

2023

Annual Notice of Changes

Molina Medicare Complete Care Select (HMO D-SNP)

Ohio H9955_003

Serving the following counties: Adams, Allen, Ashland, Athens, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, and Wyandot

Effective January 1 through December 31, 2023.



Molina Medicare Complete Care Select (HMO D-SNP) offered by Molina Healthcare of Ohio, Inc

Annual Notice of Changes for 2023

You are currently enrolled as a member of Molina Medicare Complete Care (HMO D-SNP). 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.MolinaHealthcare.com/Medicare

You may also call Member Services 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 don't join another plan by December 7, 2022, you will stay in Molina Medicare Complete Care Select (HMO D-SNP).

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- 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 Molina Medicare Complete Care Select.
 - Look in section 4 , page 20 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

- This document is available for free in Spanish.
- Please contact our Member Services number at (866) 472-4584 for additional information. (TTY users should call 711.) Hours are from 7 days a week, 8:00 a.m. to 8:00 p.m., local time.
- You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (866) 472-4584, (TTY:711). The call is free.
- **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 Molina Medicare Complete Care Select (HMO D-SNP)

- Molina Healthcare is an HMO D-SNP Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Molina Healthcare of Ohio, Inc. When it says “plan” or “our plan,” it means Molina Medicare Complete Care Select (HMO D-SNP).
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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 Molina Medicare Complete Care Select (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	\$0 to \$33.50	\$0 to \$34.70
Deductible	\$0 or \$233	\$0 or \$233 These are 2022 cost-sharing amounts and may change for 2023. Molina Medicare Complete Care Select will provide updated rates as soon as they are released.
Doctor office visits	Primary care visits: \$0 or 20% of the cost per visit Specialist visits: \$0 or 20% of the cost per visit	Primary care visits: \$0 copay per visit Specialist visits: \$0 or \$20 copay per visit
Inpatient hospital stays	The amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$1,556 deductible per benefit period • \$0 for days 1 through 60 • \$389 copay per day for days 61 through 90 • \$778 copay per day for 60 lifetime reserve days 	The amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$295 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay for Medicare-covered lifetime reserve days.
Part D prescription drug coverage	Deductible: \$0 or \$99	Deductible: \$0 or \$104

Cost	2022 (this year)	2023 (next year)
(See Section 2.5 for details.)	<p data-bbox="695 321 992 394">Copayment during the Initial Coverage Stage:</p> <ul data-bbox="706 415 1052 1581" style="list-style-type: none"> <li data-bbox="706 415 1052 451">• Drug Tier 1: \$0 copay <li data-bbox="706 472 1052 730">• Drug Tier 2: \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.00, or \$9.85 copay for all other drugs per prescription <li data-bbox="706 751 1052 1010">• Drug Tier 3: \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.00, or \$9.85 copay for all other drugs per prescription <li data-bbox="706 1031 1052 1289">• Drug Tier 4: \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.00, or \$9.85 copay for all other drugs per prescription <li data-bbox="706 1310 1052 1581">• Drug Tier 5: \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.00, or \$9.85 copay for all other drugs per prescription 	<p data-bbox="1068 321 1365 394">Copayment during the Initial Coverage Stage:</p> <ul data-bbox="1079 415 1425 1470" style="list-style-type: none"> <li data-bbox="1079 415 1425 451">• Drug Tier 1: \$0 copay <li data-bbox="1079 472 1425 508">• Drug Tier 2: \$0 copay <li data-bbox="1079 529 1425 829">• Drug Tier 3: \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.30, or \$10.35 copay for all other drugs per prescription <li data-bbox="1079 850 1425 1150">• Drug Tier 4: \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.30, or \$10.35 copay for all other drugs per prescription <li data-bbox="1079 1171 1425 1470">• Drug Tier 5: \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.30, or \$10.35 copay for all other drugs per prescription

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p>	<p>\$7,550</p>	<p>\$8,300</p>
<p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>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.</p>	<p>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.</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Molina Medicare Complete Care Select in 2023

On January 1, 2023, Molina Healthcare of Ohio, Inc will be transitioning you from the Molina Medicare Complete Care to Molina Medicare Complete Care Select H9955_003. The information in this document tells you about the differences between your current benefits in Molina Medicare Complete Care and the benefits you will have on January 1, 2023 as a member of Molina Medicare Complete Care Select.

If you do nothing in 2022, we will automatically enroll you in our Molina Medicare Complete Care Select H9955_003. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Molina Medicare Complete Care Select. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium	\$0 to \$33.50	\$0 to \$34.70
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

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 Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$7,550	\$8,300
Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.		Once you have paid \$8,300 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.
If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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 and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services 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, 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 Services 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.

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)
Inpatient hospital care	<p>You pay the 2022 Original Medicare cost-sharing amount per benefit period.</p> <p>The cost sharing is:</p> <ul style="list-style-type: none"> - \$1,556 deductible per benefit period - \$0 for the first 60 days of each benefit period - \$389 per day for days 61–90 of each benefit period - \$778 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) 	<p>You pay \$0 or \$295 copay for days 1 - 6, \$0 for days 7 - 90 for each Medicare-covered Inpatient hospital benefit period. \$0 copay for Medicare-covered lifetime reserve days.</p>

Cost	2022 (this year)	2023 (next year)
Emergency Care	<p>You pay a \$0 or 20% of the total cost, up to \$90, for each Medicare-covered emergency room visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 or \$90 copay for each emergency room visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Urgently Needed Services	<p>You pay a \$0 or 20% of the total cost, up to \$65, for each Medicare-covered urgently needed care visit. Cost-share up to \$65 is applied to your deductible.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 or \$25 copay for each Medicare-covered urgently needed care visit. Your cost-share is not applied to your deductible.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Physician/Practitioner services	<p>You pay a \$0 copay or 20% of the total cost for primary care physician visits.</p> <p>You pay a \$0 copay or 20% of the cost for specialist's visits.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 copay for primary care physician visits.</p> <p>You pay a \$0 or \$20 copay for specialist's visits.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Chiropractic Services (Supplemental)	<p>You pay \$0 for these services. Plan maximum of up to 10 medically necessary visits every calendar year for supplemental routine chiropractic and acupuncture services combined.</p> <p>Note: The supplemental routine chiropractic services visit maximum is a combined maximum with the acupuncture services.</p>	<p>You pay a \$0 copay for up to 12 chiropractic visits per year.</p>

Cost	2022 (this year)	2023 (next year)
Acupuncture (Supplemental)	<p>You pay a \$0 copay for these services.</p> <p>Plan maximum of up to 10 medically necessary visits every calendar year for supplemental routine chiropractic and acupuncture services combined.</p> <p>Note: The supplemental routine chiropractic services visit maximum is a combined maximum with the acupuncture services.</p>	<p>You pay a \$0 copay for up to 12 acupuncture visits per year.</p>
Outpatient rehabilitation services	<p>You pay a \$0 copay or 20% of the total cost for each medically-necessary outpatient physical therapy (PT), occupational therapy (OT), and/or speech-language (SP) visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 copay or 20% of the total cost for occupational therapy (OT). Services at freestanding locations have \$0 copay. 20% at hospital. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>
Outpatient mental health care (Medicare-covered)	<p>You pay a \$0 copay or 20% of the total cost per event for non-physician outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 or \$10 copay of the cost per event for non-physician outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Podiatry Services (Medicare-covered)	<p>You pay \$0 or 20% of the total cost for each Medicare-covered podiatry visit. If you are eligible for Medicare cost-sharing assistance under</p>	<p>You pay a \$0 copay for each Medicare-covered Podiatry visit.</p>

Cost	2022 (this year)	2023 (next year)
	<p>Medicaid, you pay 0% of the total cost.</p>	
<p>Other Health Care Professional (this includes Medicare-covered Acupuncture for chronic low back pain)</p>	<p>You pay a \$0 copay for Medicare covered acupuncture when services are received from Internal Medicine, General Practice, or Family Practice Services provided by other health providers, not categorized as a medical doctor or a doctor of osteopathy (i.e. nurse practitioner, physician assistant). You pay a 20% of the total cost applies to all other health care professionals.</p>	<p>You pay a \$0 copay for Medicare covered acupuncture when services are received from Internal Medicine, General Practice, or Family Practice Services provided by other health providers, not categorized as a medical doctor or a doctor of osteopathy (i.e. nurse practitioner, physicians assistant). You pay a \$0 or \$10 copay applies to all other health care professionals. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies</p>	<p>You pay \$0 or 20% of the total cost for: -Diagnostic tests and procedures -Diagnostic Services/Labs/Imaging Lab services - Diagnostic Radiology Services (such as MRI, CT scan) -Outpatient X-rays -Therapeutic Radiology -Outpatient Blood Services If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 copay or 20% of the total cost for Diagnostic procedures, tests and lab services. \$0 copay (freestanding location) or 20% of the cost at a hospital. You pay a \$0 copay for Outpatient Diagnostic and Therapeutic Radiological services (freestanding location) or 20% of the cost at a hospital. Other services have 20% coinsurance. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>

Cost	2022 (this year)	2023 (next year)
Outpatient hospital observation	<p>You pay a \$0 copay or 20% of the total cost per event of outpatient hospital observation services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 copay per event for outpatient hospital observation services.</p>
Outpatient surgery at Ambulatory Surgical Centers	<p>You pay a \$0 copay or 20% of the total cost for each covered outpatient surgery at Ambulatory Surgical Centers.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 or \$50 copay for each covered outpatient surgery at Ambulatory Surgical Centers.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Outpatient substance abuse services	<p>You pay a \$0 copay or 20% of the total cost for each:</p> <ul style="list-style-type: none"> - Medicare-covered individual or group outpatient therapy visit - Medicare-covered intensive outpatient service <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>You pay a \$0 or 10 copay for each:</p> <ul style="list-style-type: none"> - Medicare-covered individual or group outpatient therapy visit - Medicare-covered intensive outpatient service <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Transportation Non-emergency/Over-the-counter Allowance (Supplemental)	<p>You have a \$470 combined allowance every quarter (3 months) for use to access your choice of OTC or transportation services.</p> <p>Allowance expires at the end of each quarter and does not roll over to the next quarter.</p> <p>Simply use your MyChoice Card to pay the Provider at the time services are rendered.</p>	<p>You have a \$100 allowance every quarter (3 months) for use to access non-emergency transportation services (The transportation allowance is not combined with the OTC allowance.) Allowance expires at the end of each quarter and does not roll over to the next quarter.</p> <p>You have a \$470 allowance every quarter (3 months) for use to access your choice of OTC</p>

Cost	2022 (this year)	2023 (next year)
		services (The OTC allowance is not combined with the transportation allowance.) Simply use your MyChoice Card to pay the Provider at the time services are rendered.
Diabetes self-management training, diabetic services and supplies	You pay \$0 or 20% of the total cost if you qualify for Medicare-covered: - Diabetic therapeutic shoes or inserts. - Diabetes self-management training. You pay \$0 or 20% of the cost for covered diabetic supplies. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.	You pay \$0 copay if you qualify for Medicare-covered: -Diabetic therapeutic shoes or inserts. -Diabetes self-management training. You pay \$0 for covered diabetic supplies.
Additional Sessions of Smoking and Tobacco Cessation Counseling	Additional Sessions of Smoking and Tobacco Cessation Counseling is <u>not</u> covered.	You get eight additional Sessions of Smoking and Tobacco Cessation Counseling are covered.
In-Home Support Services	In-Home Support Services is <u>not</u> covered	You pay a \$0 copay for up to 90 hours of In-Home Support Services.
Services to treat kidney disease	You pay a \$0 copay or 20% of the total cost for kidney disease education services. Medicare covers up to 6 sessions per lifetime. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.	You pay a \$0 copay for kidney disease education services. Medicare covers up to 6 sessions per lifetime.
Special Supplemental Benefits for the Chronically	SSBCI Pest Control is <u>not</u> covered.	\$150 allowance every month for Pest Control. Upon

Cost	2022 (this year)	2023 (next year)
<p>III (SSBCI) - Pest Control</p>		<p>approval, your MyChoice Card will be loaded with Pest Control. Eligible members receive a debit card with an allowance every 3 months to obtain services, unused allowance does not carry over to next quarter. Allowance expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Members who have the following chronic conditions are eligible:</p> <ul style="list-style-type: none"> Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke. <p>Pest Control, Service Animal Supplies, Non-Medicare-covered Genetic Test Kit, and Mental Health & Wellness Applications share a combined allowance every 3 months.</p>

Cost	2022 (this year)	2023 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI) - Food and produce</p>	<p>\$35 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and groceries, unused allowance does not carry over to next month. Allowance expires at the end of the calendar year. Members who have the following chronic conditions are eligible: Cancer, Cardiovascular disorders, Chronic heart failure, Diabetes, Chronic lung disorders, and Stroke.</p>	<p>\$40 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and groceries, unused allowance does not carry over to next month. Allowance expires at the end of the calendar year. Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p>

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, 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.

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 Part D prescription drugs may 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, 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.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. 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.

• **Getting Help from Medicare** – If you chose this plan because you were looking for insulin coverage at \$35 or less a month, 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 (866) 472-4584 for additional information. (TTY users should call 711.) Hours are 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your tiers 1-5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$0 or \$99. During this stage, you pay \$0 cost sharing for drugs on tier 1, \$0 cost sharing for drugs on tier 2, and the full cost of drugs on tiers 3-5 until you have reached the yearly deductible. Your deductible is \$0 or \$99, depending on the level of "Extra Help" you received. (Look at the separate insert, the "LIS Rider," for your deductible amount.)</p>	<p>Your deductible amount is either \$0 or \$104, depending on the level of "Extra Help" you receive. (Look at the separate insert, the "LIS Rider," for your deductible amount.)</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic - Tier 1: You pay a \$0 copay per prescription</p> <p>Generic - Tier 2: You pay a \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.00, or \$9.85 copay for all other drugs per prescription</p> <p>Preferred Brand - Tier 3:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic - Tier 1: You pay a \$0 copay per prescription</p> <p>Generic - Tier 2: You pay a \$0 copay per prescription</p> <p>Preferred Brand - Tier 3: You pay a \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic)</p>

Stage	2022 (this year)	2023 (next year)
	<p>You pay a \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic)</p> <p>\$0, \$4.00, or \$9.85 copay for all other drugs per prescription</p> <p><i>Non-Preferred Drug - Tier 4:</i></p> <p>You pay a \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic)</p> <p>\$0, \$4.00, or \$9.85 copay for all other drugs per prescription</p> <p><i>Specialty Tier - Tier 5:</i></p> <p>You pay a \$0, \$1.35, or \$3.95 copay for generic drugs (including brand drugs treated as generic)</p> <p>\$0, \$4.00, or \$9.85 copay for all other drugs per prescription</p>	<p>\$0, \$4.30, or \$10.35 copay for all other drugs per prescription</p> <p><i>Non-Preferred Drug - Tier 4:</i></p> <p>You pay a \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic)</p> <p>\$0, \$4.30, or \$10.35 copay for all other drugs per prescription</p> <p><i>Specialty Tier - Tier 5:</i></p> <p>You pay a \$0, \$1.45, or \$4.15 copay for generic drugs (including brand drugs treated as generic)</p> <p>\$0, \$4.30, or \$10.35 copay for all other drugs per prescription</p>
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Once your total drug costs have reached \$4,430, you will</p>	<p>Once your total drug costs have reached \$4,660, you</p>

Stage	2022 (this year)	2023 (next year)
<p>The costs in this row are for a one-month (31-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, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. 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.</p> <p>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.</p>	move to the next stage (the Coverage Gap Stage).	will move to the next stage (the Coverage Gap Stage).

SECTION 3 Administrative Changes

We are making administrative changes for select benefits for next year. The information in the table below describes these changes.

Description	2022 (this year)	2023 (next year)
Your Contract/Plan Benefit Package (PBP) has changed.	H9955_001	H9955_003

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Molina Medicare Complete Care Select (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 Molina Medicare Complete Care Select.

Section 4.2 – 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 (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Molina Medicare Complete Care Select (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 Molina Medicare Complete Care Select (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 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.

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 5 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 6 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 Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Ohio Senior Health Insurance Information Program (OSHIIP) 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 Ohio Senior Health Insurance Information Program (OSHIIP) at (800) 686-1578. You can learn more about Ohio Senior Health Insurance Information Program (OSHIIP) by visiting their website (<https://insurance.ohio.gov/about-us/divisions/oshiip>).

For questions about your Medicaid benefits, contact Ohio Department of Medicaid at (800) 324-8680, TTY: 711, Monday - Friday, 7:00 a.m.- 8:00 p.m. EST. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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).
- **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 Ohio HIV Drug Assistance Program (OHDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (800) 777-4775.

SECTION 8 Questions?

Section 8.1 – Getting Help from Molina Medicare Complete Care Select (HMO D-SNP)

Questions? We're here to help. Please call Member Services at (866) 472-4584. (TTY only, call 711.) We are available for phone calls 7 days a week, 8:00 a.m. to 8:00 p.m., local time. 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 Molina Medicare Complete Care Select (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.MolinaHealthcare.com/Medicare. 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 www.MolinaHealthcare.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 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2023*

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

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call Ohio Department of Medicaid at (800) 324-8680. TTY users should call TTY: 711.

