Elevate Medicare Choice (HMO D-SNP) offered by Elevate Medicare Advantage by Denver Health Medical Plan, Inc. (DHMP)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Elevate Medicare Choice (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.denverhealthmedicalplan.org. You may also call Health Plan 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](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 Elevate Medicare Choice (HMO D-SNP).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Elevate Medicare Choice (HMO D-SNP).

- Look in section 3, page 15 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 Health Plan Services number at 303-602-2111 or toll free 1-877-956-2111 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week.

- This document may be available in other formats such as braille, large print or other alternate formats.

- **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 Elevate Medicare Choice (HMO D-SNP)**

- Elevate Medicare Advantage is a Medicare-approved HMO plan. Enrollment in Elevate Medicare Advantage depends on contract renewal. The plan also has a written agreement with the Colorado Medicaid program to coordinate your Medicaid benefits.

- When this document says “we,” “us,” or “our,” it means Elevate Medicare Advantage. When it says “plan” or “our plan,” it means Elevate Medicare Choice (HMO D-SNP).
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 Elevate Medicare Choice (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>$39.80</td>
<td>$41.60</td>
</tr>
<tr>
<td>♦ Your premium may be higher or lower than this amount. See Section 1.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$233</td>
<td>$226</td>
</tr>
<tr>
<td><strong>Doctor Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Referral required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>† Your provider must obtain prior authorization from our plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $0** or 20% of the total cost per visit</td>
<td>Primary care visits: $0** or 20% of the total cost per visit</td>
<td></td>
</tr>
<tr>
<td><em>Specialist visits: $0</em>* or 20% of the total cost per visit</td>
<td><em>Specialist visits: $0</em>* or 20% of the total cost per visit</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>2022 (this year)</td>
<td>2023 (next year)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Inpatient Hospital Stays*†</td>
<td>$0** or $1,556 for each benefit period.</td>
<td>$0** or $1,600 for each benefit period.</td>
</tr>
<tr>
<td></td>
<td>• Days 1-60: $0 copay per day for each benefit period</td>
<td>• Days 1-60: $0 copay per day for each benefit period</td>
</tr>
<tr>
<td></td>
<td>• Days 61-90: $389 copay per day for each benefit period</td>
<td>• Days 61-90: $400 copay per day for each benefit period</td>
</tr>
<tr>
<td></td>
<td>• Days 91 and beyond: $778 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)</td>
<td>• Days 91 and beyond: $800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)</td>
</tr>
<tr>
<td></td>
<td>• Beyond lifetime reserve days: All costs</td>
<td>• Beyond lifetime reserve days: All costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Referral required.
† Your provider must obtain prior authorization from our plan.
** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

†Prior authorization is required for all acute rehabilitation services.
<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
</table>
|      | **Referral required.**  
|      | † Your provider must obtain prior authorization from our plan.  
|      | **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.** |

### Part D Prescription Drug Coverage
(See Section 1.5 for details.)

<table>
<thead>
<tr>
<th>Coverage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
</table>
|          | Deductible: $480  
|          | Copayment/Coinsurance during the Initial Coverage Stage:  
|          | • Generic Drugs (including brand drugs treated as generic, either):  
|          | $0 copay; or  
|          | $1.35 copay; or  
|          | $3.95 copay; or  
|          | 15% of the total cost  
|          | • For all other drugs, either:  
|          | $0 copay; or  
|          | $4 copay; or  
|          | $9.85 copay; or  
|          | 15% of the total cost  
|          | Deductible: $505  
|          | Copayment/Coinsurance during the Initial Coverage Stage:  
|          | • Generic Drugs (including brand drugs treated as generic, either):  
|          | $0 copay; or  
|          | $1.45 copay; or  
|          | $4.15 copay; or  
|          | 15% of the total cost  
|          | • For all other drugs, either:  
|          | $0 copay; or  
|          | $4.30 copay; or  
|          | $10.35 copay; or  
|          | 15% of the total cost  

### Maximum Out-of-Pocket Amount**
This is the most you will pay out-of-pocket for your covered Part A and Part B services.  
(See Section 1.2 for details.)

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
</table>
|      | $7,550  
|      | $8,200  

---

*Referral required.
† Your provider must obtain prior authorization from our plan.
**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium**</td>
<td>$39.80</td>
<td>$41.60</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Out-of-Pocket Amount**</td>
<td>$7,550</td>
<td>$8,200</td>
</tr>
<tr>
<td>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for QMB or 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once you have paid $8,200 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.denverhealthmedicalplan.org. You may also call Health Plan 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 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 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 Health Plan Services 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.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Referral required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>† Your provider must obtain prior authorization from our plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services†</strong></td>
<td>$1,500 annual maximum benefit for preventive and comprehensive dental services every year.</td>
<td>$3,000 annual maximum benefit for preventive and comprehensive dental services every year.</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>20% of the total cost (up to $90) for each visit for Medicare-covered emergency services.</td>
<td>20% of the total cost (up to $95) for each visit for Medicare-covered emergency services.</td>
</tr>
<tr>
<td>Cost</td>
<td>2022 (this year)</td>
<td>2023 (next year)</td>
</tr>
<tr>
<td>------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Inpatient Hospital Care**† | $0** or $1,556 deductible for each benefit period.  
  • Days 1-60: $0 copay per day for each benefit period  
  • Days 61-90: $389 copay per day for each benefit period  
  • Days 91 and beyond: $778 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)  
  • Beyond lifetime reserve days: All costs | $0** or $1,600 deductible for each benefit period.  
  • Days 1-60: $0 copay per day for each benefit period  
  • Days 61-90: $400 copay per day for each benefit period  
  • Days 91 and beyond: $800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)  
  • Beyond lifetime reserve days: All costs |
### Elevate Medicare Choice (HMO D-SNP) Annual Notice of Changes for 2023

<table>
<thead>
<tr>
<th>Cost</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Referral required.</td>
<td>* Referral required.</td>
</tr>
<tr>
<td></td>
<td>† Your provider must obtain prior authorization from our plan.</td>
<td>† Your provider must obtain prior authorization from our plan.</td>
</tr>
<tr>
<td></td>
<td>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</td>
<td>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</td>
</tr>
<tr>
<td>Inpatient Services in a Psychiatric Hospital*†</td>
<td>$0** or $1,556 deductible for each benefit period.</td>
<td>$0** or $1,600 deductible for each benefit period.</td>
</tr>
<tr>
<td></td>
<td>• Days 1-60: $0 copay per day for each benefit period</td>
<td>• Days 1-60: $0 copay per day for each benefit period</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Beyond lifetime reserve days: All costs</td>
<td>• Beyond lifetime reserve days: All costs</td>
</tr>
</tbody>
</table>
### Cost

<table>
<thead>
<tr>
<th></th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Referral required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>† Your provider must obtain prior authorization from our plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC)</strong> Mail Order</td>
<td>Covered up to $220 quarterly.</td>
<td>Covered up to $260 quarterly.</td>
</tr>
<tr>
<td>Your allowance is available every quarter, starting January, April, July and October. The unused quarterly allowance will not carry over. To order your product(s), mail or fax in the order form found on our web page. No returns, refunds or reimbursements accepted. You can view the catalogue and form at <a href="http://www.denverhealthmedicalplan.org">www.denverhealthmedicalplan.org</a>.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Skilled Nursing Facility (SNF) Care***† | • Days 1 – 20: $0 copay per day for each benefit period  
• Days 21 – 100: $0** or $194.50 copay per day for each benefit period  
• Days 101 and beyond: All costs | • Days 1 – 20: $0 copay per day for each benefit period  
• Days 21 – 100: $0** or $200 copay per day for each benefit period  
• Days 101 and beyond: All costs |
<table>
<thead>
<tr>
<th><strong>Cost</strong></th>
<th><strong>2022 (this year)</strong></th>
<th><strong>2023 (next year)</strong></th>
</tr>
</thead>
</table>
| * Referral required.  
† Your provider must obtain prior authorization from our plan.  
**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0. | | |

**Special Supplemental Benefits for the Chronically Ill†**

The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

- One blood pressure cuff up covered up to $140 (every three years per qualified member).
- Food and produce not covered.

- One blood pressure cuff covered up to $135 per lifetime for qualified members.
- Elevate Healthy Food Card: $260 quarterly allowance to buy healthy foods on a prepaid card at participating retailers. Your allowance is available every quarter starting January, April, July and October. The unused quarterly allowance will not carry over. No reimbursements.
  
  See your Evidence of Coverage for details.

**Telehealth Services**

Additional Medicare-covered telehealth services not covered.

20% of the total cost for additional Medicare-covered telehealth services.

**Urgently Needed Services**

20% of the total cost (up to $65) for each Medicare-covered urgent care visit.

20% of the total cost (up to $60) for each Medicare-covered urgent care visit.

**Vision Care**

$0 copay for one pair of eyeglasses (lenses and frames) every year up to $250.

$0 copay for unlimited eyeglasses (lenses and frames) every year up to $250.
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.

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 Health Plan Services 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. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs does not apply to you. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you have not received this insert by September 30th, please call Health Plan Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes for next year 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, even if you haven’t paid your deductible. Call Health Plan Services for more information.
Important Message About What You Pay for Insulin - You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

Changes to the Deductible Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stage 1: Yearly Deductible Stage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During this stage, <strong>you pay the full cost</strong> of your Part D drugs until you have reached the yearly deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your deductible amount is either $0** or $480, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</td>
<td>Your deductible amount is either $0** or $505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</td>
<td></td>
</tr>
</tbody>
</table>

Changes to Your Cost Sharing in the Initial Coverage Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 2: Initial Coverage Stage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 <strong>you pay your share of the cost.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</td>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</td>
<td></td>
</tr>
<tr>
<td><strong>Generic Drugs (including brand drugs treated as generic), either:</strong></td>
<td><strong>Generic Drugs (including brand drugs treated as generic), either:</strong></td>
<td></td>
</tr>
<tr>
<td>$0 copay; or $1.35 copay; or $3.95 copay; or 15% of the total cost</td>
<td>$0 copay; or $1.45 copay; or $4.15 copay; or 15% of the total cost</td>
<td></td>
</tr>
</tbody>
</table>
### Stage 2: Initial Coverage Stage (Continued)

For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Stage 2: Initial Coverage Stage (Continued)</th>
<th>2022 (this year)</th>
<th>2023 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For all other drugs:</td>
<td>$0 copay; or</td>
<td>$0 copay; or</td>
</tr>
<tr>
<td></td>
<td>$4 copay; or</td>
<td>$4.30 copay; or</td>
</tr>
<tr>
<td></td>
<td>$9.85 copay; or</td>
<td>$10.35 copay; or</td>
</tr>
<tr>
<td></td>
<td>15% of the total cost</td>
<td>15% of the total cost</td>
</tr>
</tbody>
</table>

Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).

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 Elevate Medicare Choice (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 Elevate Medicare Choice (HMO D-SNP).

#### 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 (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Elevate Medicare Choice (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 Elevate Medicare Choice (HMO D-SNP).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Health Plan Services if you need more information on how to do so.
  - 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 Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

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

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.
SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Colorado State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Colorado State Health Insurance Assistance Program at 1-888-696-7213. You can learn more about Colorado State Health Insurance Assistance Program by visiting their website (www.dora.colorado.gov).

For questions about your Health First Colorado – Colorado’s Medicaid Program benefits, contact Health First Colorado – Colorado’s Medicaid Program at 1-800-221-3943 (TTY 711) Monday – Friday, 8 a.m. to 4:30 p.m.; the Member Contact Center is closed for staff meetings on the third Thursday of each month from 2:00 p.m. - 3:30 p.m. and for all state holidays. Ask how joining another plan or returning to Original Medicare affects how you get your Health First Colorado – Colorado’s Medicaid Program coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

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

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

- **Help from your state’s pharmaceutical assistance program.** Colorado has a program called Colorado State Drug Assistance Program (SDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with
HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Colorado AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Colorado AIDS Drug Assistance Program at 303-692-2716 (TTY 711), Monday - Friday, 9 a.m. to 5 p.m.

SECTION 6  Questions?

Section 6.1 – Getting Help from Elevate Medicare Choice (HMO D-SNP)

Questions? We’re here to help. Please call Health Plan Services at 303-602-2111 or toll free 1-877-956-2111. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year’s benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 Evidence of Coverage for Elevate Medicare Choice (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.denverhealthmedicalplan.org. You may also call Health Plan Services to ask us to mail you an Evidence of Coverage.

Visit our Website

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

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Visit the Medicare 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 6.3 – Getting Help from Medicaid

To get information from Medicaid, you can call Health First Colorado – Colorado’s Medicaid Program at 1-800-221-3943. TTY users should call 711.
Multi-Language Insert

Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-956-2111. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-956-2111. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-877-956-2111。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您对我们的健康或药物保险可能存有疑问，为此我们提供免费的翻译服务。如需翻译服务，请致电1-877-956-2111。我们讲中文的人员将乐意为您提供建助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-956-2111. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-956-2111. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-956-2111 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-956-2111 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-956-2111. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إذا كنت تقدم خدمات الترجمة الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-956-2111. سيقوم شخص ما بحث الترجمة باللغة العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुमाषिया सेवाएं उपलब्ध हैं। एक दुमाषिया प्राप्त करने के लिए, यहाँ 1-877-956-2111 पर फोन करें। कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-956-2111. Un nostro incaricato che parla Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Português: Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-956-2111. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-956-2111. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umóżliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-956-2111. Ta usługa jest bezpłatna.
Japanese: 当社の健康・健康保険と薬品処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-877-956-2111 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。