

## Optima Medicare Salute (HMO) offered by Optima Medicare

# Annual Notice of Changes for 2023

You are currently enrolled as a member of *Optima Medicare Salute*. 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 <http://www.optimahealth.com/medicare>. 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.**

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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 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](http://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 Optima Medicare Salute.

- 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 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 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 Services number at 1-800-927-6048 for additional information. TTY users should call the Virginia Relay Service at 1-800-828-1120 or 711. Our hours are from October 1 – March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. ET. From April 1 – September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Outside of these times, our interactive voice response system allows you to obtain information on many topics related to your plan.
- This information is available in large print and audio.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About *Optima Medicare Salute***

- Optima Medicare Salute is an HMO plan with a Medicare contract. Enrollment in Optima Medicare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Optima Medicare. When it says “plan” or “our plan,” it means *Optima Medicare Salute*.

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Optima Medicare Salute in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amount</b> 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.)	\$3,400	\$3,400
<b>Doctor office visits</b>	Primary care visits: \$0 Copay per visit Specialist visits: \$30 Copay per visit	Primary care visits: \$0 Copay per visit Specialist visits: \$30 Copay per visit
<b>Inpatient hospital stays</b>	\$275 Copay per day for days 1-6. \$0 Copay per day for days 7-90. 60-day benefit period.	\$275 Copay per day for days 1-6. \$0 Copay per day for days 7-90. 60-day benefit period.

**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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400  Once you have paid \$3,400 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.	\$3,400  Once you have paid \$3,400 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 Network**

An updated *Provider Directory* is located on our website at [optimahealth.com/members/medicare/provider-and-pharmacy-directories](https://optimahealth.com/members/medicare/provider-and-pharmacy-directories). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, 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 Member Services so we may assist.

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

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

Cost	2022 (this year)	2023 (next year)
Bathroom Safety Devices	This is not a covered service	Up to 2 bathroom safety devices are covered each year at a \$0 copay. Please see Evidence of Coverage for additional coverage details.
Comprehensive Dental	Non-routine services are covered with a \$50 copay.  Diagnostic benefits are limited to 1 visit/year  Restorative benefits are limited to 1 visit/year  Endodontic benefits are limited to 1 visit/year  Periodontic benefits are limited to 1 visit/year  Extractions benefits are limited to 1 visit/year  Prosthodontics, Other Oral/Maxillofacial Surgery, and Other Services are limited to 1 visit/year	Non-routine services are not covered.  Diagnostic benefits are not limited  Restorative benefits are not limited  Endodontic benefits are not limited  Periodontic benefits are not limited  Extractions benefits are not limited  Prosthodontics, Other Oral/Maxillofacial Surgery, and Other Services are not limited

Cost	2022 (this year)	2023 (next year)
<b>Please review Evidence of Coverage for additional coverage detail.</b>		
Diabetes Supplies and Services	<p>You pay a 20% coinsurance on Diabetic supplies and services.</p> <p>Diabetic supplies and Services are not limited to specified manufacturers</p>	<p>You pay a 0% coinsurance on Diabetic supplies and services.</p> <p>Diabetic supplies are limited to specified Abbott and Lifescan manufacturers.</p>
Enhanced Disease Management	<p>COPD360 is a home-based enhanced disease management program for members with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Prior authorization is required.</p> <p>The AccordantCare™ Program is designed to help members better manage their clinical conditions and improve their overall health status. This specialized education and support program is offered to members with complex conditions.</p>	<p>COPD360 is no longer a covered benefit.</p> <p>AccordantCare™ is no longer a covered benefit.</p> <p>We offer a program designed to help members better manage their clinical conditions and improve their overall health status. This specialized education and support program is offered to members with complex conditions.</p> <p>No Authorizations are required for Enhanced Disease Management.</p>
In-Home Support Services	This is not a covered benefit	<p>You will pay \$0 copay for help with Instrumental Activities of Daily Living. Some of the services include</p>

Cost	2022 (this year)	2023 (next year)
		<p>but are not limited to assisting members with transportation to include grocery shopping, medication pick up, and doctor's appointments, technical guidance, care gap reminders, light house help, light exercise and activity. Members are eligible for 90 hours per year of In-Home Support Services.</p>
Preventive Dental	<p>You pay \$0 copay for 1 oral exam each year. You pay \$0 copay for 1 Dental X-Ray each year.</p>	<p>You pay \$0 copay for 2 oral exams each year. You pay \$0 copay for 2 Dental X-Ray each year.</p>
Special Supplemental Benefits for the Chronically Ill (SSBCI) - Grocery Card	<p>You pay \$0 copay for Special Supplemental Benefits for Chronically Ill (SSBCI) - Grocery Card.</p> <p>You have \$75 allowance every month to spend on plan-approved grocery products. If you do not use all your monthly grocery benefit amount when you order, the remaining balance will not accumulate to the next grocery benefit period.</p>	<p>You pay \$0 copay for Special Supplemental Benefits for Chronically Ill (SSBCI) - Grocery Allowance.</p> <p>You have \$100 allowance every month to spend on plan-approved grocery products. If you do not use all your monthly grocery benefit amount when you order, the remaining balance will not accumulate to the next grocery benefit period.</p>



**SECTION 2 Administrative Changes**

We want to let you know about an upcoming change to our Pharmacy Benefit Manager (PBM). A PBM is a company that is contracted to administer drug benefit programs including processing of prescription drug claims.

Description	2022 (this year)	2023 (next year)
Change of Pharmacy Benefit Manager (PBM)	Optum Rx®	Express Scripts®, Inc.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in *Optima Medicare Salute***

**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 Optima Medicare Salute

**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 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.1).

As a reminder, Optima 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 *Optima Medicare Salute*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Optima Medicare Salute*.
- 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 4 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 5 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 Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program (coordinated through the Virginia Division for the Aging).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *VICAP* 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 VICAP at 1-800-552-3402 (TTY 711). You can learn more about VICAP by visiting their website ([www.vda.virginia.gov/vicap/htm](http://www.vda.virginia.gov/vicap/htm)).

## 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.** 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).
- **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 *Virginia Medication Assistance Program (VA MAP)*. **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. You can contact the Virginia Medication Assistance Program (VA MAP) by calling 1-855-362-0658 or visiting their website at [www.vdh.virginia.gov/disease-prevention/eligibility/](http://www.vdh.virginia.gov/disease-prevention/eligibility/).

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-855-362-0658.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from *Optima Medicare Salute*

Questions? We're here to help. Please call Member Services at 1-800-927-6048. (TTY only call the Virginia Relay Service at 1-800-828-1120 or 711.) We are available for phone calls 7 days a week from 8:00 a.m. to 8:00 p.m. ET from October 1 – March 31. From April 1 - September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Outside of these times, our interactive voice response system allows you to obtain information on many topics related to your plan. 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 *Optima Medicare Salute*. 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 [optimahealth.com/members/medicare/documents-and-forms](https://optimahealth.com/members/medicare/documents-and-forms). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [optimahealth.com/members/optima-medicare-hmo/](https://optimahealth.com/members/optima-medicare-hmo/). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

### 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](https://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](https://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.