

My Choice Wisconsin Partnership (HMO DSNP) offered by My Choice Wisconsin Health Plan Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of My Choice Wisconsin Partnership. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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.mychoicewi.org/partnership/. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2022, you will stay in My Choice Wisconsin Partnership.
- 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 My Choice Wisconsin Partnership.
- Look in section 3.2, page 12, 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.
- **Note: If you are eligible to change plans, because you are in the Partnership program you must also contact your local ADRC.** The ADRC contact information can be found in Chapter 2, Section 10 of your *Evidence of Coverage*.

Additional Resources

- Customer Service has free language interpreter services available. Phone numbers are listed below. This document is available free of charge.
 - **English:** For help to translate or understand this, please call 1-800-963-0035. TTY Call the Wisconsin Relay System at 711
 - **Spanish:** Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-963-0035. TTY Call the Wisconsin Relay System at 711
 - **Russian:** Если вам не всё понятно в этом документе, позвоните по телефону 1-800-963-0035. TTY Call the Wisconsin Relay System at 711
 - **Hmong:** Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-963-0035. TTY Call the Wisconsin Relay System at 711
- Please contact our Customer Service number at 1-800-963-0035 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. CT, 7 days a week.
- This document may be available in other formats such as braille, large print, audio, or other accessible formats. Contact Customer Service or your care team for assistance.
- **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 My Choice Wisconsin Partnership

- My Choice Wisconsin Partnership is a Coordinated Care Plan with a Medicare Advantage Contract. The plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits. Enrollment in My Choice Wisconsin Partnership depends on contract renewal.

- When this document says “we,” “us,” or “our,” it means My Choice Wisconsin Health Plan Inc. When it says “plan” or “our plan,” it means My Choice Wisconsin Partnership.

H5209_002_ANOC2023_M

CMS Approved 9/21/2022

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

Summary of Important Costs for 20235

**SECTION 1 Unless You Choose Another Plan, You Will Be
Automatically Enrolled in My Choice Wisconsin Partnership
in 20236**

SECTION 2 Changes to Benefits and Costs for Next Year6

Section 2.1 – Changes to the Monthly Premium 6

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 6

Section 2.3 – Changes to the Provider and Pharmacy Networks..... 7

Section 2.4 –Changes to Benefits and Costs for Medical Services 7

Section 2.5 – Changes to Part D Prescription Drug Coverage 9

SECTION 3 Deciding Which Plan to Choose11

Section 3.1 – If you want to stay in My Choice Wisconsin Partnership 11

Section 3.2 – If you want to change plans 11

SECTION 4 Changing Plans 12

**SECTION 5 Programs That Offer Free Counseling about Medicare and
Medicaid 13**

SECTION 6 Programs That Help Pay for Prescription Drugs..... 13

SECTION 7 Questions?..... 14

Section 7.1 – Getting Help from My Choice Wisconsin Partnership 14

Section 7.2 – Getting Help from Medicare..... 14

Section 7.3 – Getting Help from Medicaid..... 15

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for My Choice Wisconsin Partnership in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0	\$0
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$0 Copayment: \$0	Deductible: \$0 Copayment \$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	\$7,550 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.	\$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in My Choice Wisconsin Partnership in 2023

The information in this document tells you about the differences between your current benefits in My Choice Wisconsin Partnership and the benefits you will have on January 1, 2023, as a member of My Choice Wisconsin Partnership.

If you do nothing in 2022, we will automatically enroll you in our My Choice Wisconsin Partnership plan. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through My Choice Wisconsin Partnership. 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)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

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 services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your 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 services, you will pay nothing for your covered services for the rest of the calendar year.</p>

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated *Provider* and *Pharmacy Directories* are located on our website at www.mychoicewi.org/partnership/. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

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

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

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service 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 changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Benefits Chart (*what is covered*), in your 2022 *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at www.mychoicewi.org/partnership/member-resources/. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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)
Emergency Services	<p>The maximum per visit amount is \$90 for Emergency Services.</p> <p>Admission must occur within 3 days for waiver.</p> <p>Medicaid will pay the 20% Medicare coinsurance on this service. Your cost will be 0%. No copayment.</p> <p>Prior Authorization is not required.</p> <p>My Choice Wisconsin Partnership fully integrates your Medicare and Medicaid benefits. The benefits charts reflect the covered benefits. You pay nothing (\$0) for covered Medicare and Medicaid benefits.</p>	<p>The maximum per visit amount is \$95 for Emergency Services.</p> <p>Admission must occur within 3 days for waiver.</p> <p>Medicaid will pay the 20% Medicare coinsurance on this service. Your cost will be 0%. No copayment.</p> <p>Prior Authorization is not required.</p> <p>My Choice Wisconsin Partnership fully integrates your Medicare and Medicaid benefits. The benefits charts reflect the covered benefits. You pay nothing (\$0) for covered Medicare and Medicaid benefits.</p>

Cost	2022 (this year)	2023 (next year)
Urgently Needed Services	<p>The maximum per visit amount is \$65 for Urgently Needed Services.</p> <p>Admission must occur within 3 days for waiver.</p> <p>Medicaid will pay the 20% Medicare coinsurance on this service. Your cost will be 0%. No copayment.</p> <p>Prior Authorization is not required.</p> <p>My Choice Wisconsin Partnership fully integrates your Medicare and Medicaid benefits. The benefits charts reflect the covered benefits. You pay nothing (\$0) for covered Medicare and Medicaid benefits.</p>	<p>The maximum per visit amount is \$60 for Urgently Needed Services.</p> <p>Admission must occur within 3 days for waiver.</p> <p>Medicaid will pay the 20% Medicare coinsurance on this service. Your cost will be 0%. No copayment.</p> <p>Prior Authorization is not required.</p> <p>My Choice Wisconsin Partnership fully integrates your Medicare and Medicaid benefits. The benefits charts reflect the covered benefits. You pay nothing (\$0) for covered Medicare and Medicaid benefits.</p>

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 have sent you a notice explaining how to find the Drug List on our website or how to request a copy of the Drug List.

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 formulary exceptions expire at the end of the calendar year, unless otherwise noted on the approval letter you received. If you received a formulary exception in 2022, check your approval letter to see when you will need to request a new exception.

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 Customer Service 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 does not apply to you.** We have included 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 didn’t receive this insert with this packet, please call Customer Service 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 Customer Service for more information.

Important Message About What You Pay for Insulin - You won’t pay more than \$0 for a one-month supply of each insulin product covered by our plan.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generic Drugs: You pay \$0</p> <p>All Other Drugs: You pay \$0</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generic Drugs: You pay \$0</p> <p>All Other Drugs: You pay \$0</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in My Choice Wisconsin Partnership

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 My Choice Wisconsin Partnership.

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.

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).

As a reminder, My Choice Wisconsin Health Plan 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 My Choice Wisconsin Partnership.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from My Choice Wisconsin Partnership.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service 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.

If you are changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). Please see Chapter 2, Section 10 in the *Evidence of Coverage* for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area: <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.

SECTION 4 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 and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin 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. Wisconsin 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 Wisconsin State Health Insurance Assistance Program at 1-800-242-1060 (TTY 711). You can learn more about Wisconsin State Health Insurance Assistance Program by visiting their website www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm.

For questions about your Wisconsin Medicaid benefits, contact Wisconsin Department of Health Services (DHS), 1-800-362-3002 (TTY users should call WI Relay 711) Monday - Friday, 8:00 a.m. to 6:00 p.m. You can also contact your local Aging and Disability Resource Center (ADRC). See the *Evidence of Coverage* Chapter 2, Section 10 for contact information. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

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.** 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).

SECTION 7 Questions?

Section 7.1 – Getting Help from My Choice Wisconsin Partnership

Questions? We're here to help. Please call Customer Service at 1-800-963-0035. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m., 7 days a week. 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 My Choice Wisconsin Partnership. 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.mychoicewi.org/partnership/member-resources/. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.mychoicewi.org/. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (*Formulary/Drug List*).

Section 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.

Section 7.3 – Getting Help from Medicaid

To get information from Wisconsin Medicaid, you can call Wisconsin Department of Health Services (DHS) at 1-800-362-3002. TTY users should call Wisconsin Relay System at 711. You can also visit the Medicaid website at www.dhs.wisconsin.gov/medicaid/index.htm.