

**ELEVATE  
MEDICARE ADVANTAGE™**

Denver Health Medical Plan

## ***Elevate Medicare Select (HMO) 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 Select (HMO). 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](http://www.denverhealthmedicalplan.org). (You may also call Health Plan 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.**

---

### **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 Select (HMO).
- 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 Select (HMO).
- 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 Select (HMO)

- Elevate Medicare Advantage is a Medicare-approved HMO plan. Enrollment in Elevate Medicare Advantage depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means Elevate Medicare Advantage. When it says “plan” or “our plan,” it means Elevate Medicare Select (HMO).

***Annual Notice of Changes for 2023***  
**Table of Contents**

<b>Summary of Important Costs for 2023 .....</b>	<b>4</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year.....</b>	<b>7</b>
Section 1.1 – Changes to the Monthly Premium .....	7
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	8
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	8
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	9
Section 1.5 – Changes to Part D Prescription Drug Coverage .....	17
<b>SECTION 2      Deciding Which Plan to Choose.....</b>	<b>19</b>
Section 2.1 – If you want to stay in Elevate Medicare Select (HMO).....	19
Section 2.2 – If you want to change plans .....	20
<b>SECTION 3      Deadline for Changing Plans.....</b>	<b>20</b>
<b>SECTION 4      Programs That Offer Free Counseling about Medicare .....</b>	<b>21</b>
<b>SECTION 5      Programs That Help Pay for Prescription Drugs.....</b>	<b>21</b>
<b>SECTION 6      Questions? .....</b>	<b>22</b>
Section 6.1 – Getting Help from Elevate Medicare Select (HMO) .....	22
Section 6.2 – Getting Help from Medicare.....	22

## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Elevate Medicare Select (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
* Referral required. † Your provider must obtain prior authorization from our plan.		
<b>Monthly Plan Premium</b>  Your premium may be higher than this amount. See Section 1.1 for details.	\$39.80	\$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.)	\$4,400	\$4,700
<b>Doctor Office Visits*</b>	Primary care visits: \$0 copay per visit  *Specialist visits: \$20 copay per visit	Primary care visits: \$0 copay per visit  *Specialist visits: \$25 copay per visit

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Inpatient Hospital Stays*†</b></p>	<p>Plan covers 90 days per benefit period.</p> <ul style="list-style-type: none"> <li>• Days 1–5: \$300 copay per day for each benefit period</li> <li>• Days 6–90: \$0 copay per day for each benefit period</li> <li>• Days 91–150: \$742 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul> <p>†Prior authorization is required for all acute rehabilitation services.</p>	<p>Plan covers 90 days per benefit period.</p> <ul style="list-style-type: none"> <li>• Days 1–5: \$325 copay per day for each benefit period</li> <li>• Days 6–90: \$0 copay per day for each benefit period</li> <li>• Days 91–150: \$778 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul> <p>†Prior authorization is required for all acute rehabilitation services.</p>
<p><b>Part D Prescription Coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Tier 1 (Preferred Generic drugs)</b></p> <p>\$3 copay per prescription (1 month supply)</p> <p>\$6 copay per prescription (2 month supply)</p> <p>\$6 copay per prescription (3 month supply)</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p><b>Tier 1 (Preferred Generic drugs)</b></p> <p>\$0 copay per prescription for a 1 month, 2 month, or 3 month supply</p>

Cost	2022 (this year)	2023 (next year)
* Referral required. † Your provider must obtain prior authorization from our plan.		
<b>Part D Prescription Coverage (Continued)</b> (See Section 1.5 for details.)	<b>Tier 2 (Generic drugs)</b> \$9 copay per prescription including Select Insulins (1 month supply)  \$18 copay per prescription including Select Insulins (2 and 3 month supply)	<b>Tier 2 (Generic drugs)</b> \$9 copay per prescription including Select Insulins (1 month supply)  \$18 copay per prescription including Select Insulins (2 and 3 month supply)
	<b>Tier 3 (Preferred Brand drugs)</b> 25% of the total cost \$35 copay for Select Insulins per prescription (1 month supply)	<b>Tier 3 (Preferred Brand drugs)</b> \$47 copay per prescription \$35 copay for Select Insulins per prescription (1 month supply)
	25% of the total cost \$70 copay for Select Insulins per prescription (2 month supply)	\$94 copay per prescription \$70 copay for Select Insulins per prescription (2 month supply)
	25% of the total cost \$70 copay for Select Insulins per prescription (3 month supply)	\$141 copay per prescription \$105 copay for Select Insulins per prescription (3 month supply)
	<b>Tier 4 (Non-Preferred Brand drugs)</b> 50% of the total cost per prescription (1 month supply)  50% of the total cost per prescription (2 month supply)  50% of the total cost per prescription (3 month supply)	<b>Tier 4 (Non-Preferred Brand drugs)</b> \$95 copay per prescription (1 month supply)  \$190 copay per prescription (2 month supply)  \$285 copay per prescription (3 month supply)

Cost	2022 (this year)	2023 (next year)
* Referral required. † Your provider must obtain prior authorization from our plan.		
<b>Part D Prescription Coverage (Continued)</b> (See Section 1.5 for details.)	<b>Tier 5 (Specialty drugs)</b> 33% of the total cost per prescription (1 month supply) <u>Not covered</u> for a 2 or 3 month supply	<b>Tier 5 (Specialty drugs)</b> 33% of the total cost per prescription (1 month supply) <u>Not covered</u> for a 2 or 3 month supply
	<b>Tier 6 (Select Care drugs)</b> \$0 copay for a 1 month, 2 month, or 3 month supply	<b>Tier 6 (Select Care drugs)</b> \$0 copay for a 1 month, 2 month, or 3 month supply

## 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.)	\$39.80	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

## 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 costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,400	\$4,700 Once you have paid \$4,700 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 and Pharmacy Networks

Updated directories are located on our website at [www.denverhealthmedicalplan.org](http://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 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

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)
* Referral required. † Your provider must obtain prior authorization from our plan.		
<b>Ambulance Services</b>	20% of the total cost for Medicare-covered ground and air ambulance services.  †Prior authorization is required for Air Ambulance (Non-Emergent) services.	\$250 copay for Medicare-covered ground and air ambulance services.  †Prior authorization is required for Air Ambulance (Non-Emergent) services.
<b>Cardiac Rehabilitation Services*</b>	20% of the total cost for each Medicare-covered cardiac rehabilitation services visit.  20% of the total cost for each Medicare-covered intensive-cardiac rehabilitation services visit.	\$0 copay for each Medicare-covered cardiac rehabilitation services visit.  \$0 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.
<b>Chiropractic Services</b>	\$20 copay for each Medicare-covered chiropractic visit.	\$10 copay for each Medicare-covered chiropractic visit.
<b>Dental Services†</b>	No plan coverage limit for preventive and comprehensive dental services.	\$2,000 annual maximum benefit for preventive and comprehensive dental services every year.
<b>Emergency Care</b>	\$80 copay for each Medicare-covered emergency service.	\$110 copay for each Medicare-covered emergency service.

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Hearing Services</b></p>	<p>\$20 copay for each Medicare-covered hearing exam and each supplemental routine hearing exam (covered every three years).</p> <p>\$20 copay for each routine hearing aid fitting/evaluation visit (one fitting evaluation for supplemental hearing aids every three years).</p>	<p>\$0 copay for each Medicare-covered hearing exam and each supplemental routine hearing exam (covered every three years).</p> <p>\$0 copay for each routine hearing aid fitting/evaluation visit (unlimited number of visits).</p>
<p><b>Inpatient Hospital Care*†</b></p>	<p>For Medicare-covered inpatient hospital stays, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1–5: \$300 copay per day for each benefit period</li> <li>• Days 6–90: \$0 copay per day for each benefit period</li> <li>• Days 91–150: \$742 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul>	<p>For Medicare-covered inpatient hospital stays, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1–5: \$325 copay per day for each benefit period</li> <li>• Days 6–90: \$0 copay per day for each benefit period</li> <li>• Days 91–150: \$778 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Inpatient Services in a Psychiatric Hospital*†</b></p>	<p>For Medicare-covered inpatient mental health stays, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1-5: \$300 copay per day for each benefit period</li> <li>• Days 6-90: \$0 copay for each benefit period</li> <li>• Days 91-150: \$742 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul>	<p>For Medicare-covered inpatient mental health stays, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1-5: \$325 copay per day for each benefit period</li> <li>• Days 6-90: \$0 copay per day for each benefit period</li> <li>• Days 91-150: \$778 copay per day for each “lifetime reserve day” (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: All costs</li> </ul>
<p><b>Other Health Care Professionals (e.g., nurse practitioner; physician assistant)</b></p>	<p>\$20 copay for each Medicare-covered visit.</p>	<p>\$35 copay for each Medicare-covered visit.</p>
<p><b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies*</b></p>	<p>20% of the total cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the total cost for Medicare-covered outpatient diagnostic radiology services.</p>	<p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$35 copay for each Medicare-covered outpatient diagnostic radiology service performed in an office setting.</p> <p>\$135 copay for each Medicare-covered outpatient diagnostic radiology service performed in an outpatient facility.</p>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies* (Continued)</b>	<p>20% of the total cost for Medicare-covered outpatient X-rays.</p> <p>20% of the total cost for Medicare-covered outpatient therapeutic radiology services.</p>	<p>\$35 copay for each Medicare-covered outpatient X-ray performed in an office setting.</p> <p>\$15 copay for each Medicare-covered outpatient X-ray performed in an outpatient facility.</p> <p>\$35 copay for each Medicare-covered outpatient therapeutic radiology service performed in an office setting.</p> <p>\$60 copay for each Medicare-covered outpatient therapeutic radiology service performed in an outpatient facility.</p>
<b>Outpatient Hospital Observation*</b>	<p>20% of the total cost for Medicare-covered outpatient hospital observation services.</p>	<p>\$235 copay per day for Medicare-covered outpatient hospital observation services.</p>
<b>Outpatient Hospital Services*</b>	<p>20% of the total cost for other Medicare-covered outpatient hospital services.</p>	<p>\$0 copay for diagnostic colonoscopy/endoscopy at outpatient hospital services.</p> <p>\$150 copay for other Medicare-covered outpatient hospital services.</p>
<b>Outpatient Rehabilitation Services*†</b>	<p>\$20 copay for each Medicare-covered occupational therapy visit.</p>	<p>\$35 copay for each Medicare-covered occupational therapy visit.</p>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Outpatient Surgery, Including Services Provided at Hospital Outpatient Facilities and Ambulatory Surgical Centers*</b></p>	<p>20% of the total cost for Medicare-covered outpatient surgery services provided at an ambulatory surgical center.</p> <p>20% of the total cost for other Medicare-covered outpatient surgery services provided at hospital outpatient facilities.</p>	<p>\$175 copay for Medicare-covered outpatient surgery services provided at an ambulatory surgical center.</p> <p>\$0 copay for diagnostic colonoscopy/endoscopy at ambulatory surgical centers.</p> <p>\$235 copay for other Medicare-covered outpatient surgery services provided at hospital outpatient facilities.</p>
<p><b>Over-the-Counter (OTC) Mail Order</b></p> <p>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>.</p>	<p>Covered up to \$150 quarterly.</p>	<p>Covered up to \$75 quarterly.</p>
<p><b>Partial Hospitalization Services*†</b></p>	<p>20% of the total cost for Medicare-covered partial hospitalization services.</p>	<p>\$55 copay per day for Medicare-covered partial hospitalization services.</p>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<b>Physician/Practitioner Services, including Doctor's Office Visits</b>	<p>\$20 copay for each Medicare-covered physician specialist service visit.</p> <p>\$20 copay for each Medicare-covered physician services visit or procedure.</p>	<p>\$25 copay for each Medicare-covered physician specialist service visit.</p> <p>\$35 copay for each Medicare-covered physician services visit or procedure.</p>
<b>Podiatry Services*</b>	<p>\$20 copay for each Medicare-covered podiatry visit.</p> <p>20% of the total cost for Medicare-covered diabetic footcare.</p>	<p>\$35 copay for each Medicare-covered podiatry visit.</p> <p>\$35 copay for Medicare-covered diabetic footcare.</p>
<b>Pulmonary Rehabilitation Services*</b>	<p>20% of the total cost for Medicare-covered pulmonary rehabilitation services.</p>	<p>\$20 copay for Medicare-covered pulmonary rehabilitation services.</p>
<b>Skilled Nursing Facility (SNF) Care*</b>	<p>For each Medicare-covered SNF stay, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per day for each benefit period;</li> <li>• Days 21-100: \$194.50 copay per day for each benefit period</li> <li>• Days 101 and beyond: All costs</li> </ul>	<p>For each Medicare-covered SNF stay, you pay:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per day for each benefit period</li> <li>• Days 21-44: \$188 copay per day for each benefit period</li> <li>• Days 45-100: \$0 copay per day for each benefit period</li> <li>• Days 101 and beyond: All costs</li> </ul>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.  † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Special Supplemental Benefits for the Chronically Ill†</b></p> <p>These benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p>	<p>One blood pressure cuff up to \$140 (every three years per qualified member).</p> <p>Food and produce <u>not</u> covered.</p>	<p>One blood pressure cuff covered up to \$135 per lifetime for qualified members.</p> <p>Elevate Healthy Food Card: \$75 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.</p> <p>See your Evidence of Coverage for details.</p>
<p><b>Supervised Exercise Therapy (SET)*</b></p>	<p>20% of the total cost for each Medicare-covered SET visit.</p>	<p>\$20 copay for each Medicare-covered SET visit.</p>
<p><b>Telehealth Services</b></p>	<p>Additional Medicare-covered telehealth services <u>not</u> covered.</p>	<p>\$40 copay for urgently needed services for each Medicare-covered telehealth service.</p> <p>\$0 copay for primary care services for each Medicare-covered telehealth service.</p> <p>*\$25 copay for physician specialty services for each Medicare-covered telehealth service.</p>

Cost	2022 (this year)	2023 (next year)
<p>* Referral required.                      † Your provider must obtain prior authorization from our plan.</p>		
<p><b>Telehealth Services (Continued)</b></p>		<p>*\$0 copay for mental health specialty services for each Medicare-covered telehealth service.</p> <p>*\$0 copay for group sessions for mental health specialty services for each Medicare-covered telehealth service.</p> <p>*\$0 copay for psychiatric services for each Medicare-covered telehealth service.</p> <p>*\$0 copay for group sessions for psychiatric services for each Medicare-covered telehealth service.</p>
<p><b>Urgently Needed Services</b></p>	<p>\$20 copay for each Medicare-covered urgent care visit.</p>	<p>\$40 copay for each Medicare-covered urgent care visit.</p>
<p><b>Vision Care</b></p>	<p>\$20 copay for each Medicare-covered eye exam.</p> <p>\$20 copay for each routine eye exam.</p> <p>\$0 copay for one pair of eyeglasses (lenses and frames) every year up to \$250.</p>	<p>\$0 copay for each Medicare-covered eye exam.</p> <p>\$0 copay for each routine eye exam.</p> <p>\$0 copay for unlimited contact lenses and/or eyeglasses (lenses and frames) every year up to \$200.</p>



---

## 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

**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, 2022, 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. 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.

**Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, 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 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.

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

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

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generic drugs:</b> \$3 copay per prescription</p> <p><b>Generic drugs:</b> \$9 copay per prescription, including Select Insulins</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Preferred Generic drugs:</b> \$0 copay per prescription</p> <p><b>Generic drugs:</b> \$9 copay per prescription, including Select Insulins</p>

Stage	2022 (this year)	2023 (next year)
<p>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>.</p>	<p><b>Preferred Brand drugs:</b> 25% of the total cost; \$35 copay for Select Insulins per prescription</p> <p><b>Non-Preferred Brand drugs:</b> 50% of the total cost per prescription</p> <p><b>Specialty drugs:</b> 33% of the total cost per prescription</p>	<p><b>Preferred Brand drugs:</b> \$47 copay; \$35 copay for Select Insulins per prescription</p> <p><b>Non-Preferred Brand drugs:</b> \$95 copay per prescription</p> <p><b>Specialty drugs:</b> 33% of the total cost per prescription</p>
<p><b>Stage 2: Initial Coverage Stage (Continued)</b></p>	<p><b>Select Care drugs:</b> \$0 copay per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Select Care drugs:</b> \$0 copay per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

### Coverage Gap Stage

Elevate Medicare Select (HMO) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$9 or \$35 for a one-month supply.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Elevate Medicare Select (HMO)

**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 Select (HMO).

---

## 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding 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 (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 Select (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Elevate Medicare Select (HMO).
- 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.
  - – *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 3 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 4 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 Colorado, the SHIP is called Colorado State Health Insurance Assistance Program (Colorado SHIP).

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 (Colorado SHIP) 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 (Colorado SHIP) at 1-888-696-7213. You can learn more about Colorado State Health Insurance Assistance Program (Colorado SHIP) by visiting their website ([www.dora.colorado.gov](http://www.dora.colorado.gov)).

## 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.** 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).
- **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 (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 303-692-2716, Monday - Friday, 9 a.m. to 5 p.m.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Elevate Medicare Select (HMO)

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 Select (HMO). 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](http://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](http://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](http://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](http://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.

## 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:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-956-2111。我們講中文的人員將樂意為您提供幫助。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 panggagamot. 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.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-956-2111. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 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:** إننا نقدم خدمات المترجم 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 يتحدث 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 दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-956-2111।

पर फोन करें। कोई व्यक्ति जो हिन्दी 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 Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos 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:** Umożliwiamy 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に、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。日本語を話す人者が支援いたします。これは無料のサービスです。