

Alterwood Advantage Choice (HMO) offered by Alterwood Advantage, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Alterwood Advantage Choice. 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.AlterwoodAdvantage.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 Alterwood Advantage Choice.
- 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 Alterwood Advantage Choice.
- 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 1-866-675-3944 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, local time, seven (7) days a week from October 1 through March 31 and 8 am to 8 pm, local time, Monday through Friday from April 1 through September 30.
- This document may be made available in other alternate formats such as braille and 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 Alterwood Advantage Choice

- Alterwood Advantage is an HMO and HMO-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.
- When this document says "we," "us," or "our," it means Alterwood Advantage, Inc. When it says "plan" or "our plan," it means Alterwood Advantage Choice.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Alterwood Advantage Choice 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 or lower than this amount. See Section 2.1 for details. | \$37 | \$35 |
| 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 2.2 for details.) | \$7,550 | \$8,300 |
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$35 per visit | Primary care visits: \$0 per visit Specialist visits: \$35 per visit |
| Inpatient hospital stays | You pay a \$295 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital stay. | You pay a \$290 copay each day for days 1 – 5 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 6 – 90 of a Medicare-covered inpatient hospital stay. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|---|
| <p>Part D prescription drug coverage (See Section 2.5 for details.)</p> | <p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$3 • Drug Tier 2: \$8 • Drug Tier 3: \$47 • Drug Tier 4: \$100 • Drug Tier 5: 33% • Select Insulin Drugs: applicable tier copay | <p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$3 • Drug Tier 2: \$8 • Drug Tier 3: \$47 • Drug Tier 4: \$100 • Drug Tier 5: 33% • Select Insulin Drugs: \$35 |

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Alterwood Advantage Choice in 2023

If you do nothing by December 7, 2022, we will automatically enroll you in our **Alterwood Advantage Choice**. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Alterwood Advantage Choice. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefit and Cost for Next Year

Section 2.1 – 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.) | \$37 | \$35 |

- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – 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>Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> | <p>\$7,550</p> | <p style="text-align: center;">\$8,300</p> <p>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.</p> |

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.AlterwoodAdvantage.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 & 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 2.4 – 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) |
|--|---|--|
| Cardiac Rehabilitation Services | You pay a \$50 copay for each Medicare-covered cardiac rehabilitation service. | You pay a \$40 copay for each Medicare-covered cardiac rehabilitation service. |
| | You pay a \$100 copay for each Medicare-covered intensive cardiac rehabilitation service. | You pay a \$60 copay for each Medicare-covered intensive cardiac rehabilitation service. |

Dental Services

The plan has an annual allowance of \$1,000 for all covered preventive and comprehensive dental services.

You pay nothing for covered preventive dental services.

You pay 20% of the total cost for covered comprehensive dental services.

Preventive Dental Services:

- Cleaning: once every 6 months
- Oral Exam: once every 6 months
- Comprehensive Oral Exam: once every 36 months
- Fluoride Treatment: once every 6 months
- Palliative Treatment: 3 visits within 12 months
- Dental X-rays:
 - o Bitewing: once every 12 months
 - o Panoramic: once every 36 months
 - o Vertical bitewings: once every 36 months
 - o Intraoral Imaging: once every 36 months

The plan has an annual allowance of \$2,000 for all covered preventive and comprehensive dental services

You pay nothing for covered preventive dental services.

You pay 20% of the total cost for covered comprehensive dental services.

Preventive Dental Services:

- Cleaning: once every 6 months
- Oral Exam: once every 6 months
- Comprehensive Oral Exam: once every 36 months
- Limited Oral Evaluation: 3 per 12 months
- Fluoride Treatment: once every 6 months
- Dental X-rays:
 - o Bitewing: once every 12 months
 - o Panoramic: once every 36 months
 - o Vertical bitewings: once every 36 months
 - o Intraoral complete imaging: once every 36 months

| | |
|---|---|
| <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> • Restorative Services: 1 per tooth, once every 24 months • Endodontics: 1 per lifetime, per patient, per tooth • Crowns: once per tooth per 60 months • Simple Extractions • Periodontics: 1 per quadrant of scaling every 36 months • Periodontal Maintenance: once every 3 months • Dentures: once every 60 months <ul style="list-style-type: none"> ○ Upper, lower, partial, or any combination • Denture Repairs: once every 12 months • Relines/Rebase: once every 36 months • Denture Adjustments: 2 every 12 months | <p>Comprehensive Dental Services:</p> <ul style="list-style-type: none"> ○ Intraoral occlusal radiographic image: twice per 24 months • Restorative Services <ul style="list-style-type: none"> ○ 1 amalgam/resin restoration per tooth once every 24 months ○ Crowns - core build-up, pins, post and core - 1 per tooth per 60 months ○ Protective restoration - 1 per tooth per lifetime ○ Re-cement/re-bond crown - 1 per tooth both 24 months • Endodontics (1 per lifetime, per patient, per tooth) • Periodontics <ul style="list-style-type: none"> ○ Periodontal maintenance (4 every 12 months) ○ Scaling and root planing, full mouth debridement every 36 months |
|---|---|

- o Scaling in presence of generalized or gingival inflammation-full mouth, 1 every 6 months
 - o Gingivectomy or gingivoplasty, gingival flap procedure, osseous surgery once per quadrant every 36 months
- Extractions
 - o Simple and surgical extractions
 - o Coronectomy – once per tooth per lifetime
- Prosthodontics & other services
 - o Denture repairs (once every 12 months)
 - o Relines/ Rebase once every 36 months
 - o Denture Adjustments (2 every 12 months)
 - o Prosthodontics (dental plates: either upper, lower, or partial, or any combination)

| Cost | 2022 (this year) | 2023 (next year) |
|--------------------------------------|--|---|
| | | thereof), once every 60 months o Palliative (emergency treatment) - 3 every 12 months |
| Health & Wellness Program | Health & Wellness program is <u>not</u> covered. | The plan will reimburse members up to \$150 annually towards the purchase of a fitness tracker, at-home fitness equipment, participation in instructional fitness classes, or gym membership. |
| Home Delivered Meals | Home Delivered Meals are not covered. | You pay nothing for 14 meals after discharge from an inpatient hospital stay or skilled nursing facility stay. Benefit limited to 8 times per year. |
| Inpatient Hospital Care | You pay a \$295 copay each day for days 1 – 6 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 7 – 90 of a Medicare-covered inpatient hospital stay. | You pay a \$290 copay each day for days 1 – 5 of a Medicare-covered inpatient hospital stay. You pay nothing each day from days 6 – 90 of a Medicare-covered inpatient hospital stay. |
| Occupational Therapy Services | You pay a \$35 copay for each Medicare-covered occupational therapy visit. | You pay a \$30 copay for each Medicare-covered occupational therapy visit. |

| Cost | 2022 (this year) | 2023 (next year) |
|--|--|--|
| Over-the-Counter (OTC) Products and Essential Food Pantry Items | The plan pays a quarterly benefit amount of \$25. | The plan pays a quarterly benefit amount of \$35. |
| Physical Therapy Services | You pay a \$35 copay for each Medicare-covered physical therapy visit. | You pay a \$30 copay for each Medicare-covered physical therapy visit. |
| Podiatry Services | You pay a \$40 copay for each Medicare-covered podiatry service. | You pay a \$35 copay for each Medicare-covered podiatry service. |
| Pulmonary Rehabilitation Services | You pay a \$30 copay for each Medicare-covered pulmonary rehabilitation service. | You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation service. |
| Skilled Nursing Facility (SNF) Care | <p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$188 copay each day from days 21 – 100 of a Medicare-covered skilled nursing facility stay.</p> | <p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay a \$196 copay each day from days 21 – 100 of a Medicare-covered skilled nursing facility stay.</p> |
| Speech Therapy Services | You pay a \$35 copay for each Medicare-covered speech therapy visit. | You pay a \$30 copay for each Medicare-covered speech therapy visit. |
| Supervised Exercise Therapy (SET) Services | You pay a \$30 copay for each Medicare-covered supervised exercise therapy visit. | You pay a \$25 copay for each Medicare-covered supervised exercise therapy visit. |

Section 2.5 – 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 have 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.)

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> |
| <p>Stage 2: 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.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 – Preferred Generics: You pay \$3 per prescription.</p> <p>Tier 2 - Generics: You pay \$8 per prescription.</p> <p>Tier 3 – Preferred Brands: You pay \$47 per prescription.</p> <p>Tier 4 – Non-Preferred Drugs: You pay \$100 per prescription.</p> <p>Tier 5 - Specialty: You pay 33% of the total cost.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 – Preferred Generics: You pay \$3 per prescription.</p> <p>Tier 2 - Generics: You pay \$8 per prescription.</p> <p>Tier 3 – Preferred Brands: You pay \$47 per prescription.</p> <p>Tier 4 – Non-Preferred Drugs: You pay \$100 per prescription.</p> <p>Tier 5 - Specialty: You pay 33% of the total cost.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>Stage 2: Initial Coverage Stage (continued)</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. 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>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>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> |

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.

SECTION 3 Administrative Changes

| Description | 2022 (this year) | 2023 (next year) |
|---|--|---|
| <p>Coverage Decisions for Part D Prescription Drugs - Address</p> | <p>Elixir Attn: PA Department 2181 E. Aurora Rd. Suite 201 Twinsburg, OH 44087</p> | <p>Elixir / Alterwood Advantage Attn: PA Department 8921 Canyon Falls Blvd. STE 100 Twinsburg, OH 44087</p> |

| Description | 2022 (this year) | 2023 (next year) |
|---|--|---|
| Appeals for Part D Prescription Drugs - Address | Elixir Attn: Appeals Department 2181 E. Aurora Rd. Suite 201 Twinsburg, OH 44087 | Elixir / Alterwood Advantage Attn: Appeals Department 8921 Canyon Falls Blvd. STE 100 Twinsburg, OH 44087 |
| Complaints about Part D Prescription Drug - Address | Alterwood Advantage Attn: Part D Complaints PO Box 4175 Timonium, MD 21094 | Elixir / Alterwood Advantage Attn: Grievance Department 8921 Canyon Falls Blvd. STE 100 Twinsburg, OH 44087 |

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Alterwood Advantage Choice

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 Alterwood Advantage Choice.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change 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 7), or call Medicare (see Section 8.2).

As a reminder, Alterwood Advantage, 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 Alterwood Advantage Choice.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Alterwood Advantage Choice.
- 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 5 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 6 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 Maryland, the SHIP is called State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program 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 State Health Insurance Assistance Program at 410-767-1100 or 800-243-3425. You can learn more about State Health Insurance Assistance Program by visiting their website (<https://aging.maryland.gov/Pages/state-health-insurance-program.aspx>).

SECTION 7 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.** Maryland has a program called Senior Prescription Drug Assistance Program (SPDAP) 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 Maryland AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 410-767-6535 or 800-205-6308.

SECTION 8 Questions?

Section 8.1 – Getting Help from Alterwood Advantage Choice

Questions? We're here to help. Please call Member Services at 1-866-675-3944. (TTY only, call 711). We are available for phone calls 8 am to 8 pm, local time, seven (7) days a week from October 1 through March 31 and 8 am to 8 pm, local time, Monday through Friday 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 Alterwood Advantage Choice. 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.AlterwoodAdvantage.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.AlterwoodAdvantage.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 8.2 – 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-675-3944. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-675-3944. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-675-3944。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-675-3944。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-675-3944. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-675-3944. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-675-3944 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-675-3944. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-675-3944 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-675-3944. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-675-3944. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-675-3944 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-675-3944. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-675-3944. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-675-3944. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-675-3944. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-675-3944 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。