



NetworkCares (PPO D-SNP) offered by Network Health Insurance Corporation

Annual Notice of Changes for 2023

You are currently enrolled as a member of NetworkCares. 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 networkhealth.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call our member experience team 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 *NetworkCares*.
- 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 *NetworkCares*.
- Look in Section 4, page 16 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

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this document).
- Please contact our member experience team at 855-653-4363 for additional information. (TTY users should call 800-947-3529), Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2022 through March 31, 2023, we are available every day from 8 a.m. to 8 p.m.
- This information is available for free in other formats.
- **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 NetworkCares

- Network Health Medicare Advantage plans include PPO, MSA and HMO plans. *NetworkCares* is a PPO D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid Program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
 - When this document says “we,” “us,” or “our,” it means Network Health Insurance Corporation. When it says “plan” or “our plan,” it means *NetworkCares*.
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Summary of Important Costs for 2023

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

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 2.1 for details.</p>	<p>\$0</p>	<p>\$0</p>
<p>Deductible</p>	<p>In 2021, the annual Part B deductible was \$0 or \$203.</p> <p>These amounts may change for 2022.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>In 2022, the annual Part B deductible was \$0 or \$233.</p> <p>These amounts may change for 2023.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>
<p>Doctor office visits</p>	<p>In- and Out-of-Network</p> <p>Primary care visits: 0% - 20% per visit</p> <p>Specialist visits: 0% - 20% per visit</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 per visit.</p>	<p>In- and Out-of-Network</p> <p>Primary care visits: 0% - 20% per visit</p> <p>Specialist visits: 0% - 20% per visit</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 per visit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>In- and Out-of-Network</p> <p>In 2021, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible+ • Days 61-90: \$371 per day+ • Days 91-150: \$742 per lifetime reserve day+ <p>+These amounts may change for 2022.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.</p>	<p>In- and Out-of-Network</p> <p>In 2022, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,556 deductible+ • Days 61-90: \$389 per day+ • Days 91-140: \$778 per lifetime reserve day+ <p>+These amounts may change for 2023.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (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"> • Drug Tier 1: \$0, \$1.35, \$3.95, \$5 or 15% at a preferred pharmacy and \$0, \$1.35, \$3.95, \$8 or 15% at a standard pharmacy. • Drug Tier 2: \$0, \$1.35, \$3.95, \$10 or 15% at a preferred pharmacy and \$0, \$1.35, \$3.95, \$17 or 15% at a standard pharmacy. • Drug Tier 3: \$0, \$1.35, \$3.95, \$4, \$9.85, \$42 or 15% at a preferred pharmacy and \$0, \$1.35, \$3.95, \$4, \$9.85, \$47 or 15% at a standard pharmacy. • Drug Tier 4: \$0, \$1.35, \$3.95, \$4, \$9.85, \$95 or 15% at a preferred pharmacy and \$0, \$1.35, \$3.95, \$4, \$9.85, \$100 or 15% at a standard pharmacy. • Drug Tier 5: \$0, \$1.35, \$3.95, \$4, \$9.85, 15% or 25% at both preferred and standard pharmacies. 	<p>Deductible: \$505</p> <p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0, \$1.45, \$4.15, \$7 or 15% at a preferred pharmacy and \$0, \$1.45, \$4.15, \$10 or 15% at a standard pharmacy. • Drug Tier 2: \$0, \$1.45, \$4.15, \$12 or 15% at a preferred pharmacy and \$0, \$1.45, \$4.15, \$19 or 15% at a standard pharmacy. • Drug Tier 3: \$0, \$1.45, \$4.15, \$4.30, \$10.35, \$42 or 15% at a preferred pharmacy and \$0, \$1.45, \$4.15, \$4.30, \$10.35, \$47 or 15% at a standard pharmacy. • Drug Tier 4: \$0, \$1.45, \$4.15, \$4.30, \$10.35, \$95 or 15% at a preferred pharmacy and \$0, \$1.45, \$4.15, \$4.30, \$10.35, \$100 or 15% at a standard pharmacy. • Drug Tier 5: \$0, \$1.45, \$4.15, \$4.30, \$10.35, 15% or 25% at both preferred and standard pharmacies.

Cost	2022 (this year)	2023 (next year)
<p>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.)</p>	<p>From in-network providers: \$6,700</p> <p>From in-network and out-of-network providers combined: \$10,000</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>From in-network providers: \$8,300</p> <p>From in-network and out-of-network providers combined: \$12,450</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 NetworkCares in 2023

If you do nothing in 2022, we will automatically enroll you in our NetworkCares. This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through NetworkCares. 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)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	\$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 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>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copayments 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 copayments) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>In-Network</p> <p>\$6,700</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>Combined In- and Out-of-Network</p> <p>\$10,000</p> <p>Once you have paid \$10,000 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>	<p>In-Network</p> <p>\$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> <p>Combined In- and Out-of-Network</p> <p>\$12,450</p> <p>Once you have paid \$12,450 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 located on our website at networkhealth.com. You may also call our member experience team 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 our member experience team 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)
Bathroom home adaptation service	Reimbursement up to a maximum of \$300 per calendar year for bathroom adaptation services/items.	Not covered
Emergency Care	<p>In- and Out-of-Network</p> <p>You pay 0% - 20% of the cost (up to \$90) for Medicare-covered emergency room visits.</p> <p>You pay \$90 per incident for each non-Medicare covered emergency room visit outside the United States and its territories.</p> <p>Your cost share is not waived when you are admitted as an inpatient within 24 hours for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>	<p>In- and Out-of-Network</p> <p>You pay 0% - 20% of the cost (up to \$95) for Medicare-covered emergency room visits.</p> <p>You pay \$110 per incident for each non-Medicare covered emergency room visit outside the United States and its territories.</p> <p>Your cost share is not waived when you are admitted as an inpatient within 24 hours for the same condition.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>
Hearing services – additional benefits	<p>In-Network</p> <p>You pay a \$679 - \$2,299 copayment per hearing aid.</p> <p>Out-of-Network</p> <p>You pay a \$679 - \$2,299 copayment per hearing aid. Hearing aids must be purchased through the plan's approved partner.</p>	<p>In-Network</p> <p>You pay a \$495 - \$1,695 copayment per hearing aid.</p> <p>Out-of-Network</p> <p>You pay a \$495 - \$1,695 copayment per hearing aid. Hearing aids must be purchased through the plan's approved partner.</p>

Cost	2022 (this year)	2023 (next year)
<p>Help with certain chronic conditions – Palliative care</p>	<p>In- and Out-of-Network</p> <p>\$0 copayment for each home-based palliative care visit for members with cancer.</p> <p>Note: This benefit includes one initial consultation and evaluation, and two follow-up visits.</p>	<p>In- and Out-of-Network</p> <p>\$0 copayment for each home- or office-based palliative care visit for members with cancer, congestive heart failure, chronic obstructive pulmonary disease, chronic kidney disease, end-stage renal disease, rheumatoid arthritis, Alzheimer’s, Parkinson’s, multiple sclerosis and/or liver cirrhosis.</p> <p>Note: This benefit includes one initial consultation and evaluation, and two follow-up visits.</p>
<p>Inpatient hospital care</p>	<p>Per admission</p> <p>In- and Out-of-Network</p> <p>In 2021 the amounts for each admission were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible+ • Days 61-90: \$371 per day+ • Days 91-150: \$742 per lifetime reserve day+ <p>You will not be charged additional cost sharing for professional services.</p> <p>+ These amounts may change for 2022.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.</p>	<p>Per admission</p> <p>In- and Out-of-Network</p> <p>In 2022 the amounts for each admission were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,556 deductible+ • Days 61-90: \$389 per day+ • Days 91-150: \$778 per lifetime reserve day+ <p>You will not be charged additional cost sharing for professional services.</p> <p>+ These amounts may change for 2023.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient services in a psychiatric hospital</p>	<p>Per Admission In- and Out-of-Network In 2021 the amounts for each admission were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$1,484 deductible+ • Days 61-90: \$371 per day+ • Days 91-190: \$742 per lifetime reserve day+ <p>+ These amounts may change for 2022.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Lifetime reserve days can only be used once.</p>	<p>Per Admission In- and Out-of-Network In 2022 the amounts for each admission were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-60: \$0 deductible+ • Days 61-90: \$389 per day+ • Days 91-150: \$778 per lifetime reserve day+ <p>+ These amounts may change for 2023.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Lifetime reserve days can only be used once.</p>
<p>Over-the-counter (OTC) items</p>	<p>Our plan offers a \$155 quarterly allowance, to be used to purchase qualified over-the-counter (OTC) items from our mail-order service. Maximum of one order per quarter.</p> <p>In-Network</p> <p>You pay 0% of the cost of qualified OTC items, up to the \$155 quarterly maximum.</p>	<p>Our plan offers a \$60 quarterly allowance, to be used to purchase qualified over-the-counter (OTC) items from our mail-order service. Maximum of two orders per quarter.</p> <p>In-Network</p> <p>You pay 0% of the cost of qualified OTC items, up to the \$60 quarterly maximum.</p>

Cost	2022 (this year)	2023 (next year)
<p>Skilled nursing facility (SNF) care</p>	<p>Per admission In- and Out-of-Network In 2021, the amounts for each admission after at least a 3-day covered hospital stay were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 per day+ • Days 21-100: \$185.50 per day+ <p>You will not be charged additional cost sharing for professional services.</p> <p>+ These amounts may change for 2022.</p> <p>You are covered for up to 100 days per admission.</p>	<p>Per admission In- and Out-of-Network In 2022, the amounts for each admission after at least a 3-day covered hospital stay were \$0 or up to:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 per day+ • Days 21-100: \$194.50 per day+ <p>You will not be charged additional cost sharing for professional services.</p> <p>+ These amounts may change for 2023.</p> <p>You are covered for up to 100 days per admission.</p>
<p>Urgently needed services</p>	<p>In- and Out-of-Network 0% - 20% of the cost (up to \$65) for each Medicare-covered urgently needed care visit within the United States and its territories. \$90 per incident for each non-Medicare covered urgently needed care visit outside the United States and its territories.</p>	<p>In- and Out-of-Network 0% - 20% of the cost (up to \$60) for each Medicare-covered urgently needed care visit within the United States and its territories. \$110 per incident for each non-Medicare covered urgently needed care visit outside the United States and its territories.</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. **You can get the complete Drug List** by calling our member experience team (see the back cover) or visiting our website networkhealth.com/look-up-medications.

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 our member experience team 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 send 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, 2022, please call our member experience team 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, even if you haven’t paid your deductible. Call our member experience team for more information.

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

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your: Tier 2, Tier 3, Tier 4 and Tier 5 Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480</p>	<p>Your deductible amount is either \$104 or \$505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. 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>Your cost for a one-month supply at an in-network pharmacy:</p> <p>Tier 1 Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.35, \$3.95 or \$8 per prescription or 15% of the total cost. <i>Preferred cost sharing:</i> You pay \$0, \$1.35, \$3.95 or \$5 per prescription or 15% of the total cost.</p> <p>Tier 2 Generic Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.35, \$3.95 or \$17 per prescription or 15% of the total cost. <i>Preferred cost sharing:</i> You pay \$0, \$1.35, \$3.95 or \$10 per prescription or 15% of the total cost.</p> <p>Tier 3 Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4, \$9.85 or \$47 per prescription or 15% of the total cost.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 Preferred Generic Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.45, \$4.15 or \$10 per prescription or 15% of the total cost. <i>Preferred cost sharing:</i> You pay \$0, \$1.45, \$4.15 or \$7 per prescription or 15% of the total cost.</p> <p>Tier 2 Generic Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.45, \$4.15 or \$19 per prescription or 15% of the total cost. <i>Preferred cost sharing:</i> You pay \$0, \$1.45, \$4.15 or \$12 per prescription or 15% of the total cost.</p> <p>Tier 3 Preferred Brand Drugs: <i>Standard cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30, \$10.35 or \$47 per prescription or 15% of the total cost.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p><i>Preferred cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4, \$9.85 or \$42 per prescription or 15% of the total cost.</p> <p>Tier 4 Non-Preferred Drugs:</p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4, \$9.85 or \$100 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4, \$9.85 or \$95 per prescription or 15% of the total cost.</p> <p>Tier 5 Specialty Drugs:</p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4 or \$9.85 per prescription or 15% or 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.35, \$3.95, \$4, \$9.85 per prescription or 15% or 25% or of the total cost.</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p><i>Preferred cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30, \$10.35 or \$42 per prescription or 15% of the total cost.</p> <p>Tier 4 Non-Preferred Drugs:</p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30, \$10.35 or \$100 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30, \$10.35 or \$95 per prescription or 15% of the total cost.</p> <p>Tier 5 Specialty Drugs:</p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30 or \$10.35 per prescription or 15% or 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.45, \$4.15, \$4.30, \$10.35 per prescription or 15% or 25% or of the total cost.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Pharmacy Network	The 2022 pharmacy network is a broad network.	The 2023 pharmacy network is a narrow network. The pharmacy you are currently using may no longer be in-network or may have changed from a preferred pharmacy to a standard pharmacy. Please look up your pharmacy by visiting networkhealth.com/find-a-pharmacy or call our member experience to see if there is a change to your pharmacy’s status.
Spark Wellness Program	Our plan offers up to \$100 in health rewards for engaging in health and wellness activities. You can earn \$25 for completing your Annual Wellness Visit, \$50 for completing your Health Risk Assessment, and \$25 for getting your annual flu vaccination. Each category may be earned once annually.	Health rewards for Annual Wellness Visit and annual flu vaccination are not available. Our plan offers a \$50 reward incentive program for completing your Health Risk Assessment. This may be earned once annually.
Maximum out-of-pocket accumulation	Any out-of-pocket costs <u>paid by</u> a NetworkCares member accumulates toward the out-of-pocket maximum.	All costs <u>paid on behalf</u> of a NetworkCares member must accumulate toward the out-of-pocket maximum. Any prescription drug/service costs paid by you and/or Medicaid will accumulate toward the out-of-pocket maximum.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in NetworkCares

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 NetworkCares.

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 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 6), or call Medicare (see Section 8.2).

As a reminder, Network Health Insurance Corporation 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 NetworkCares.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from NetworkCares.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact our member experience team 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, seven 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 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 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 SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Wisconsin SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Wisconsin SHIP at 800-242-1060. You can learn more about Wisconsin SHIP by visiting their website at <https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>.

For questions about your Wisconsin Medicaid benefits, contact Wisconsin Medicaid at 800-362-3002, Monday – Friday from 8 a.m. to 6 p.m. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin 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, seven days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., 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.** Wisconsin has a program called Wisconsin Senior Care 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 Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 608-267-6875 or 800-991-5532.

SECTION 8 Questions?

Section 8.1 – Getting Help from NetworkCares

Questions? We’re here to help. Please call our member experience team at 855-653-4363. (TTY only, call 800-947-3529.) We are available for phone calls Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2022 through March 31, 2023, we are available every day from 8 a.m. to 8 p.m. 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 NetworkCares. 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 networkhealth.com/medicare/plan-materials. You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 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, seven 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, seven days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call Wisconsin Medicaid at 800-362-3002. TTY users should call 711.

Multi-Language Insert – REQUIRED INFORMATION

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 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529)。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 800-378-5234 (TTY 800-947-3529)。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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529) 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 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 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 5234-378-800 (TTY 3529-947-800). 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 . سيقوم شخص ما (TTY 800-947-3529) 800-378-5234 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية يتحدث العربية.

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 800-378-5234 (TTY 800-947-3529) 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 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529). 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 800-378-5234 (TTY 800-947-3529). 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、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.

NOTICE OF UPDATE

Please reference the details found below regarding important information related to changes in Medicare Advantage coverage, as a result of the Inflation Reduction Act (IRA) enacted on August 16, 2022. These updates impact Medicare Part B prescription drug coverage and Medicare Part B insulin coverage. Here is a quick summary of the updates.

1. Beginning April 1, 2023, the Centers for Medicare & Medicaid Services (CMS) is starting a new Inflation Rebate Program impacting certain Part B drugs.

This new drug law requires drug companies to pay a rebate if they raise their prices for certain drugs faster than the rate of inflation. You may see lower out-of-pocket costs for certain Part B drugs and biologics with prices that have increased faster than the rate of inflation. For these drugs and biologics, your coinsurance will be 0-20 percent of the inflation-adjusted payment amount, which will be less than what you would pay in coinsurance otherwise.

2. Beginning July 1, 2023, you may see lower out-of-pocket costs for insulin delivered by an item of durable medical equipment. You will also not pay more than \$35 for a one-month supply of each insulin product covered by your plan.

Where you can find the current language in the 2023 Annual Notice of Change	Original information	Updated information	What does this mean for you?
Section 3, Administrative Changes	There was no administrative change listed for Medicare Part B prescription drug or Part B insulin changes.	<p>0-20% of the cost for each Medicare-covered Part B and chemotherapy drug.</p> <p>Effective April 1, 2023, Part B rebatable drugs will not exceed the coinsurance amount of the original Medicare adjusted coinsurance for the Part B rebatable drug.</p> <p>Effective July 1, 2023, a \$35 copayment for a one-month supply of Part B insulin.</p>	<p>Starting April 1, 2023, some Part B rebatable drugs may result in a lower coinsurance of 0-20%.</p> <p>Starting July 1, 2023, for Part B insulin you will not pay more than a \$35 copayment for a one-month supply.</p>