Jefferson Health Plans Special (HMO D-SNP) offered by Jefferson Health Plans

Annual Notice of Changes for 2024

You are currently enrolled as a member of Health Partners Medicare Special. 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.JeffersonHealthPlans.com/medicare. You may also call Member Relations to ask us to mail you an *Evidence of Coverage*.

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - If you don't join another plan by December 7, 2023, you will stay in Jefferson Health Plans Special (HMO D-SNP).
   - To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Jefferson Health Plans Special (HMO D-SNP).
   - Look in Section 3.2, page 11 to learn more about your choices.
   - 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

- Please contact our Member Relations number at 1-866-901-8000 for additional information. (TTY users should call 1-877-454-8477.) Hours are 8 a.m. - 8 p.m., 7 days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. This call is free.
- You can also request this information in alternate formats (such as braille, large print or audio) by calling Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477).
- **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 Jefferson Health Plans Special (HMO D-SNP)

- Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Our HMO-DSNP also has a contract with the Pennsylvania State Medicaid program. Enrollment in our plans depends on contract renewal. The plan also has a written agreement with the Pennsylvania Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Jefferson Health Plans. When it says "plan" or "our plan," it means Jefferson Health Plans Special (HMO D-SNP).

Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Jefferson Health Plans Special (HMO D-SNP) in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Important note: Cost-sharing shown for Medicare Part A and Part B medical services in this Annual Notice of Changes (ANOC) are based on your Full Benefit Dual Eligible status. Should you lose Medicaid coverage and remain on the Special plan while seeking to restore this coverage, Medicaid will not pay your cost-sharing and you will be responsible for these amounts. Your cost-sharing for most benefits in this situation will be no more than 20% coinsurance. Immediately below we list how other cost-sharing amounts shown in this ANOC would be altered during this period.

Medical cost-sharing without Medicaid coverage

Plan deductible: $226 a year

Inpatient hospital stays:

For each inpatient hospital admission, you pay:

- $1,632 deductible;
- $0 copay for days 1–60;
- $408 copay each day for days 61–90;
- $816 copay each day for days 91+ (up to 60 lifetime reserve days).

Part D note: Through our participation in Medicare's Value-Based Insurance Design program, members getting "Extra Help" (levels 1, 2, 3 or 4) will have no cost-sharing for covered Part D prescription drugs in 2024. Prescription drug cost-sharing shown in this ANOC reflects this cost elimination. Please contact the plan for information about how your cost-sharing would change if you lost all eligibility for "Extra Help" and remained on the plan.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0 Note: If your level of "Extra Help" changes, you may be responsible for a monthly premium up to $40.20

Cost	2023 (this year)	2024 (next year)
Doctor office visits	Primary care visits: 0% coinsurance per visit. Specialist visits: 0% coinsurance per visit.	Primary care visits: 0% coinsurance per visit. Specialist visits: 0% coinsurance per visit.
Inpatient hospital stays	You pay a $0 deductible; $0 copay each day for days 1-60; $0 copay each day for days 61- 90; $0 copay each day for days 91+ (up to 60 lifetime reserve days).	You pay a $0 deductible; $0 copay each day for days 1-60; $0 copay each day for days 61-90; $0 copay each day for days 91+ (up to 60 lifetime reserve days).
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0 Copay/Coinsurance during the Initial Coverage Stage: • **Generic Drugs**: $0 copay • **All other drugs**: $0 copay Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Deductible: $0 Copay/Coinsurance during the Initial Coverage Stage: • **Generic Drugs**: $0 copay • **All other drugs**: $0 copay Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	$8,300 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$8,850 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, our plan name will change from Health Partners Medicare Special to Jefferson Health Plans Special (HMO D-SNP).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0, depending on your level of "Extra Help"	$0 Note: If your level of "Extra Help" changes, you may be responsible for a monthly premium up to $41.10

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$8,300	$8,850 Once you have paid $8,850 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.JeffersonHealthPlans.com/medicare. You may also call Member Relations for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2024 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at www.JeffersonHealthPlans.com/medicare. You may also call Member Relations to ask us to mail you an *Evidence of Coverage*.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Annual physical exam	Annual physical exam is not covered.	You pay a $0 copay for each annual physical exam.
Dental services (Comprehensive Dental)	You are covered for up to $3,500 of comprehensive dental services each year. See your *Evidence of Coverage* for details.	You are covered for up to $5,000 of comprehensive dental services each year. See your *Evidence of Coverage* for details.

Cost	2023 (this year)	2024 (next year)
Dental services		
- Oral Exams	You pay a $0 copay for up to 2 oral exams per year.	You pay a $0 copay for up to 3 oral exams per year.
- Prophylaxis (Cleaning)	You pay a $0 copay for up to 2 cleanings per year.	You pay a $0 copay for up to 3 cleanings per year.
Flex card	Flex card program is *not* available.	You are covered for up to $315 every quarter for food and utility payment support. See your *Evidence of Coverage* for details.
Over-the-Counter (OTC) Items	You are covered up to $305 per quarter for eligible over-the-counter items. Unused amounts will *not* be rolled over.	You are covered up to $315 per quarter for eligible over-the-counter items. Unused amounts will *not* be rolled over.
Worldwide Emergency/Urgent Coverage	You are covered up to $5,000 for worldwide emergency/urgent services.	You are covered up to $50,000 for worldwide emergency/urgent services.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically.

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

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a

product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Relations for more information.

Changes to Prescription Drug Costs

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

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	Your deductible amount is either $0 or $505, depending on the level of "Extra Help" you receive. (Look at the separate insert, the LIS Rider, for your deductible amount.)	Your deductible amount is $0.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic Drugs**: You pay $0 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic Drugs**: You pay $0 per prescription.

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued) pharmacy that provides standard cost sharing. Most adult Part D vaccines are covered at no cost to you.	**All other drugs**: You pay $0 per prescription. Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	**All other drugs**: You pay $0 per prescription. Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

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

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Jefferson Health Plans Special (HMO D-SNP)

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 Jefferson Health Plans Special (HMO D-SNP) plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Jefferson Health Plans offers other Medicare health plans and Medicare prescription drug 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 Jefferson Health Plans Special (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Jefferson Health Plans Special (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Relations if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

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

Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI 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 PA MEDI at 1-800-783-7067. You can learn more about PA MEDI by visiting their website (www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx).

For questions about your Medicaid benefits, contact Medicaid at 1-800-692-7462, TTY 1-800-451-5886, Monday-Friday, 8:30 a.m. - 5:30 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- "**Extra Help**" **from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
    - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) 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 State Pharmaceuticals Benefit Program (SPBP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-922-9384.

SECTION 7 Questions?

Section 7.1 – Getting Help from Jefferson Health Plans Special (HMO D-SNP)

Questions? We're here to help. Please call Member Relations at 1-866-901-8000. (TTY only, call 1-877-454-8477.) We are available for phone calls 8 a.m. - 8 p.m., 7 days a week, Oct. 1 - March 31 and Monday - Friday, April 1 - Sept. 30. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for Jefferson Health Plans Special (HMO D-SNP). 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.JeffersonHealthPlans.com/medicare. You may also call Member Relations to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.JeffersonHealthPlans.com/medicare. 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 7.2 – 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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Pennsylvania Department of Human Services at 1-800-692-7462. TTY users should call 1-800-451-5886.

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