Choice MA-Only (PPO) H6328-005**

We previously sent you the 2023 Annual Notice of Change (ANOC) which provided information about changes to your coverage as an enrollee in our plan. You may have requested a copy of the 2023 Evidence of Coverage (EOC) or viewed electronically at <https://www.cnchealthplan.com/our-plans-2023/plan-documents-2023/> which provided your Medicare Health Benefits and Services and Prescription Drug Coverage as an enrollee in our plan. This notice is to let you know there are changes to the ANOC and the EOC because of a provision in the Inflation Reduction Act signed by President Joe Biden on August 16, 2022.

Beginning on April 1, 2023, you may pay less than your normal in-network coinsurance of 20% and out-of-network coinsurance of 30% for some Part B prescription drugs. Per the Inflation Reduction Act, the coinsurance will be reduced, if the drug's price has increased at a rate faster than the rate of inflation. The Centers for Medicaid and Medicare Services (CMS) will identify and publish a list of these Part B prescription drugs every quarter with the updated coinsurance. This list will be published approximately 2 weeks prior to the start of each new quarter on the following CMS website: cms.gov/medicare/medicare-fee-for-service-part-b-drugs/mcrrpartbdrugavgsalesprice. This list is called the Average Sales Price (ASP) file and will have a note in the "Notes" column to show the adjusted coinsurance for each drug on the list for the specified quarter. Care N' Care will then adjust what you pay for those drugs to match what is on the ASP file.

It is important to note, not every Part B drug will be subject to a reduced coinsurance (only those identified by CMS), and the list may change every quarter. If a Part B prescription drug you take is not on the list, you will pay the normal in-network coinsurance of 20% and out-of-network coinsurance of 30%.

Examples of Part B prescription drugs:

- Drugs that usually aren't self-administered by the patient and are injected or infused while you are getting physician, hospital outpatient, or ambulatory surgical center services
- Drugs you take using durable medical equipment (such as nebulizers) that were authorized by the plan
- Clotting factors you give yourself by injection if you have hemophilia
- Immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant
- Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug
- Antigens
- Certain oral anti-cancer drugs and anti-nausea drugs
- Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, and erythropoiesis-stimulating agents (such as Epogen®, Procrit®, Epoetin Alfa, Aranesp®, or Darbepoetin Alfa)
- Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases

Beginning on July 1, 2023, for insulins that are administered through an item of durable medical equipment (i.e., a medically necessary traditional insulin pump): 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.

The chart below provides additional information to the 2023 Annual Notice of Change under Inflation Reduction Act.

Cost	Original Information	New Information	What does this mean for you?
Medicare Part B prescription drugs	In Network: 20% coinsurance Out-of-Network 30% coinsurance	In Network: No more than 20% coinsurance Out-of-Network No more than 30% coinsurance	Your Part B prescription drug may be less than the normal coinsurance, if it is on the CMS list posted each quarter as a part of the Inflation Reduction Act

The chart below tells you where on the EOC you can find the change:

Where you can find the changes in your 2023 EOC	Original Information	New Information	What does this mean for you?
On page 59, Chapter 4 Medical Benefit Chart: Medicare Part B prescription drugs	In-Network 20% coinsurance for Medicare-covered Part B chemotherapy drugs 20% coinsurance for other Medicare-covered Part B drugs Out-of-Network 30% coinsurance for Medicare-covered Part B chemotherapy drugs 30% coinsurance for other Medicare-covered Part B drugs	In-Network No more than 20% coinsurance for Medicare-covered Part B chemotherapy drugs No more than 20% coinsurance for other Medicare-covered Part B drugs Out-of-Network No more than 30% coinsurance for Medicare-covered Part B chemotherapy drugs No more than 30% coinsurance for other Medicare-covered Part B drugs	Your Part B prescription drug may be less than the normal coinsurance, if it is on the CMS list posted each quarter as a part of the Inflation Reduction Act

This information is available for free in other languages. Please contact the Customer Experience Team at 1-877-374-7993 October 1 to March 31: 8 a.m. – 8 p.m. CST, seven days a week
April 1 to September 30: 8 a.m. – 8 p.m. CST, Monday– Friday for additional information.

Care N' Care Insurance Company, Inc. (Care N' Care) is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.