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## Senior Care Plus Patriot Plan (HMO) offered by Senior Care Plus

# Annual Notice of Changes for 2023

You are currently enrolled as a member of Senior Care Plus Patriot Plan. 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.seniorcareplus.com](http://www.seniorcareplus.com). You can also review the attached separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

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### What to do now

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

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your Medicare & You 2023 handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in Senior Care Plus Patriot Plan.
- 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 Senior Care Plus Patriot Plan.
- 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 (888) 775-7003 for additional information. (TTY users should call 711.) Hours are (We are not open 7 days a week all year round). Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Customer Service also has free language interpreter services available for non-English speakers.
- Esta información está disponible gratuitamente en español.
- Atención: Si usted habla español, los servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al (888) 775-7003 (los usuarios de TTY deben llamar al servicio de retransmisión estatal en 711).
- Por favor contáctese con nuestro servicio al cliente al 775-982-3112 o llame gratuitamente al (888) 775-7003 para obtener información adicional. (Los usuarios de TTY deben llamar al servicio de retransmisión del estado al 711) . (No estamos abiertos los 7 días de la semana durante todo el año). El horario es de 8:00 a.m. A 8:00 p.m., Los 7 días de la semana

(excepto Acción de Gracias y Navidad) desde el 1 de octubre hasta el 31 de marzo, y de lunes a viernes (excepto festivos) desde el 1 de abril hasta el 30 de septiembre.

- Servicios al cliente también tiene servicios gratuitos de traducción para los que no hablan inglés.
- 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 Senior Care Plus Patriot Plan

- Senior Care Plus is a HMO plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal
- When this document says “we,” “us,” or “our,” it means Senior Care Plus. When it says “plan” or “our plan,” it means Senior Care Plus Patriot Plan.

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**Summary of Important Costs for 2023**

The table below compares the costs and 2023 costs for Senior Care Plus Patriot Plan in several important areas. Please note this is only a summary of costs.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount 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.)	\$2,500	\$2,500
Doctor office visits	Primary care visits: \$0 Copay per visit to a preferred PCPs Medicare covered services. \$10 copayment per visit to all non-preferred PCPs for Medicare covered services. \$10 copayment per visit to Convenient Care Facilities. Specialist visits: \$40 Copay for each specialist visit for Medicare-covered services.	Primary care visits: \$0 Copay per visit to a preferred PCPs Medicare covered services. \$10 copayment per visit to all non-preferred PCPs for Medicare covered services. \$10 copayment per visit to Convenient Care Facilities. Specialist visits: \$40 Copay for each specialist visit for Medicare-covered services

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p> <p>Preferred facilities are facilities that provide inpatient, outpatient and ambulatory services to members for a lower copayment than other in-network facilities. Please refer to the online Provider Directory at <a href="https://www.SeniorCarePlus.com">https://www.SeniorCarePlus.com</a> for a list of Preferred Facilities, please note that our providers may change. You may also call Customer Service at 775-982-3112.</p> <p>Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.</p>	<p>Preferred Facility \$250 Copay per day for days 1-6.</p> <p>Non-Preferred Facility \$440 Copay per day for days 1-5.</p>	<p>Preferred Facility \$250 Copay per day for days 1-6.</p> <p>Non-Preferred Facility \$440 Copay per day for days 1-5.</p>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
Monthly premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		
Part B premium	\$50	\$75

**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)
Maximum out-of-pocket amount	\$2,500	\$2,500
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.		Once you have paid \$2,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

**Section 1.3 – Changes to the Provider Network**

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

It is important that you know that we may make changes to the hospitals, doctors and

specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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

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

Cost	2022 (this year)	2023 (next year)
Comprehensive Dental	This service is not covered.	<p>You pay nothing for this benefit.</p> <p>There is \$1500 allowance Every Year. 0% coinsurance for Restorative services, Endodontics, Periodontics, Extractions, Prosthodontics, and Oral/Maxillofacial</p>
Dental Diagnostic Services	This service is not covered for Dental	<p>You pay nothing for this benefit.</p> <p>There is \$1500 allowance Every Year.</p>
Emergency Care	You pay \$120 copayment for each Medicare-covered emergency room visit.	You pay \$125 copayment for each Medicare-covered emergency room visit.
Hearing Aids (all types)	<p>You pay \$699 minimum copay for this benefit.</p> <p>You pay \$999 maximum copay for this benefit.</p>	Hearing Aids Up to \$400 allowance for 2 hearing aids every year



Cost	2022 (this year)	2023 (next year)
Inpatient Acute Medicare-covered stay	<p>Preferred Facility: You pay a \$250 copayment for days 1-6.</p> <p>Non-Preferred Facility: You pay a \$440 copayment for days 1-5.</p>	<p>Preferred Facility: You pay a \$250 copayment for days 1-6.</p> <p>Non-Preferred Facility: You pay a \$440 copayment for days 1-5.</p>
Vision Care	<p>\$25 for each yearly routine eye exam.</p> <p>20% coinsurance of the Medicare-approved amount for one pair of eyeglasses or one set of contact lenses after each cataract surgery with an intraocular lens. Up to a \$150 allowance Every Year towards the purchase of a complete set of eyeglasses or contact lenses..</p>	<p>\$0 for each yearly routine eye exam.</p> <p>20% coinsurance of the Medicare-approved amount for one pair of eyeglasses or one set of contact lenses after each cataract surgery with an intraocular lens. Up to a \$250 allowance Every Year towards the purchase of a complete set of eyeglasses or contact lenses..</p>
Worldwide Emergency Coverage	<p>You pay \$120 copay for this benefit.</p>	<p>You pay \$125 copay for this benefit.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Senior Care Plus Patriot Plan

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 Senior Care Plus Patriot Plan.

### 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, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the Medicare & You 2023 handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 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 Senior Care Plus Patriot Plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Senior Care Plus Patriot Plan.
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – or – Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 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 Nevada, the SHIP is called Nevada SHIP (through the Nevada Division for Aging Services and Access to Healthcare Network).

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Nevada 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 Nevada SHIP at 877-385-2345 or 800-307-4444. You can learn more about Nevada SHIP by visiting their website: ([http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP\\_Prog/](http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/)).

### 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. Nevada has a program called 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.
  - What if you have coverage from an AIDS Drug Assistance Program (ADAP)? The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the State of Nevada Department of Health and Human Services Ryan White HIV/AIDS Part B (RWPB) Program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Access to Healthcare Network (AHN) at 1-775-284-8989 or toll-free at 1-877-385-2345.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Senior Care Plus Patriot Plan

Questions? We're here to help. Please call Customer Service at (888) 775-7003. (TTY only, call 711.) We are available for phone calls Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). We will be closed on all Federal holidays.

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 Senior Care Plus Patriot Plan. 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.seniorcareplus.com](http://www.seniorcareplus.com). You can also review the attached separately mailed Evidence of Coverage to see if other benefit or cost changes affect you. 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.seniorcareplus.com](http://www.seniorcareplus.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

### 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.