Independence

Keystone 65 HMO

Keystone 65 Preferred Medical-Only (HMO) offered by Keystone Health Plan East, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Keystone 65 Preferred Medical-Only. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.ibxmedicare.com/EOC. You may also call our Member Help Team to ask us to mail you an *Evidence of Coverage*.

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

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you

- Review the changes to Medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ 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 Keystone 65 Preferred Medical-Only.

- 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 Keystone 65 Preferred Medical-Only.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Help Team number at 1-800-645-3965 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.
- To receive this document in an alternate format such as braille, large print or audio, please contact our Member Help Team.
- **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 Keystone 65 Preferred Medical-Only

- Keystone 65 offers HMO plans with a Medicare contract. Enrollment in Keystone 65 Medicare Advantage plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Keystone Health Plan East, Inc. When it says "plan" or "our plan," it means Keystone 65 Preferred Medical-Only.

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Annual Notice of Changes for 2023
Table of Contents

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Keystone 65 Preferred Medical-Only in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 1.1 for details.)	$178	$176
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,800	$3,800
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $40 copayment per visit	Primary care visits: $0 copayment per visit Specialist visits: $40 copayment per visit
Inpatient hospital stays	$225 copayment per day for days 1-6 per admission $1,350 maximum copayment per admission	$225 copayment per day for days 1-6 per admission $1,350 maximum copayment per admission

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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.)	$178	$176

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. 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)
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 does not count toward your maximum out-of-pocket amount.	$3,800 Once you have paid $3,800 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.	$3,800 Once you have paid $3,800 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.

Section 1.3 – Changes to the Provider Network

An updated *Provider/Pharmacy Directory* is located on our website at www.ibxmedicare.com. You may also call our Member Help Team for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory.*

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

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our Member Help Team 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	2022 (this year)	2023 (next year)
Emergency care	You pay a $90 copay per visit.	You pay a $95 copay per visit.

Cost	2022 (this year)	2023 (next year)
Fitness benefit	Members receive: • A basic fitness membership to participating SilverSneakers facilities • Access to basic gym amenities and SilverSneakers fitness classes if available at those facilities, with the goal of improving general member health In addition, members may choose to receive: • One in-home SilverSneakers Steps exercise kit per year. Members must use a SilverSneakers network gym/fitness center and enroll in the SilverSneakers program. No payment can be made for membership fees/dues prior to a member enrolling in our plan and enrolling in the SilverSneakers program. Gym memberships and services received from non-SilverSneakers fitness centers will be denied.	Members receive: • A physical and cognitive fitness membership through a plan-specific vendor to help improve general health and well-being • Access to a participating gym network, on-demand and livestreamed digital content, cognitive fitness program, home kits, and curated health and wellness events Members must use a One Pass network gym/fitness center and enroll in the One Pass program. No payment can be made for membership fees/dues prior to a member enrolling in our plan and enrolling in the One Pass program. Gym memberships and services received from non-One Pass fitness centers will be denied.
Hearing services	Premium hearing aids are available in rechargeable style options.	**Both** Advanced and Premium hearing aids are available in rechargeable style options.

Cost	2022 (this year)	2023 (next year)
Outpatient mental health care	You pay a $40 copay for each individual/group therapy session.	You pay a $30 copay for each individual therapy session. You pay a $20 copay for each group therapy session. Includes Medicare-covered telehealth. See the "Physician/Practitioner services, including doctor's office visits" row of the Medical Benefits Chart in Chapter 4 of your 2023 *Evidence of Coverage* for further detail. This benefit does **not** include Telemedicine services from MDLIVE.
Outpatient substance abuse care	You pay a $40 copay for each individual/group therapy session.	You pay a $30 copay for each individual therapy session. You pay a $20 copay for each group therapy session. Includes Medicare-covered telehealth. See the "Physician/Practitioner services, including doctor's office visits" row of the Medical Benefits Chart in Chapter 4 of your 2023 *Evidence of Coverage* for further detail. This benefit does **not** include Telemedicine services from MDLIVE.
Partial hospitalization	You pay a $40 copay per day.	You pay a $30 copay per day.

Cost	2022 (this year)	2023 (next year)
Skilled Nursing Facility (SNF) care	You pay a $188 copay per day for days 21-100.	You pay a $196 copay per day for days 21-100.
Special Supplemental Benefits for the Chronically Ill – Grocery benefit	Members must have **both** diabetes and depression to be eligible.	Members must have **both** diabetes and depression or diabetes and a depressive disorder to be eligible.
Special Supplemental Benefits for the Chronically Ill – Meals program	Participation in the medical management Transitions of Care Program is **not** required. **Two groups of members are eligible:** Group 1 members must have a new diagnosis of one of the following conditions: • Colorectal cancer • Endometrial cancer • Male or female breast cancer • Lung cancer • Prostate cancer Group 2 members must have **both** of the following conditions: • Diabetes • Congestive heart failure (CHF) **For members in Group 2:** Meals will be provided after discharge to the home following an inpatient acute hospital, skilled nursing facility, long-term acute care facility, acute rehabilitation facility, or rehabilitation facility stay.	Participation in the medical management Transitions of Care Program is required. **Two groups of members are eligible:** Group 1 members must have a new diagnosis of one of the following conditions: • Colorectal cancer • Endometrial cancer • Male or female breast cancer • Lung cancer • Prostate cancer Group 2 members must have **both** of the following conditions: • Diabetes • Congestive heart failure (CHF) **For members in both groups:** Meals will be provided after discharge to the home following an inpatient acute hospital, skilled nursing facility, long-term acute care facility, acute rehabilitation facility, or rehabilitation facility stay.

Cost	2022 (this year)	2023 (next year)
Telehealth services	Telehealth for the following services is **not** covered: Telehealth services for diagnosis, evaluation, and treatment of mental health disorders if: • You have an in-person visit within 6 months prior to your first telehealth visit. • You have an in-person visit every 12 months while receiving these telehealth services. • Exceptions can be made to the above for certain circumstances. • Telehealth services for PCP visits • Telehealth services for specialist and other health care professional visits • Telehealth services for physical therapy, occupational therapy, and speech therapy visits • Telehealth services for individual and group therapy sessions focused on mental health and substance abuse	Telehealth for the following services is covered: Telehealth services for diagnosis, evaluation, and treatment of mental health disorders if: • You have an in-person visit within 6 months prior to your first telehealth visit. • You have an in-person visit every 12 months while receiving these telehealth services. • Exceptions can be made to the above for certain circumstances. You have the option of getting these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth. • You pay a $0 copay for telehealth services for PCP visits • You pay a $40 copay for telehealth services for specialist and other health care professional visits • You pay a $20 copay for telehealth services for physical therapy, occupational therapy, and speech therapy visits

(continued)

Cost	2022 (this year)	2023 (next year)
Telehealth services (continued)		• You pay a $30 copay for telehealth services for each individual therapy session and a $20 copay for each group therapy session focused on mental health and substance abuse Prior authorization is required for select services. This benefit does **not** include Telemedicine services from MDLIVE.
Telemedicine visits through MDLIVE	Dermatology services are **not** available.	You pay a $0 copay for dermatology visits through MDLIVE *(treating and diagnosing skin, hair, and nail conditions)*. You must use MDLIVE to receive this service at no cost. Additional telehealth services received from other in-network providers will include an in-office copay. Not all services can be provided as a telehealth visit. See the "Physician/Practitioner services, including doctor's office visits" row of the Medical Benefits Chart in Chapter 4 of your 2023 *Evidence of Coverage* for further detail.

Cost	2022 (this year)	2023 (next year)
Uniform flexibility – Transportation	12 one-way trips per year to plan-approved medical facilities Mode of transportation includes taxi, rideshare services, van, medical transport.	24 one-way trips per year to plan-approved medical facilities Mode of transportation includes taxi, rideshare services, van, medical sedan, and wheelchair van. Limit of 80 miles per one-way trip.
Worldwide emergency/urgent coverage	You pay a $90 copay per visit for worldwide emergency/urgent coverage.	You pay a $95 copay per visit for worldwide emergency/urgent coverage.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Keystone 65 Preferred Medical-Only

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 Keystone 65 Preferred Medical-Only.

Section 2.2 – 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. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Keystone Health Plan East, Inc., offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Keystone 65 Preferred Medical-Only.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Keystone 65 Preferred Medical-Only.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact our Member Help 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, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

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

SECTION 4 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 Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI 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 PA MEDI at 1-800-783-7067. You can learn more about PA MEDI by visiting their website (www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx).

SECTION 5 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.** Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) 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.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Pennsylvania Office of Medical Assistance Programs (OMAP). **Note**: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/underinsured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Please call the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384.

SECTION 6 Questions?

Section 6.1 – Getting Help from Keystone 65 Preferred Medical-Only

Questions? We're here to help. Please call our Member Help Team at 1-800-645-3965. (TTY/TDD: 711). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. 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 Keystone 65 Preferred Medical-Only. 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.ibxmedicare.com/EOC. You may also call our Member Help Team to ask us to mail you an *Evidence of Coverage.*

Visit our Website

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

Section 6.2 – 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.