



Univera SeniorChoice Advanced (HMO-POS) offered by Univera Healthcare

Annual Notice of Changes for 2024

You are currently enrolled as a member of Univera SeniorChoice Advanced (HMO-POS). Next year, there will be changes to the plan's costs and benefits. Please see page 1 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 www.UniveraMedicare.com. You may also call Customer Care to ask us to mail you an Evidence of Coverage.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medicare 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 2024 "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 2024 handbook.

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- 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, 2023, you will stay in Univera SeniorChoice Advanced (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start January 1, 2024. This will end your enrollment with Univera SeniorChoice Advanced (HMO-POS).
- 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 Customer Care number at 1-877-883-9577 for additional information. (TTY users should call 1-800-662-1220.) Hours are Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. This call is free.
- This information may be available in a different format, including large print, audio, and braille.
- **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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Univera SeniorChoice Advanced (HMO-POS)

- Univera Healthcare is an HMO-POS plan with a Medicare contract. Enrollment in Univera Healthcare depends on contract renewal.
- When this document says "we", "us", or "our", it means Univera Healthcare. When it says "plan" or "our plan," it means Univera SeniorChoice Advanced (HMO-POS).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Univera SeniorChoice Advanced (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* * Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p>	<p>\$33</p>	<p>\$28.40</p>
<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 1.2 for details.)</p>	<p>From network providers: \$7,200</p>	<p>From network providers: \$7,200</p>
<p>Doctor office visits</p>	<p>Primary care visits: You pay a \$5 copayment in-network per visit. You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p> <p>Specialist visits: You pay a \$30 copayment in-network per visit. You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>	<p>Primary care visits: You pay a \$5 copayment in-network per visit. You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p> <p>Specialist visits: You pay a \$30 copayment in-network per visit. You pay 30% coinsurance of the total cost out-of-network per visit. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p>In-network: You pay a \$360 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>	<p>In-network: You pay a \$360 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission.</p> <p>Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>
<p>Inpatient mental health and chemical dependency admission</p>	<p>In-network: You pay a \$315 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p>Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>	<p>In-network: You pay a \$315 copayment per day for days 1 through 5 for covered hospital care. Thereafter, you pay a \$0 copayment for additional Medicare-covered days during your hospital admission</p> <p>Out-of-network: You pay 30% coinsurance of the total cost. The plan will reimburse a maximum of \$3,000 for out-of-network (POS) services per calendar year.</p>

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$100 (drugs in Tiers 3-5) except for covered insulin products and most adult Part D vaccines.</p> <p>Copayments/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$0 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$5 copayment.</i> <p>Drug Tier 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$14 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$19 copayment.</i> 	<p>Deductible: \$100 (drugs in Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines.</p> <p>Copayments/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$0 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$5 copayment.</i> <p>Drug Tier 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$14 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$19 copayment.</i>

Cost	2023 (this year)	2024 (next year)
	<p>Drug Tier 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$42 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$47 copayment.</i> <p>Drug Tier 3, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.</i> <p>Drug Tier 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$95 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$100 copayment.</i> <p>Drug Tier 4, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month</i> 	<p>Drug Tier 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$42 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$47 copayment.</i> <p>Drug Tier 3, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.</i> <p>Drug Tier 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: \$95 copayment.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: \$100 copayment.</i> <p>Drug Tier 4, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month</i>

Cost	2023 (this year)	2024 (next year)
	<p>supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: 31% coinsurance.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: 31% coinsurance.</i> <p>Drug Tier 5, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.</i> 	<p>supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: 31% coinsurance.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: 31% coinsurance.</i> <p>Drug Tier 5, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.</i> <input type="checkbox"/> <i>Standard Pharmacy cost-sharing: You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.</i>

Cost	2023 (this year)	2024 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> □ During this payment stage, the plan pays most of the cost for your covered drugs. □ For each prescription, you pay whichever of these is larger: <ul style="list-style-type: none"> ○ a payment equal to 5% of the cost of the drug (this is called coinsurance), or ○ a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> □ During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$33	\$28.40

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
 Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,200	\$7,200 Once you have paid \$7,200 out-of-pocket for Part A and Part B covered services, you will pay nothing for your Part A and Part B covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.UniveraMedicare.com. You may also call Customer Care for updated provider and pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Care so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Emergency Room (Worldwide)	\$95 copayment	\$100 copayment

Cost	2023 (this year)	2024 (next year)
<p>Enhanced Disease Management Program</p>	<p>Not Available</p>	<p>\$0 copayment This benefit is for members who have a muscular skeleton disease. If you qualify for this program we will reach out to you. The member will be evaluated by an orthopedic focused physician for appropriateness for the program and will be assigned a care management team which will perform physical therapy/ coaching/physician reviews/ dietary visits through a digital tool on a smart device or web-based platform, as well as having access to exercises, care plan goals, and asynchronous text messaging with caregivers. The management program is designed to limit pain and member frustration, eliminate unnecessary opioid usage, unnecessary procedures and surgeries, re-operations, and surgical complications by using a whole person, personalized care approach.</p>

Cost	2023 (this year)	2024 (next year)
<p>Health Education Program</p>	<p>Not Available</p>	<p>\$0 copayment This benefit is for members who have stage 4 or 5 chronic kidney disease. If you qualify for this program we will reach out to you. Once you enter the program, you will be assigned a multi-disciplinary care team who will focus on evidence-based, guideline-driven patient education, patient engagement, self-management, management of comorbidities, coordination of care, as well as behavior change counseling and patient navigation services. The goal of the education program is to prolong kidney function, decrease the progression of chronic kidney disease and enable engaged members requiring and selecting renal replacement therapy to experience an optimal transition. The program is offered virtually and in-person.</p>

Cost	2023 (this year)	2024 (next year)
Medicare Part B Prescription Drugs (not self administered) Chemotherapy Drugs, Part B Injectable Drugs / J codes (not self administered)	Note: changed mid year 2023 as a result of the Inflation Reduction Act. Baseline is 20% with 0-20% range for drugs impacted by the Inflation Rebate Program. Drugs and percentage can change quarterly.	Baseline is 20% with 0-20% range for drugs impacted by the Inflation Rebate Program. Drugs and percentage can change quarterly.
Over-the-counter (OTC) Items (Supplemental)	Over-the-counter health related items like vitamins, sunscreen, pain relievers, cough and cold medicine, and bandages are covered. OTC items are purchased through a catalog, once per quarter, and are not available through retail stores. You do not need a prescription. More information will be sent to you in the mail.	Over-the-counter health related items like vitamins, sunscreen, pain relievers, cough and cold medicine, bandages, and Covid-19 testing kits (new for 2024) are covered. OTC items are purchased through a catalog, once per quarter, and are not available through retail stores. You do not need a prescription. More information will be sent to you in the mail. New for 2024, you will be allowed to self-pay for anything above your allowance. Only 1 purchase per quarter.
Part B Insulin used in a traditional insulin pump	Note: changed mid year 2023 as a result of the Inflation Reduction Act. \$35 copayment for a 30-day supply, in network	\$35 copayment for a 30-day supply, in network
Pulmonary Rehabilitation	\$20 copayment, in network	\$15 copayment, in network
Skilled Nursing Facility Days 21-100	\$196 copayment per day, in network	\$203 copayment per day, in network
Supervised Exercise Therapy (SET)	\$20 copayment, in network	\$15 copayment, in network

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

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 Care for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We 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 if you haven’t received this insert by September 30, 2023, please call Customer Care and ask for the LIS Rider.

There are four **drug payment stages**.

The information below shows the changes for next year 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	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Preferred Brand, Non-Preferred Drug and Specialty drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$100.</p>	<p>The deductible is \$100.</p>
	<p>During this stage, you pay \$0 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and \$5 standard pharmacy cost sharing per prescription and \$14 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$19 standard pharmacy cost sharing per prescription and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible.</p>	<p>During this stage, you pay \$0 preferred pharmacy cost sharing per prescription for drugs on Preferred Generic tier and \$5 standard pharmacy cost sharing per prescription and \$14 preferred pharmacy cost sharing per prescription for drugs on Generic tier and \$19 standard pharmacy cost sharing per prescription and the full cost of drugs on Preferred Brand, Non-Preferred Drug, and Specialty tiers until you have reached the yearly deductible.</p>

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (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 Evidence of Coverage.</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>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Preferred Generic (Tier 1):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$0 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$5 copayment. <p>Generic (Tier 2):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$14 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$19 copayment. 	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Preferred Generic (Tier 1):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$0 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$5 copayment. <p>Generic (Tier 2):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$14 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$19 copayment.
	<p>Drug Tier 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment. <p>Drug Tier 3, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier. 	<p>Drug Tier 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: \$42 copayment. <input type="checkbox"/> Standard Pharmacy cost-sharing: \$47 copayment. <p>Drug Tier 3, Insulin:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preferred Pharmacy cost-sharing: You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier.

Stage	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li data-bbox="699 260 1073 520">☐ <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="699 541 889 577">Drug Tier 4: <li data-bbox="699 583 1032 695">☐ <i>Preferred Pharmacy cost-sharing:</i> \$95 copayment. <li data-bbox="699 701 1032 812">☐ <i>Standard Pharmacy cost-sharing:</i> \$100 copayment. <li data-bbox="699 833 1019 869">Drug Tier 4, Insulin: <li data-bbox="699 875 1073 1136">☐ <i>Preferred Pharmacy cost-sharing:</i> You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="699 1142 1073 1402">☐ <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="699 1423 889 1459">Drug Tier 5: <li data-bbox="699 1465 1032 1577">☐ <i>Preferred Pharmacy cost-sharing:</i> 31% coinsurance. <li data-bbox="699 1583 1032 1694">☐ <i>Standard Pharmacy cost-sharing:</i> 31% coinsurance. <li data-bbox="699 1715 1019 1751">Drug Tier 5, Insulin: <li data-bbox="699 1757 1073 1934">☐ <i>Preferred Pharmacy cost-sharing:</i> You pay \$30 for each covered insulin per month supply of each covered 	<ul style="list-style-type: none"> <li data-bbox="1105 260 1479 520">☐ <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="1105 541 1295 577">Drug Tier 4: <li data-bbox="1105 583 1440 695">☐ <i>Preferred Pharmacy cost-sharing:</i> \$95 copayment. <li data-bbox="1105 701 1440 812">☐ <i>Standard Pharmacy cost-sharing:</i> \$100 copayment. <li data-bbox="1105 833 1427 869">Drug Tier 4, Insulin: <li data-bbox="1105 875 1484 1136">☐ <i>Preferred Pharmacy cost-sharing:</i> You pay \$30 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="1105 1142 1484 1402">☐ <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier. <li data-bbox="1105 1423 1295 1459">Drug Tier 5: <li data-bbox="1105 1465 1440 1577">☐ <i>Preferred Pharmacy cost-sharing:</i> 31% coinsurance. <li data-bbox="1105 1583 1440 1694">☐ <i>Standard Pharmacy cost-sharing:</i> 31% coinsurance. <li data-bbox="1105 1715 1427 1751">Drug Tier 5, Insulin: <li data-bbox="1105 1757 1484 1934">☐ <i>Preferred Pharmacy cost-sharing:</i> You pay \$30 for each covered insulin per month

Stage	2023 (this year)	2024 (next year)
	insulin product on this tier. <input type="checkbox"/> <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.	supply of each covered insulin product on this tier. <input type="checkbox"/> <i>Standard Pharmacy cost-sharing:</i> You pay \$35 for each covered insulin per month supply of each covered insulin product on this tier.
	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage.

SECTION 2 Administrative Changes

Cost	2023 (this year)	2024 (next year)
<p>Member Card</p>	New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2022, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2023.	New member cards will be mailed in mid December. If you don't receive your ID card by 12/31/2023, please contact our Customer Care department. It is important for you to show providers and pharmacists your new card whenever you receive services beginning 1/1/2024.

Cost	2023 (this year)	2024 (next year)
Opt out of phone calls	Please call Customer Care, if you would like to opt out of receiving phone calls from us.	Please call Customer Care, if you would like to opt out of receiving phone calls from us.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Univera SeniorChoice Advanced (HMO-POS)

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 Univera SeniorChoice Advanced (HMO-POS) for 2024.

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 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2024 handbook call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Univera Healthcare 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 Univera SeniorChoice Advanced (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Univera SeniorChoice Advanced (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this.
 - or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In New York, the SHIP is called Health Insurance Information Counseling and Assistance Program (HIICAP).

It is a state program that gets money from the Federal Government to give **free** local health insurance counseling to people with Medicare. HIICAP 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 HIICAP at 1-800-701-0501. You can learn more about HIICAP by visiting their website (aging.ny.gov/programs/medicare-and-health-insurance).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day / 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 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.** New York has a program called Elderly Pharmaceutical Insurance Program (EPIC) 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 HIV Uninsured Care Programs, Empire Station, P.O. Box 2052, Albany, NY 12220-0052. You can learn more about the ADAP in New York State by visiting their website (www.health.ny.gov/diseases/aids/general/resources/adap/). For information on eligibility criteria, covered drugs, or how to enroll in the program:
 - call 1-800-542-2437 or 1-844-682-4058 (in-state, toll free); 1-518-459-1641 (out of state); 1-518-459-0121 (TDD) Monday through Friday, 8:00 am - 5:00 pm. or
 - email adap@health.ny.gov

SECTION 7 Questions?

Section 7.1 – Getting Help from Univera SeniorChoice Advanced (HMO-POS)

Questions? We’re here to help. Please call Customer Care at 1-877-883-9577. (TTY only, call 1-800-662-1220.) We are available for phone calls Monday - Friday, 8:00 a.m. - 8:00 p.m. Representatives are also available 8:00 a.m. - 8:00 p.m., Monday - Sunday, from October 1 - March 31. Calls to these numbers are free.

Read your 2024 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 2024. For details, look in the 2024 Evidence of Coverage for Univera SeniorChoice Advanced (HMO-POS). 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.UniveraMedicare.com. You may also call Customer Care to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.UniveraMedicare.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 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 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 2024

Read the Medicare & You 2024 handbook. Every fall, this document 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.