

***Alterwood Advantage Dual Secure (HMO D-SNP) offered by  
Alterwood Advantage, Inc.***

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

You are currently enrolled as a member of Alterwood Advantage Dual Secure. 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](http://www.AlterwoodAdvantage.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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

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

- If you don't join another plan by December 7, 2022, you will stay in Alterwood Advantage Dual Secure.
- 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 Dual Secure.
- Look in section 4, page 15 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**

- 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Alterwood Advantage Dual Secure**

- 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 Dual Secure.

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Alterwood Advantage Dual Secure 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)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$37	\$39.20
<b>Deductible</b>	\$233  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	\$226  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
<b>Doctor office visits</b>	Primary care visits: 20% coinsurance per visit  Specialist visits: 20% coinsurance per visit  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.	Primary care visits: 20% coinsurance per visit  Specialist visits: 20% coinsurance per visit  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.

Cost	2022 (this year)	2023 (next year)
<p><b>Inpatient hospital stays</b></p>	<p>Days 1 – 60: \$1,556 deductible</p> <p>Days 61 – 90: \$389 copay per day</p> <p>Days 91 – 150: \$778 copay per lifetime reserve day</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>Days 1 – 60: \$1,600 deductible</p> <p>Days 61 – 90: \$400 copay per day</p> <p>Days 91 – 150: \$800 copay per lifetime reserve day</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p>Deductible: \$480</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 25% coinsurance or \$0/\$1.35/\$3.95/15% for generics or \$0/\$4/\$9.85/15% for all other drugs</li> </ul>	<p>Deductible: \$505</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 25% coinsurance or \$0/\$1.45/\$4.15/15% for generics or \$0/\$4.30/\$10.35/15% for all other drugs</li> </ul>
<p><b>Maximum out-of-pocket amount</b> 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.)</p>	<p>\$7,550</p> <p>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.</p>	<p>\$8,300</p> <p>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.</p>

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

If you do nothing in 2022, we will automatically enroll you in our **Alterwood Advantage Dual Secure**. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Alterwood Advantage Dual Secure. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$37	\$39.20

### 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><b>Maximum out-of-pocket amount</b>  <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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 and deductibles) 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>

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### Section 2.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are also located on our website at [www.AlterwoodAdvantage.com](http://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 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 2.4 – 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)
<b>Blood</b>	You pay nothing for blood, beginning with the first pint needed.	<p>You pay 20% of the total cost for blood, beginning with the first pint needed.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>



**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

## Comprehensive Dental Services:

- 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

## 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
  - o Intraoral occlusal radiographic image: twice per 24 months

## Comprehensive Dental Services:

- Restorative Services
  - o 1 amalgam/ resin restoration per tooth once every 24 months
  - o Crowns - core build-up, pins, post and core - 1 per tooth per 60 months
  - o Protective restoration - 1 per tooth per lifetime

- Periodontal Maintenance: once every 3 months
- Dentures: once every 60 months
  - Upper, lower, partial, or any combination
- Denture Repairs: once every 12 months
- Relines/Rebase: once every 36 months
- Denture Adjustments: 2 every 12 months
- Re-cement/ re-bond crown - 1 per tooth both 24 months
- Endodontics (1 per lifetime, per patient, per tooth)
- Periodontics
  - Periodontal maintenance (4 every 12 months)
  - Scaling and root planing, full mouth debridement every 36 months
  - Scaling in presence of generalized or gingival inflammation-full mouth, 1 every 6 months
  - Gingivectomy or gingivoplasty, gingival flap procedure, osseous surgery once per quadrant every 36 months
- Extractions
  - Simple and surgical extractions
  - Coronectomy – once per tooth per lifetime
- Prosthodontics & other services
  - Denture repairs (once every 12 months)
  - Relines/ Rebase once every 36 months

Cost	2022 (this year)	2023 (next year)
		<ul style="list-style-type: none"> <li>o Denture Adjustments (2 every 12 months)</li> <li>o Prosthodontics (dental plates: either upper, lower, or partial, or any combination thereof), once every 60 months</li> <li>o Palliative (emergency treatment) - 3 every 12 months</li> </ul>
<b>Health &amp; Wellness Program</b>	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.
<b>Home Delivered Meals</b>	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.
<b>Over-the-Counter (OTC) Products and Essential Food Pantry Items</b>	The plan pays a quarterly benefit amount of \$100.	The plan pays a quarterly benefit amount of \$150.

Cost	2022 (this year)	2023 (next year)
<p><b>Skilled Nursing Facility (SNF) Care</b></p>	<p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay \$188 each day from days 21 – 100 of a Medicare-covered skilled nursing facility stay.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost</p>	<p>You pay nothing each day from days 1 – 20 for a Medicare-covered skilled nursing facility stay.</p> <p>You pay \$196 each day from days 21 – 100 of a Medicare-covered skilled nursing facility stay.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>
<p><b>Utility Flex Card</b></p>	<p>Utility flex card is <u>not</u> covered.</p>	<p>For eligible members, the plan will pay up to \$50 a month towards utilities such as: gas, water, or electric.</p> <p><i>This benefit is a part of a special supplemental program. All members may not qualify.</i></p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### 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**

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **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.)

**Changes to the Deductible Stage**

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	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**

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      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 <b>you pay your share of the cost.</b></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>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>For generic drugs (including brand drugs treated as generic):</b>                      You pay \$0, \$1.35, or \$3.95 per prescription.</p> <p><b>For all other drugs:</b>                      You pay \$0, \$4.00, or \$9.85 per prescription.</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  <b>For generic drugs (including brand drugs treated as generic):</b>                      You pay \$0, \$1.45, or \$4.15 per prescription.</p> <p><b>For all other drugs:</b>                      You pay \$0, \$4.30, or \$10.35 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>

**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 \$10.35 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)
Coverage Decisions for Part D Prescription Drugs - Address	Elixir Attn: PA Department 2181 E. Aurora Rd. Suite 201 Twinsburg, OH 44087	Elixir / Alterwood Advantage Attn: PA Department 8921 Canyon Falls Blvd. STE 100 Twinsburg, OH 44087
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 Dual Secure

**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 Dual Secure.

#### 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (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 Dual Secure.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Alterwood Advantage Dual Secure.
- 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 5 Changing Plans

If you want to change to a different plan or 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 and Medicaid**

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>).

For questions about your Maryland Medical Assistance (Medicaid) benefits, contact Maryland Medical Assistance (Medicaid) at 410-767-5800 or toll free at 800-456-8900 (TTY 711). Ask how joining another plan or returning to Original Medicare affects how you get your Maryland Medical Assistance (Medicaid) coverage.

## **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.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you 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).

- **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 Dual Secure

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 Dual Secure. 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](http://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](http://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).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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## Section 8.3 – Getting Help from Medicaid

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To get information from Medicaid you can call Maryland Medical Assistance (Medicaid) at 410-767-5800 or toll free at 800-456-8900. TTY users should call 711.

## 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。