PriorityHealth

# 2023

## Annual Notice of Changes

# **Priority**Medicare D-SNP[SM] (HMO)

offered by Priority Health

January 1, 2023–December 31, 2023

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You are currently enrolled as a member of **Priority**Medicare D-SNP. Next year, there will be changes to your plan's costs and benefits. **This booklet details these changes**.

**Additional resources**
This information is available in a different format, including Braille and large print.

Please contact our Customer Service at 833.939.0983 for additional information. (TTY users should call 711). We're available 8 a.m. to 8 p.m., seven days a week.

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 PriorityMedicare D-SNP**
Priority Health has a D-SNP (HMO) plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in **Priority**Medicare D-SNP (HMO) depends on contract renewal.

When this booklet says "we," "us," or "our," it means Priority Health Medicare. When it says "plan" or "our plan," it means **Priority**Medicare D-SNP.

***Please see page 3 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 your unique *Evidence of Coverage*, which will be available starting 10/1/22 on our website at *priorityhealth.com/dsnpplan23*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

## What to do now

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

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

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

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

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

☐ Think about whether you are happy with our plan.

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

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at *www.medicare.gov/plan-compare* website or review the list in the back of your *Medicare & You 2023* handbook.

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

**3. CHOOSE:** Decide whether you want to change your plan

- If you want to keep **Priority**Medicare D-SNP, you don't need to do anything. You will stay in **Priority**Medicare 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, 2023.** This will end your enrollment with **Priority**Medicare D-SNP.
- Look in section 3, page 14 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.

# *Annual Notice of Changes* for 2023
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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for **Priority**Medicare 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 The Michigan Medicaid program, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Monthly plan premium** | $0 | $0 |
| **Deductible** | HMO (in-network)<br>$0 | HMO (in-network)<br>$0 |
| **Doctor office visits** | HMO (in-network)<br>Primary care visits:<br>$0 per visit<br><br>Specialist visits:<br>$0 per visit | HMO (in-network)<br>Primary care visits:<br>$0 per visit<br><br>Specialist visits:<br>$0 per visit |
| **Inpatient hospital stays** | HMO (in-network)<br>$0 | HMO (in-network)<br>$0 |

| | | |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | If you receive Extra Help, you pay one of the following amounts:<br><br>Deductible: $0 or $99 on tiers 2-5<br><br>Tier 1 preferred generic drugs: $0<br><br>Generic drugs (including brand drugs treated as generic):<br>$0 copay or<br>$1.35 copay or<br>$3.95 copay or<br>15% of the total cost of the drug<br><br>For all other covered drugs:<br>$0 copay or<br>$4.00 copay or<br>$9.85 copay or<br>15% of the total cost of the drug<br><br>If you do not qualify for Extra Help from Medicare, you will pay the following for your prescription drug costs:<br><br>Deductible: $480 on tiers 2-5<br><br>Copay/Coinsurance during the Initial Coverage Stage:<br>• Tier 1: $0<br>• Tier 2: $13<br>• Tier 3: $47<br>• Tier 4: 50%<br>• Tier 5: 25% | If you receive Extra Help, you pay one of the following amounts:<br><br>Deductible: $0 or $104 on tiers 2-5<br><br>Tier 1 preferred generic drugs: $0<br><br>Generic drugs (including brand drugs treated as generic):<br>$0 copay or<br>$1.45 copay or<br>$4.15 copay or<br>15% of the total cost of the drug<br><br>For all other covered drugs:<br>$0 copay or<br>$4.30 copay or<br>$10.35 copay or<br>15% of the total cost of the drug<br><br>If you do not qualify for Extra Help from Medicare, you will pay the following for your prescription drug costs:<br><br>Deductible: $505 on tiers 2-5<br><br>Copay/Coinsurance during the Initial Coverage Stage:<br>• Tier 1: $0<br>• Tier 2: $20<br>• Tier 3: $47<br>• Tier 4: 50%<br>• Tier 5: 25% |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| | Insulin<br>You pay the amount of the copayment or coinsurance for the drug tier your drug is in.<br><br>Part D Vaccines<br>You pay the amount of the copayment or coinsurance for the drug tier the vaccine is in. | Insulin<br>You pay no more than $35 for a one-month supply of covered insulin (defined by Medicare), regardless of the drug tier your drug is in.<br><br>Part D Vaccines<br>You pay $0 for certain vaccines (defined by Medicare), regardless of the drug tier the vaccine is in.<br><br>For updates on covered insulin and vaccines please go to *priorityhealth.com/ira.* |
| **Maximum out-of-pocket amount**<br>This is the most you will pay out-of-pocket for your covered services.<br>(See Section 1.2 for details.) | HMO (in-network)<br>$7,550<br><br>If you are receiving full Medicaid benefits, 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. | HMO (in-network)<br>$8,300<br><br>If you are receiving full Medicaid benefits, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. |

# SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Monthly premium**<br>(You must continue to pay your Medicare Part B premium unless it is paid for you by the Michigan Medicaid program.)<br><br>Service Area: Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford | $0 | $0 |

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **In-network maximum out-of-pocket amount**<br>**Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are receiving full Medicaid benefits, 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.<br><br>If you lose your Medicaid eligibility and fall into the grace period, 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. | $7,550 | $8,300<br><br>Once you have paid $8,300 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year. |

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at *priorityhealth.com/dsnpplan23*. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider/Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 *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 Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Benefits Chart (what is covered), in your 2023 *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at *priorityhealth.com/dsnpplan23*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Abridge**<br>Abridge is a smartphone based application that securely records medical conversations during patient appointments.* Once the recording is complete the Abridge app will transcribe the conversation and pull out any key information (prescription refills, follow up appointments, etc.). The app also allows members to share the transcripts with caregivers/ family as they wish.<br><br>*Medical professionals must verbally consent to being recorded. | Not covered. | $0 for Abridge services. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Companion Care**<br>Will now be called PriorityCare which includes services offered through Papa such as:<br>• Companion care- Papa Pals offer companionship whether in person or virtually, help with every day activities (such as light housekeeping, meal prep, technology assistance), provide transportation and more.<br>• Papa Care Concierge- a team of individuals who can help you navigate your benefits, schedule, doctor appointments, find providers and so much more.<br>• Support services for caregivers- consultation, support, and digital resources to reduce the stress of caregiving-related responsibilities and improve confidence in caring for loved ones. | $0 for up to 8 hours per month of in-person or virtual Papa companion care services and unlimited Papa Care Concierge. Caregiver support is not covered. | $0 for up to 100 hours per year of in-person or virtual Papa companion care services, unlimited Papa Care Concierge and caregiver support services. |
| **Dental services**<br>For a complete list of covered dental services please refer to your *Evidence of Coverage*. | **Non-Medicare covered**<br>$0 for periodontal maintenance cleanings (2 every year).<br><br>Non-surgical periodontal procedures are not covered.<br><br>Surgical extraction of teeth and anesthesia are not covered. | **Non-Medicare covered**<br>$0 for periodontal maintenance cleanings (4 every year).<br><br>$0 for non-surgical periodontal procedures.<br><br>$0 for surgical extraction of teeth (one per tooth per lifetime) and anesthesia. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Dental services *(continued)*** | $2,000 maximum plan coverage amount for non-Medicare-covered comprehensive dental benefits every year.<br><br>No plan coverage limit for non-Medicare-covered preventive dental benefits. | $2,500 maximum plan coverage amount for non-Medicare-covered preventive and comprehensive dental benefits every year. |
| **Outpatient hospital services** | Prior authorization **is** required for radiosurgery (such as but not limited to, neutron beam radiotherapy (NBRT), proton beam radiotherapy (PBRT), stereotactic radiosurgery (SRS), and stereotactic body radiation therapy (SBRT).<br><br>Prior authorization is **not** required for radiation oncology procedure intensity-modulated radiation therapy (IMRT). | Prior authorization **is** required for radiation oncology procedures (such as but not limited to, intensity-modulated radiation therapy (IMRT), neutron beam radiotherapy (NBRT), proton beam radiotherapy (PBRT), stereotactic radiosurgery (SRS), and stereotactic body radiation therapy (SBRT). |
| **Outpatient surgery** ***including services provided at hospital outpatient facilities and ambulatory surgical centers*** | Prior authorization **is** required for radiosurgery (such as but not limited to, neutron beam radiotherapy (NBRT), proton beam radiotherapy (PBRT), stereotactic radiosurgery (SRS), and stereotactic body radiation therapy (SBRT).<br><br>Prior authorization is **not** required for radiation oncology procedure intensity-modulated radiation therapy (IMRT). | Prior authorization **is** required for radiation oncology procedures (such as but not limited to, intensity-modulated radiation therapy (IMRT), neutron beam radiotherapy (NBRT), proton beam radiotherapy (PBRT), stereotactic radiosurgery (SRS), and stereotactic body radiation therapy (SBRT). |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Over-the-counter (OTC) items** | $150 allowance per quarter. | $190 allowance per quarter. |
| **Podiatry services** | **Non-Medicare covered**<br>Not covered. | **Non-Medicare covered**<br>$0 for each routine foot care visit (6 visits each year). |

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically. You can get the complete Drug List by calling Customer Service or visiting our website (*priorityhealth.com/dsnpplan23*).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

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

### Changes to Prescription Drug Costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. We will send 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, please call Customer Service and ask for the "LIS Rider."

There are four "drug payment stages."

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

## 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 tier 2-5 drugs until you have reached the yearly deductible.<br><br>There is no deductible for **Priority**Medicare DSNP for covered insulin (defined by Medicare). During the Deductible Stage, your out-of-pocket costs for covered insulin (defined by Medicare) will be no more than $35 for a one-month supply. | If you receive Extra Help, your deductible amount is either $0 or $99 on tiers 2-5, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)<br><br>If you do not qualify for Extra Help from Medicare to help pay your prescription drug costs, your deductible is $480 on tiers 2-5.<br><br>During this stage, you pay $0 cost sharing for drugs on tier 1 and the full cost of drugs on tier 2-5 until you have reached the yearly deductible. | If you receive Extra Help, your deductible amount is either $0 or $104 on tiers 2-5, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)<br><br>If you do not qualify for Extra Help from Medicare to help pay your prescription drug costs, your deductible is $505 on tiers 2-5.<br><br>During this stage, you pay $0 cost sharing for drugs on tier 1 and the full cost of drugs on tier 2-5 until you have reached the yearly deductible. |

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

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage** ***(30 day retail)*** Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. You pay no more than $35 for a one-month supply of covered insulin (defined by Medicare), regardless of the drug tier your drug is in. You may pay $0 for certain vaccines (defined by Medicare) regardless of the drug tier the vaccine is in. For updates on covered insulin and vaccines included please go to *priorityhealth.com/ira.* 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:<br>**Tier 1 – preferred generic drugs:** $0<br>If you receive Extra Help, you pay one of the following amounts:<br>Generic drugs (including brand drugs treated as generic):<br>$0 copay or<br>$1.35 copay or<br>$3.95 copay or<br>15% of the total cost of the drug<br>For all other covered drugs:<br>$0 copay or<br>$4.00 copay or<br>$9.85 copay or<br>15% of the total cost of the drug<br>If you do not qualify for Extra Help from Medicare, you will pay the following for your prescription drug costs:<br>• **Tier 2 – generic drugs:** $13<br>• **Tier 3 – preferred brand drugs:** $47<br>• **Tier 4 – non-preferred drugs:** 50%<br>• **Tier 5 – specialty drugs:** 25% | Your cost for a one-month supply filled at a network pharmacy:<br>**Tier 1 – preferred generic drugs:** $0<br>If you receive Extra Help, you pay one of the following amounts:<br>Generic drugs (including brand drugs treated as generic):<br>$0 copay or<br>$1.45 copay or<br>$4.15 copay or<br>15% of the total cost of the drug<br>For all other covered drugs:<br>$0 copay or<br>$4.30 copay or<br>$10.35 copay or<br>15% of the total cost of the drug<br>If you do not qualify for Extra Help from Medicare, you will pay the following for your prescription drug costs:<br>• **Tier 2 – generic drugs:** $20<br>• **Tier 3 – preferred brand drugs:** $47<br>• **Tier 4 – non-preferred drugs:** 50%<br>• **Tier 5 – specialty drugs:** 25% |

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage** ***(30 day retail) (continued)*** | If you receive Extra Help, once you have paid $7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).<br><br>If you do not qualify for Extra Help from Medicare, once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage). | If you receive Extra Help, once you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).<br><br>If you do not qualify for Extra Help from Medicare, once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage). |

# SECTION 2 Deciding Which Plan to Choose

## Section 2.1 – If you want to stay in **Priority**Medicare 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 **Priority**Medicare D-SNP plan for 2023.

## Section 2.2 – If you want to change plans

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

### Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (*www.medicare.gov/plan-compare*), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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

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

## SECTION 3 Changing Plans

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

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

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

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

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

## SECTION 4 Programs That Offer Free Counseling about Medicare and the Michigan Medicaid Program

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan, the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP 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 MMAP at 800.803.7174 or dial 211. You can learn more about MMAP by visiting their website (*mmapinc.org*).

For questions about your Michigan Medicaid program benefits, contact Michigan Department of Health and Human Services at 517.241.3740 (TTY 711), Monday-Friday, 8 a.m. to 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid program coverage.

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have the Michigan Medicaid program, 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).
    - Change Healthcare at 1-866-783-7047, between 9 am to 6 pm, Monday through Friday. TTY users should call 1-877-644-3244. Priority Health works with MyAdvocate Change Healthcare to help members identify and apply for programs that they may qualify for. For additional information please go to *MyAdvocateHelps.com*.
    - An additional source for members to see if they qualify for extra help from Medicare may be found by calling Priority Health at 1-888-389-6648.

- **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 Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888.826.6565.

# SECTION 6 Questions?

## Section 6.1 – Getting Help from **Priority**Medicare D-SNP

Questions? We're here to help. Please call Customer Service at 833.939.0983. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. 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 **Priority**Medicare 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 *priorityhealth.com/dsnpplan23*. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at *priorityhealth.com/dsnpplan23*. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

## Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

### Visit the Medicare Website

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

### Read *Medicare & You 2023*

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

## Section 6.3 – Getting Help from the Michigan Medicaid program

To get information from Medicaid you can call Michigan Department of Health and Human Services at 517.241.3740, Monday-Friday, 8 a.m. to 5 p.m. TTY users should call 711.


*prioritymedicare.com*



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