



Advantage Plus by Ultimate (Full) (HMO D-SNP) offered by Ultimate Health Plans

Annual Notice of Changes for 2023

You are currently enrolled as a member of Advantage Plus by Ultimate (Full) (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.ChooseUltimate.com/Member/DocumentsandForms. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2022, you will stay in Advantage Plus by Ultimate (Full) (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 Advantage Plus by Ultimate (Full) (HMO D-SNP).
- Look in section 2, page 11 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 888-657-4170 for additional information. (TTY users should call 711.) Hours are from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm.
- Please contact Ultimate Health Plans at the number listed above if you need information in an alternative format (e.g., braille, large print, audio) or language other than English.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Advantage Plus by Ultimate (Full) (HMO D-SNP)

- Ultimate Health Plans is an HMO with a Medicare contract. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits. Enrollment in Ultimate Health Plans depends on contract renewal.
- When this document says "we," "us," or "our," it means Ultimate Health Plans. When it says "plan" or "our plan," it means Advantage Plus by Ultimate (Full) (HMO D-SNP).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Advantage Plus by Ultimate (Full) (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.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit
Inpatient hospital stays	\$0 copay per day for days 1 through 90	\$0 copay per day for days 1 through 90
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: \$0 Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$0 copay 	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: 0% coinsurance • Drug Tier 2: 0% coinsurance • Drug Tier 3: 0% coinsurance

Cost	2022 (this year)	2023 (next year)
		<ul style="list-style-type: none"> • Drug Tier 4: 0% coinsurance • Drug Tier 5: \$0 copay
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and B services. (See Section 1.2 for details.)	\$500 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$500 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

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 (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>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.</p>	<p>\$500</p>	<p>\$500</p> <p>Once you have paid \$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.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.ChooseUltimate.com/Home/FindDoctor. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

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

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider & Pharmacy Directory to see which pharmacies are in our network.**

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

Cost	2022 (this year)	2023 (next year)
<p>Dental Services (Non-Medicare-covered Comprehensive)</p>	<p><u>In-Network</u> You pay a \$0 copay for each restorative services visit (1 visit every year).</p> <p>You pay a \$0 copay for each extraction services visit (unlimited number of visits).</p> <p>Endodontics services are <u>not</u> covered.</p> <p>You pay a \$0 copay for each periodontics services visit (1 visit every two years).</p>	<p><u>In-Network</u> You pay a \$0 copay for each restorative services visit (4 visits every year).</p> <ul style="list-style-type: none"> • Includes 3 fillings and 1 crown <p>You pay a \$0 copay for each extraction services visit (2 visits every year and unlimited simple and surgical necessary extractions to fit dentures).</p> <p>You pay a \$0 copay for each endodontics services visit (1 visit every year).</p> <ul style="list-style-type: none"> • Includes 1 root canal <p>You pay a \$0 copay for each periodontics services visit (7 visits every year).</p> <ul style="list-style-type: none"> • Includes 4 periodontal scaling and root planing procedures and 2 periodontal maintenance procedures • Includes 1 full mouth debridement every 2 years

Cost	2022 (this year)	2023 (next year)
<p>Dental Services (Preventive)</p>	<p><u>In-Network</u> You pay a \$0 copay for X-rays (1 x-ray every year).</p>	<p><u>In-Network</u> You pay a \$0 copay for X-rays (2 x-rays every year).</p>
<p>In-Home Support Services</p>	<p><u>In-Network</u> In-Home Support Services are <u>not</u> covered.</p>	<p><u>In-Network</u> You pay a \$0 copay for companion and caregiver support services.</p>
<p>Inpatient Hospital Care</p>	<p><u>In-Network</u> You pay a \$0 copay per day for days 1 through 90. You pay a \$0 copay per day for days 91 and beyond.</p>	<p><u>In-Network</u> You pay a \$0 copay per day for days 1 through 90. Days 91 and beyond are not covered.</p>
<p>Outpatient Diagnostic Lab Services</p>	<p><u>In-Network</u> You pay a \$0 copay for Medicare-covered outpatient lab services.</p>	<p><u>In-Network</u> You pay a \$25 copay for Medicare-covered genetic testing. You pay a \$0 copay for all other Medicare-covered outpatient lab services.</p>
<p>Over-the-Counter Items</p>	<p><u>In-Network</u> You pay a \$0 copay for OTC items. Plan covers up to \$115 every month.</p>	<p><u>In-Network</u> You pay a \$0 copay for OTC items. Plan covers up to \$125 every month.</p>
<p>Telehealth Services</p>	<p><u>In-Network</u> You pay a \$0 for additional Medicare-covered telehealth services.</p>	<p><u>In-Network</u> Additional Medicare-covered telehealth services are <u>not</u> covered.</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 Member Services for more information.

Changes to Prescription Drug Costs

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

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

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

Important Message About What You Pay for Insulin - You won’t pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	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

For drugs on Tier 1, your cost sharing in the initial coverage stage is changing from copayment to coinsurance. Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>For 2022 you paid a \$0 copayment for drugs on Tier 1. For 2023 you will pay 0% coinsurance for drugs on this tier.</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>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>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay a \$0 copay per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generic: You pay 0% of the total cost.</p> <p>Preferred Brand: You pay 0% of the total cost.</p> <p>Non-Preferred Drug: You pay 0% of the total cost.</p>

Stage	2022 (this year)	2023 (next year)
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Specialty Tier: You pay 0% of the total cost.</p> <p>Excluded Drugs: You pay a \$0 copay per prescription.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Advantage Plus by Ultimate (Full) (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 Advantage Plus by Ultimate (Full) (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).

As a reminder, Ultimate Health Plans offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Advantage Plus by Ultimate (Full) (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 Advantage Plus by Ultimate (Full) (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 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 Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving Health Insurance Needs of Elders (SHINE) 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 Serving Health Insurance Needs of Elders (SHINE) at 1-800-963-5337. You can learn more about Serving Health Insurance Needs of Elders (SHINE) by visiting their website (<https://www.floridashine.org>).

For questions about your Florida Agency for Health Care Administration (AHCA) benefits, contact Florida Agency for Health Care Administration (AHCA) at 1-888-419-3456 (TTY: 1-800-955-8771) 8:00 am to 5:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Florida Agency for Health Care Administration (AHCA) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy, unless you are a Qualified Working and Disabled Individual (QDWI). “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Qualifying individuals do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with

HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Florida AIDS Drug Assistance Program at 1-850-245-4422.

SECTION 6 Questions?

Section 6.1 – Getting Help from Advantage Plus by Ultimate (Full) (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 888-657-4170. (TTY only, call 711.) We are available for phone calls from 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm. 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 Advantage Plus by Ultimate (Full) (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.ChooseUltimate.com/Member/DocumentsandForms. 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.ChooseUltimate.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

Section 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 the Florida Agency for Health Care Administration (AHCA) at 1-888-419-3456. TTY users should call 1-800-955-8771.