Align Connect (HMO C-SNP) offered by Align Senior Care, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Align Connect (HMO C-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 AlignSeniorCare.com. 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.**

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 Align Connect (HMO C-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 Align Connect (HMO C-SNP).
- 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

- Please contact our Member Services number at 1-855-855-0489 for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m., seven 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.
- This document is also available in braille and in large print.
- **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 Align Connect (HMO C-SNP)

- Align Senior Care is an HMO C-SNP plan with a Medicare contract. Enrollment in Align Senior Care depends on contract renewal. Align Senior Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- When this document says "we," "us," or "our", it means Align Senior Care, Inc. When it says "plan" or "our plan," it means Align Connect (HMO C-SNP).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Align Connect (HMO C-SNP) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Deductible	The Part B deductible is $233 The Part A deductible is $0.	The Part B deductible was $233. This is the 2022 cost-sharing amount and may change for 2023. Align Connect (HMO C-SNP) will provide updated rates as soon as they are released. The Part A deductible is $0.
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.)	$4,700	$4,700
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $15 copayment or a 20% coinsurance per visit	Primary care visits: $0 copayment per visit Specialist visits: $15 copayment or a 20% coinsurance per visit

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	You pay a $150 copayment each day for days 1 to 10 and $0 copayment each day for days 11 to 90 for Medicare-covered hospital care. $0 copayment for additional Medicare-covered days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.	You pay a $150 copayment each day for days 1 to 10 and $0 copayment each day for days 11 to 90 for Medicare-covered hospital care. $0 copayment for additional Medicare-covered days. Medicare hospital benefit periods do not apply. For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $480 for your Tier 2, Tier 3, Tier 4, and Tier 5 drugs Select Insulins were not covered by the plan. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 copayment • Drug Tier 2: $15 copayment • Drug Tier 3: $45 copayment • Drug Tier 4: $95 copayment • Drug Tier 5: 25% coinsurance	Deductible: $505 for your Tier 2, Tier 3, Tier 4, and Tier 5 drugs There is no deductible for Align Connect (HMO C-SNP) for Select Insulins. You pay a $35 copayment for a one-month supply of Select Insulins. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 copayment • Drug Tier 2: $15 copayment • Drug Tier 3: $45 copayment • Drug Tier 4: $95 copayment • Drug Tier 5: 25% coinsurance

To find out which drugs are Select Insulins, review the most recent Drug list we provided electronically. You can identify Select Insulins by finding the abbreviation SI on the drug list. If you have questions about the Drug List, you can also call member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

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 There is no change for the upcoming benefit year. (You must also continue to pay your Medicare Part B premium.)	$0	$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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$4,700	$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 also located on our website at AlignSeniorCare.com. 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 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 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)
Prior Authorization	Prior authorization is required for Outpatient Mental Health services. Prior authorization is required for Kidney Disease Dialysis services.	Prior authorization is no longer required for Outpatient Mental Health services. Prior authorization is no longer required for Kidney Disease Dialysis services.
Referral	Referral is required for physician specialist services.	Referral is no longer required for physician specialist services.
Dental services	Up to a $500 credit every year for all additional preventive and comprehensive dental services.	Up to a $1,100 credit every year for all additional preventive and comprehensive dental services.

Cost	2022 (this year)	2023 (next year)
Hearing services *Supplemental benefits*		
Routine hearing exam	Not covered	You pay a $0 copayment. Limited to 1 visit(s) every year.
Fitting-evaluation(s) for hearing aids	Not covered	You pay a $0 copayment. Limited to 1 visit(s) every year.
Hearing aids	Not covered	You pay a $0 copayment. Up to a $1,000 credit for both ears combined every year for hearing aids.
In-Home Support Services Benefit	You pay a $0 copayment.	Not covered
Over-the-counter benefit	You are eligible for a $125 credit per quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products selected from a plan provided health catalog. Unused credits do not roll over to the next period.	You are eligible for a $125 credit per quarter to be used toward the purchase of over-the-counter (OTC) health and wellness products selected from a plan provided health catalog. Credits carry forward to the next period if unused.
Special Supplemental Benefits for the Chronically Ill	Not covered.	$0 copayment Our plan provides up to 30 hours of Companion Care annually. Member must have the following condition: dementia.

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.

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by finding the abbreviation SI on the drug list. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

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 30th, 2022, 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.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you have reached the yearly deductible.	The deductible is $480. During this stage, you pay $2 cost sharing for drugs on Tier 1: Preferred Generic and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty Tier until you have reached the yearly deductible.	The deductible is $505. During this stage, you pay $2 cost sharing for drugs on Tier 1: Preferred Generic and the full cost of drugs on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Brand, and Tier 5: Specialty Tier until you have reached the yearly deductible. There is no deductible for Align Connect (HMO C-SNP) for Select Insulins. You pay a $35 copayment for a one-month supply of Select Insulins.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:
	Tier 1: Preferred Generic: You pay $2 per prescription.	**Tier 1: Preferred Generic:** You pay $2 per prescription.
	Tier 2: Generic: You pay $15 per prescription.	**Tier 2: Generic:** You pay $15 per prescription.
	Tier 3: Preferred Brand: You pay $45 per prescription.	**Tier 3: Preferred Brand:** You pay $45 per prescription. You pay a $35 copayment for Select Insulins.
	Tier 4: Non-Preferred Brand: You pay $95 per prescription.	**Tier 4: Non-Preferred Brand:** You pay $95 per prescription.
	Tier 5: Specialty Tier: You pay 25% of the total cost.	**Tier 5: Specialty Tier:** You pay 25% of the total cost.

Stage	2022 (this year)	2023 (next year)
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. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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.	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). Align Connect (HMO C-SNP) offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a $35 copayment for a one-month supply.

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 Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Member Services number at 1-855-855-0489 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven 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.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Align Connect (HMO C-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 Align Connect (HMO C-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. 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), 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, Align Senior Care, Inc. offers other Medicare health 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 Align Connect (HMO C-SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Align Connect (HMO C-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.

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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program (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:

- Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) at 1-617-727-7750. You can learn more about Massachusetts Serving the Health Insurance Needs of Everyone (SHINE) by visiting their website (https://www.mass.gov/orgs/executive-office-of-elder-affairs).
- VA Insurance Counseling & Assistance Program (VICAP) at 1-804-662-9333. You can learn more about VA Insurance Counseling & Assistance Program (VICAP) by visiting their website (https://www.vda.virginia.gov/vicap.htm).

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.** The State Pharmaceutical Assistance Program 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.

- Massachusetts has a program called Massachusetts Prescription Advantage.
- Virginia has a program called Virginia Medication Assistance Program (VA MAP).

- **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 AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the AIDS Drug Assistance Program at the contact information below.
  - In Massachusetts, contact The HIV Drug Assistance Program (HDAP) at 1-800-228-2714.
  - In Virginia, contact The Virginia Medication Assistance Program (VA MAP) at 1-855-362-0658.

SECTION 6 Questions?

Section 6.1 – Getting Help from Align Connect (HMO C-SNP)

Questions? We're here to help. Please call Member Services at 1-855-855-0489. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven 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.

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 Align Connect (HMO C-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 AlignSeniorCare.com. 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 AlignSeniorCare.com. 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.