FLORIDA

***PHP (HMO SNP) offered by AHF MCO of Florida, Inc.***

# Annual Notice of Changes for 2023

You are currently enrolled as a member of PHP (HMO SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.php-fl.org/for-members/publications. 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.

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

☐ 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 PHP.
   - 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 PHP.
   - 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.
- Please contact our Member Services number at (888) 456-4715 for additional information. (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m., seven days a week.
- This information is available in other formats such as large print and in audio tapes.
- **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 PHP

- PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.
- When this booklet says "we," "us," or "our," it means AHF MCO of Florida, Inc. When it says "plan" or "our plan," it means PHP.

**Discrimination Is Against the Law**

PHP (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Member Services.

If you believe that PHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, P.O. Box 46160, Los Angeles, CA 90046, (888) 456-4715, TTY 711, Fax (888) 235-8552, email php@positivehealthcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN:  si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  Llame al 1-888-456-4715 (TTY: 711).

ATANSYON:  Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-456-4715 (TTY: 711).

CHÚ Ý:  Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-456-4715 (TTY: 711).

ATENÇÃO:  Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-456-4715 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-456-4715（TTY：711）

ATTENTION :  Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.  Appelez le 1-888-456-4715 (ATS : 711).

PAUNAWA:  Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  Tumawag sa 1-888-456-4715 (TTY: 711).

ВНИМАНИЕ:  Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  Звоните 1-888-456-4715 (телетайп: 711).

ملحوظة:  إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.  اتصل برقم 1-888-456-4715 (رقم هاتف الصم والبكم: 711).

ATTENZIONE:  In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.  Chiamare il numero 1-888-456-4715 (TTY: 711).

ACHTUNG:  Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  Rufnummer: 1-888-456-4715 (TTY: 711).

주의:  한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  1-888-456-4715 (TTY: 711) 번으로 전화해 주십시오.

UWAGA:  Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  Zadzwoń pod numer 1-888-456-4715 (TTY: 711).

**સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** 1-888-456-4715 (TTY: 711).

เรียน:  ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี  โทร 1-888-456-4715 (TTY: 711).

# *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 PHP in several important areas. **Please note this is only a summary of costs.**

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Maximum out-of-pocket amount** <br> 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.) | $5,000 | $5,000 |
| **Doctor office visits** | Primary care visits: <br> $0 copay per visit <br> Specialist visits: <br> $0 copay per visit | Primary care visits: <br> $0 copay per visit <br> Specialist visits: <br> $0 copay per visit |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Inpatient hospital stays** | • $100 copay per day for days 1 through 6<br>• $0 copay per day for days 7 through 90<br>• $0 copay per day for "lifetime reserve days" 91 through 150 | • $100 copay per day for days 1 through 6<br>• $0 copay per day for days 7 through 90<br>• $0 copay per day for "lifetime reserve days" 91 through 150 |
| **Part D prescription drug coverage**<br>(See Section 1.6 for details.) | Deductible: $480<br><br>Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: 15%<br>• Drug Tier 2: 15%<br>• Drug Tier 3: 25%<br>• Drug Tier 4: 25%<br>• Drug Tier 5: 0% | Deductible: $505<br><br>Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: 15%<br>• Drug Tier 2: 15%<br>• Drug Tier 3: 25%<br>• Drug Tier 4: 25%<br>• Drug Tier 5: 0%<br><br>Copayment for Select Insulins on Tiers 1 and 2: $35 |

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins in our Drug List by "SI" in the column labeled "Requirements/Limits." If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

# SECTION 1 Changes to Benefit and Cost for Next Year

## Section 1.1 — Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must continue to pay your Medicare Part B premium.) | $0 | $0 |

- 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.

## 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** | $5,000 | $5,000 |
| Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | | Once you have paid $5,000 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

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

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

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

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

## Section 1.5 — 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) |
|---|---|---|
| **Ambulatory Surgery Center** | You pay nothing for outpatient surgery and ambulatory surgery center services done at an ambulatory surgery center.<br><br>Referral and authorization required. If outpatient surgery and/or surgery services are done at a hospital facility, you will be subject to an outpatient hospital copay of $100. | You pay nothing for outpatient surgery and ambulatory surgery center services done at an ambulatory surgery center.<br><br>Referral and authorization required. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Cardiac and Pulmonary Rehabilitation Services** | You pay nothing for cardiac and pulmonary rehabilitation services. Referral and authorization required. | You pay nothing for cardiac and pulmonary rehabilitation services. Referral required. Certain cardiac and pulmonary rehabilitation procedures require authorization. |
| **Chiropractic Services** | You pay nothing for Medicare-covered chiropractic services limited to manual manipulation of the spine to correct subluxation. Referral and authorization required. | You pay nothing for Medicare-covered chiropractic services limited to manual manipulation of the spine to correct subluxation. Referral required. No authorization required. |
| **Dental Services** | You pay nothing for limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth). Referral and authorization required. | You pay nothing for limited Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth). Referral and authorization required. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Dental Services (continued)** | You pay nothing for preventive dental services:<br>• Cleaning (for up to 2 every year)<br>• Dental x-ray(s) (for up to 1 every year)<br>• Fluoride treatment (for up to 2 every year)<br>• Oral exams (unlimited)<br><br>You pay nothing for comprehensive dental services such as the following:<br>• Non-routine services<br>• Diagnostic services<br>• Restorative services<br>• Endodontics/ periodontics/ extractions<br>• Prosthodontics, other oral/maxillofacial surgery, other services<br><br>**Comprehensive dental services are limited to $850 every year.**<br><br>No referral or authorization required for preventive or comprehensive dental services. | You pay nothing for preventive dental services:<br>• Cleaning (for up to 2 every year)<br>• Dental x-ray(s) (for up to 1 every year)<br>• Fluoride treatment (for up to 2 every year)<br>• Oral exams (unlimited)<br><br>You pay nothing for comprehensive dental services such as the following:<br>• Non-routine services<br>• Diagnostic services<br>• Restorative services<br>• Endodontics/ periodontics/ extractions<br>• Prosthodontics, other oral/maxillofacial surgery, other services<br><br>**Comprehensive dental services are limited to $1,150 every year.**<br><br>No referral or authorization required for preventive or comprehensive dental services. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Diagnostic Services/ Labs/Imaging** | You pay nothing for the following services:<br>• Diagnostic radiology services, e.g., MRI, CT, PET scans<br>• Lab services<br>• Diagnostic tests and procedures<br>• Outpatient x-rays<br>• Colonoscopy, sigmoidoscopy, endoscopy<br><br>Referral required. Some tests and services require authorization. If diagnostic, lab or imaging services are done at a hospital facility, you will be subject to an outpatient hospital copay of $100. | You pay nothing for the following services:<br>• Diagnostic radiology services, e.g., MRI, CT, PET scans<br>• Lab services<br>• Diagnostic tests and procedures<br>• Outpatient x-rays<br>• Colonoscopy, sigmoidoscopy, endoscopy<br>• Radiation therapy<br><br>Referral required. The following services require authorization:<br>• Certain diagnostic procedures and tests<br>• Certain diagnostic radiological services<br>• Certain therapeutic radiological services<br>The following services do not require authorization:<br>• Lab<br>• X-rays |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Hearing Services** | You pay nothing for the following services every year:<br>• One routine hearing exam<br>• One fitting-evaluation for a hearing aid<br>• Up to two hearing aids<br><br>**$1,000 plan coverage limit for up to 2 hearing aids every year.**<br><br>Authorization required. | You pay nothing for the following services every year:<br>• One routine hearing exam<br>• One fitting-evaluation for a hearing aid<br>• Up to two hearing aids<br><br>**$2,500 plan coverage limit for up to 2 hearing aids every year.**<br><br>Authorization required |
| **Outpatient Hospital Observation** | You pay nothing for outpatient hospital observation. Referral and authorization required. | You pay nothing for outpatient hospital observation. No referral or authorization required. |
| **Outpatient Hospital Services** | You pay $100 copay per outpatient hospital service, i.e., outpatient surgery and surgery services and diagnostic radiology services, tests and procedures done at a hospital facility.<br><br>Some services require referral and authorization. | You pay nothing for outpatient hospital services.<br><br>Some services require referral and authorization. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Outpatient Rehabilitation Services** | You pay nothing for physical therapy, occupational therapy and speech language therapy. Referral and authorization required. | You pay nothing for physical therapy, occupational therapy and speech language therapy. Referral required. No authorization required. |
| **Outpatient Substance Abuse Services** | You pay nothing for outpatient substance abuse services. Referral and authorization required. | You pay nothing for outpatient substance abuse services. Referral required. No authorization required. |
| **Physician Specialist Services** | You pay nothing for physician specialist visits. Referral required. | You pay nothing for physician specialist visits. Referral required. Some specialist procedures require authorization. |
| **Podiatry Services** | You pay nothing for podiatry services. Referral and authorization required. | You pay nothing for podiatry services. Referral required. Certain podiatric procedures require authorization. |
| **Vision Care** | You pay nothing for Medicare-covered vision care services. Referral and authorization required for the following:<br>• Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration | You pay nothing for Medicare-covered vision care services. Referral and authorization required for the following:<br>• Diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Vision Care (continued)** | • For members who at high risk for glaucoma, one glaucoma screening each year<br>• For members with diabetes, one diabetic retinopathy screening each year<br>• One (1) pair of eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens<br><br>You pay nothing for supplemental vision care benefits. No referral or authorization required for the following:<br>• One (1) routine eye exam every year<br>• One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year<br><br>**$200 plan coverage limit for eyewear every year.** | • For members who at high risk for glaucoma, one glaucoma screening each year<br>• For members with diabetes, one diabetic retinopathy screening each year<br>• One (1) pair of eyeglasses or contact lenses after cataract surgery that includes insertion of an intraocular lens<br><br>You pay nothing for supplemental vision care benefits. No referral or authorization required for the following:<br>• One (1) routine eye exam every year<br>• One (1) pair of eyeglasses (lenses and frames or lenses) or contact lenses every year<br><br>**$250 plan coverage limit for eyewear every year.** |

## Section 1.6 — 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.

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.

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins in our Drug List by "SI" in the column labeled "Requirements/Limits." If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

### 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 your Part D prescription drugs does 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 Member Services and ask for the "LIS Rider."

There are four "drug payment stages." The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage**<br>During this stage, **you pay the full cost** of your generic, preferred brand, non-preferred brand and specialty drugs until you have reached the yearly deductible. | The deductible is $480<br>During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you have reached the yearly deductible. | The deductible is $505<br>During this stage, you pay no cost-sharing for drugs on Tier 5 (Select Care Drugs) and the full cost of drugs on Tier 1 (Generic Drugs), Tier 2 (Preferred Brand Drugs), Tier 3 (Non-Preferred Brand Drugs) and Tier 4 (Specialty Drugs) until you have reached the yearly deductible.<br>There is no deductible for PHP for Select Insulins. You pay $35 for a one-month supply of Select Insulins. |

**Changes to Your Cost Sharing in the Initial Coverage Stage**

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>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.**<br><br>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, look in Chapter 6, Section 5 of your *Evidence of Coverage*.<br><br>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. | Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:<br><br>**Generic Drugs (Tier 1):**<br>You pay 15% of the total cost.<br><br>**Preferred Brand Drugs (Tier 2):**<br>You pay 15% of the total cost.<br><br>**Non-Preferred Brand Drugs (Tier 3):**<br>You pay 25% of the total cost.<br><br>**Specialty Drugs (Tier 4):**<br>You pay 25% of the total cost.<br><br>**Select Care Drugs (Tier 5):**<br>You pay 0% of the total cost.<br><br>Once your total drugs 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 with standard cost-sharing:<br><br>**Generic Drugs (Tier 1):**<br>You pay 15% of the total cost.<br><br>**Preferred Brand Drugs (Tier 2):**<br>You pay 15% of the total cost.<br><br>**Non-Preferred Brand Drugs (Tier 3):**<br>You pay 25% of the total cost.<br><br>**Specialty Drugs (Tier 4):**<br>You pay 25% of the total cost.<br><br>**Select Care Drugs (Tier 5):**<br>You pay 0% of the total cost.<br><br>**You pay $35 for Select Insulins.**<br><br>Once your total drugs costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). |

PHP offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be $35 for a one-month supply.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**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 Member Services number at (888) 456-4715 for additional information. (TTY users should call 711.) Hours are 8:00 am to 8:00 pm.

# SECTION 2 Deciding Which Plan to Choose

## Section 2.1 — If You Want to Stay in PHP

**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 PHP.

## 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 4), 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 PHP.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from PHP.
- To **change to Original Medicare without a prescription drug plan,** you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY 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 Florida, the SHIP is called the Department of Elder Affairs' Serving Health Insurance Needs of Elders (SHINE Program).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE Program 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 SHINE Program at 1-800-96 ELDER (1-800-963-5337). TTY users should call (800) 955-8770. You can learn more about the SHINE Program by visiting their Web site (www.floridashine.org).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"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 a.m. and 7 p.m., 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).

- **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 Florida Department of Health ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Florida HIV/AIDS Hotline at (800) 352-2437 or your County Health Department: Broward County (954) 467-4700; Duval County (904) 253-1000; Miami-Dade County (305) 324-2400.

# SECTION 6 Questions?

## Section 6.1 — Getting Help from PHP

Questions? We're here to help. Please call Member Services at (888) 456-4715. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week. 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 PHP. 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.php-fl.org/for-members/publications. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

**Visit our Web site**

You can also visit our website at www.php-fl.org. 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 Web site**

You can 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.