# 2023
# Annual Notice of Changes

## Passport Medicare Choice Care (HMO)

### Kentucky H1799_002

Serving the following counties: Adair, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Carroll, Carter, Casey, Clark, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Hancock, Hardin, Harrison, Hart, Henry, Jackson, Jefferson, Jessamine, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Union, Washington, Wayne, Webster, Wolfe, and Woodford

**Effective January 1 through December 31, 2023.**

PASSPORT
BY MOLINA HEALTHCARE

## *Passport Medicare Choice Care (HMO) offered by Molina Healthcare of Kentucky, Inc*

# Annual Notice of Changes for 2023

You are currently enrolled as a member of Passport Medicare Choice Care. 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.PassportHealthPlan.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.**

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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).
- 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 Passport Medicare Choice Care.
- 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 Passport Medicare Choice Care.
- 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 (844) 859-6152 for additional information. (TTY users should call 711.) Hours are Monday - Friday, 8:00 a.m. to 8:00 p.m., local time.
- You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (844) 859-6152, TTY:711. The call is free.
- **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 Passport Medicare Choice Care

- Passport Medicare Choice Care (HMO) is a Health Plan with a Medicare Contract. Enrollment in Passport Medicare Choice Care depends on contract renewal.
- Passport Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- When this document says "we," "us," or "our", it means Molina Healthcare of Kentucky, Inc When it says "plan" or "our plan," it means Passport Medicare Choice Care.

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

## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Passport Medicare Choice Care in several important areas. **Please note this is only a summary of costs**.

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Monthly plan premium*** <br> * Your premium may be higher than this amount. See Section 1.1 for details. | $0 | $0 |
| **Maximum out-of-pocket amount** <br> 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.) | $7,550 | $8,300 |
| **Doctor office visits** | Primary care visits: $0 copay per visit <br> Specialist visits: $30 copay per visit | Primary care visits: $0 copay per visit <br> Specialist visits: $20 copay per visit |
| **Inpatient hospital stays** | The amounts for each benefit period are: <br> $295 copay per day for days 1 through 6 <br> $0 copay per day for days 7 through 90 <br> $0 copay for Medicare-covered lifetime reserve days. | The amounts for each benefit period are: <br> $295 copay per day for days 1 through 6 <br> $0 copay per day for days 7 through 90 <br> $0 copay for Medicare-covered lifetime reserve days. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Part D prescription drug coverage**<br>(See Section 1.5 for details.) | Deductible: $125<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $3 copay<br>• Drug Tier 2: $12 copay<br>• Drug Tier 3: $47 copay<br>• Drug Tier 4: $100 copay<br>• Drug Tier 5: 31% of the cost<br>• Drug Tier 6: $0 copay | Deductible: $125<br>Copayment/Coinsurance during the Initial Coverage Stage:<br>• Drug Tier 1: $3 copay<br>• Drug Tier 2: $12 copay<br>• Drug Tier 3: $47 copay<br>• Drug Tier 4: $100 copay<br>• Drug Tier 5: 31% of the cost<br>• Drug Tier 6: $0 copay |

To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the SI note in the Drug List which means it is a Select Insulin. 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**<br>(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**<br>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.<br>Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | $7,550 | $8,300<br>Once you have paid $8,300 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 www.MolinaHealthcare.com/Medicare. 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 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) |
|---|---|---|
| **Skilled Nursing Facility (SNF)** | You pay the 2022 Original Medicare cost-sharing amount per benefit period. The 2022 cost-sharing is $0 for days 1 to 20<br>-$194.50 per day for days 21 to 100<br>-All costs after 100 days | You pay:<br>-$0 copay for days 1 to 20<br>-$184.00 per day for days 21 to 100<br>-All costs after 100 days |
| **Pulmonary Rehabilitation Services** | You pay a $30 copay for each Medicare-covered pulmonary rehabilitative visit. | You pay a $20 copay for each Medicare-covered pulmonary rehabilitative visit. |
| **Supervised Exercise Therapy (SET)** | You pay a $30 copay for Medicare-covered Supervised Exercise Therapy (SET) visits. | You pay a $25 copay for Medicare-covered Supervised Exercise Therapy (SET) visits. |
| **Chiropractic Services (Supplemental)** | You pay a $0 copay for up to 20 medically necessary visits every calendar year for supplemental routine chiropractic and acupuncture services combined.<br>Note: The supplemental routine chiropractic services visit maximum is a combined maximum with the acupuncture services. | You pay a $0 copay for up to 12 chiropractic visits per year. |
| **Acupuncture (Supplemental)** | You pay a $0 copay for up to 20 medically necessary visits every calendar year for supplemental routine chiropractic and acupuncture services combined.<br>Note: The supplemental routine chiropractic services visit maximum is a combined maximum with the acupuncture services. | You pay a $0 copay for up to 12 acupuncture visits per year. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Physician/Practitioner services** | You pay a $30 copay for each Medicare-covered Physician Specialist visit. | You pay a $20 copay for each Medicare-covered Physician Specialist visit. |
| **Outpatient mental health care (Medicare-covered)** | You pay a $30 copay per event for non-physician outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. | You pay a $20 copay per event for non-physician outpatient mental health care and psychiatric services including monitoring drug therapy and individual or group therapy visits. |
| **Other Health Care Professional (this includes Medicare-covered Acupuncture for chronic low back pain)** | You pay a $0 copay for Medicare covered acupuncture when services are received from Internal Medicine, General Practice, or Family Practice Services provided by other health providers, not categorized as a medical doctor or a doctor of osteopathy (i.e. nurse practitioner, physician assistant).<br>You pay a $30 copay applies to all other health care professionals. | You pay a $0 copay for Medicare covered acupuncture when services are received from Internal Medicine, General Practice, or Family Practice Services provided by other health providers, not categorized as a medical doctor or a doctor of osteopathy (i.e. nurse practitioner, physicians assistant).<br>You pay a $20 copay applies to all other health care professionals. |
| **Over-the-counter (OTC) items (Supplemental)** | You have $90 every quarter (3 months) to spend on plan-approved OTC items. Allowance expires at the end of each quarter and does not roll over to the next quarter. OTC benefits must be provided by the plan's contracted vendor. | You have $170 every quarter (3 months) to spend on plan-approved OTC items. Allowance expires at the end of each quarter and does not roll over to the next quarter. OTC benefits must be provided by the plan's contracted vendor |
| **In-Home Support Services** | In-Home Support Services is not covered. | You pay a $0 copay for up to 90 hours of In-Home Support Services. |
| **Dental services (Medicare-covered)** | You pay a $30 copay for Medicare-covered dental services. | You pay a $20 copay for Medicare-covered dental services. |

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Special Supplemental Benefits for the Chronically Ill (SSBCI) - Food and produce** | $30 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Members who have the following chronic conditions are eligible: Cancer, Cardiovascular disorders, Chronic heart failure, Diabetes, Chronic Lung disorders and Stroke . | $35 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with Food and produce. Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke. |

## 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.

We have made changes to the list of insulin drugs that will be covered as Select Insulins at a lower cost-sharing. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the SI note in the Drug List which means it is a Select Insulin. 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 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 $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 or less a month, 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 (844) 859-6152 for additional information. (TTY users should call 711.) Hours are 7 days a week, 8:00 a.m. to 8:00 p.m., local time.

## Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 1: Yearly Deductible Stage** | The deductible is $125. During this stage, you pay $0 cost sharing for drugs on | The deductible is $125. During this stage, you pay $0 cost sharing for drugs on |

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| During this stage, you pay the full cost of your tiers 1-5 drugs until you have reached the yearly deductible. | tier 6, and the full cost of drugs on tiers 1-5 until you have reached the yearly deductible. | tier 6, and the full cost of drugs on tiers 1-5 until you have reached the yearly deductible. |

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

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage**<br>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:<br>***Preferred Generic - Tier 1:*** You pay $3 copay per prescription.<br>***Generic - Tier 2:*** You pay $12 copay per prescription.<br>***Preferred Brand - Tier 3:*** You pay $47 copay per prescription.<br>***Non-Preferred Drug - Tier 4:*** You pay $100 copay per prescription.<br>***Specialty Tier - Tier 5:*** You pay 31% of the total cost.<br>***Select Care Drugs - Tier 6:***<br>You pay $0 copay per prescription. | Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:<br>***Preferred Generic - Tier 1:*** You pay $3 copay per prescription.<br>***Generic - Tier 2:*** You pay $12 copay per prescription.<br>***Preferred Brand - Tier 3:*** You pay $47 copay per prescription.<br>***Non-Preferred Drug - Tier 4:*** You pay $100 copay per prescription.<br>***Specialty Tier - Tier 5:*** You pay 31% of the total cost.<br>***Select Care Drugs - Tier 6:***<br>You pay $0 copay per prescription. |

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| **Stage 2: Initial Coverage Stage (continued)**<br>The costs in this row are for a one-month (31-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). |

## SECTION 2 Administrative Changes

We are making administrative changes for select benefits for next year. The information in the table below describes these changes.

| Description | 2022 (this year) | 2023 (next year) |
|---|---|---|
| American Specialty Health (ASH) is no longer a contracted vendor for 2023. | Your acupuncture and chiropractic services were administered by American Specialty Health (ASH). | American Specialty Health (ASH) is no longer a contracted vendor for 2023.<br>For the most current list of acupuncture and chiropractic providers, use the *Find a Provider* search tool on our website www.PassportHealthPlan.com. |

# SECTION 3 Deciding Which Plan to Choose

## Section 3.1 – If you want to stay in Passport Medicare Choice Care

**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 Passport Medicare Choice Care.

## Section 3.2 – 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 2.1 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 5 ), or call Medicare (see Section 7.2).

### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Passport Medicare Choice Care.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Passport Medicare Choice Care.
- 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 4 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 5 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 Kentucky, the SHIP is called Kentucky State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Kentucky 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 Kentucky State Health Insurance Assistance Program (SHIP) at (877) 293-7447 (option #2). You can learn more about Kentucky State Health Insurance Assistance Program (SHIP) by visiting their website (https://chfs.ky.gov/agencies/dail/Pages/ship.aspx).

## SECTION 6 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.** Kentucky has a program called Kentucky Prescription Assistance Program (KPAP) 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 Kentucky AIDS Drug Assistance Program (KADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (866) 510-0005.

# SECTION 7 Questions?

## Section 7.1 – Getting Help from Passport Medicare Choice Care

Questions? We're here to help. Please call Member Services at (844) 859-6152. (TTY only, call 711). We are available for phone calls Monday - Friday, 8:00 a.m. to 8:00 p.m., local time. 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 Passport Medicare Choice Care. 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.PassportHealthPlan.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 www.PassportHealthPlan.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 7.2 – 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.


Members Call: (844) 859-6152, TTY: 711
Monday - Friday, 8:00 a.m. to 8:00 p.m., local time

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