

# Your guide to your 2023 benefits

*Annual Notice of Changes*

## Amerivantage Balance Plus (HMO)

Customer Service:  
**1-833-713-1073** TTY: 711

[www.amerigroup.com/medicare](http://www.amerigroup.com/medicare)

Thanks for being a  
member.



**No action is required  
— your plan will auto-  
renew in December.**





## Thank you for being a valued member

We appreciate your continued trust in us as your healthcare partner. Amerigroup is committed to delivering affordable healthcare and helping our members to improve and maintain their health. We are focused on delivering care that has the power to improve whole-person health so you can focus on the things you love.

We are putting people at the center of everything we do. This is why our Medicare Advantage plans are created to offer the benefits and services that members like you will find most useful to help save money and be your healthiest.

This booklet makes it easier to understand next year's coverage. Your Annual Notice of Changes compares your 2022 benefits to your 2023 benefits. Your 2023 plan information will be available online within your secure online account at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare) on October 15 in preparation for the Annual Election Period that runs from October 15 through December 7, 2022.

**You've made a great choice for healthcare. You don't have to do anything to keep your current coverage. Your policy will automatically renew in December.**

Thanks again for being a valued Amerigroup member. If you have any questions, you can always call us at **1-833-713-1073** (TTY: 711).





## Amerivantage Balance Plus (HMO)

offered by Amerigroup

# Annual Notice of Changes for 2023

You are currently enrolled as a member of Amerivantage Balance Plus (HMO). 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 at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). You may also call Customer Service 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).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the *2023 Drug List* to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

### 2. Compare: Learn about other plan choices.

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

### 3. Choose: Decide whether you want to change your plan.

- ☐ If you don't join another plan by **December 7, 2022**, you will stay in Amerivantage Balance Plus (HMO).
- ☐ 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 Amerivantage Balance Plus (HMO).
- ☐ 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 our without a separate Medicare prescription drug plan) at any time.

#### Additional resources:

- ☐ Please contact our Customer Service number at **1-833-713-1073** for additional information. (TTY users should call **711**.) Hours are from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- ☐ This document is available to order in braille, large print and audio. To request this document in an alternate format, please call Customer Service at the phone number printed on the front cover of this document.
- ☐ **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/affordable-care-act/individuals-and-families](http://www.irs.gov/affordable-care-act/individuals-and-families) for more information.

#### About Amerivantage Balance Plus (HMO)

- ☐ Amerigroup Community Care is an HMO plan with a Medicare contract. Enrollment in Amerigroup Community Care depends on contract renewal.
- ☐ When this document says “we,” “us,” or “our”, it means Amerigroup. When it says “plan” or “our plan,” it means Amerivantage Balance Plus (HMO).

# Annual Notice of Changes for 2023

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## Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for Amerivantage Balance Plus (HMO) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium<sup>1</sup></b> Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$23.30	\$9.30
<b>Maximum out-of-pocket amount</b> 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.)	\$4,900.00	\$4,900.00
<b>Doctor office visits</b>	Primary care visits: In-network \$0.00 copay per visit Specialist visits: In-network \$25.00 copay per visit	Primary care visits: In-network \$0.00 copay per visit Specialist visits: In-network \$25.00 copay per visit
<b>Inpatient hospital stays</b>	In-network: Days 1-6: \$295.00 per day, per admission / Days 7-90: \$0.00 per day, per admission	In-network: Days 1-6: \$295.00 per day, per admission / Days 7-90: \$0.00 per day, per admission
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$480.00 The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.	Deductible: \$505.00 If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible,



Cost	2022 (this year)	2023 (next year)
	<p data-bbox="630 317 976 426">Copays or Coinsurance during the initial coverage stage:</p> <p data-bbox="630 632 976 1045"><b>Tier 1: Preferred Generic:</b> <i>Preferred cost sharing:</i> \$0.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p data-bbox="630 1236 976 1650"><b>Tier 2: Generic:</b> <i>Preferred cost sharing:</i> \$9.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p data-bbox="630 1841 976 1908"><b>Tier 3: Preferred Brand:</b> <i>Preferred cost sharing:</i></p>	<p data-bbox="1091 317 1390 415">Initial, Gap, and Catastrophic coverage stages.</p> <p data-bbox="1091 453 1437 562">Copays or Coinsurance during the initial coverage stage:</p> <p data-bbox="1091 632 1471 1199"><b>Tier 1: Preferred Generic:</b> <i>Preferred cost sharing:</i> \$10.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p data-bbox="1091 1236 1471 1803"><b>Tier 2: Generic:</b> <i>Preferred cost sharing:</i> \$20.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p data-bbox="1091 1841 1411 1875"><b>Tier 3: Preferred Brand:</b></p>

Cost	2022 (this year)	2023 (next year)
	<p>\$37.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p><b>Tier 4: Non-Preferred Drug:</b> <i>Preferred cost sharing:</i> \$90.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p><b>Tier 5: Specialty Tier:</b> <i>Preferred cost sharing:</i> 25%<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p>	<p><i>Preferred cost sharing:</i> \$37.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p><b>Tier 4: Non-Preferred Drug:</b> <i>Preferred cost sharing:</i> \$90.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p><b>Tier 5: Specialty Tier:</b> <i>Preferred cost sharing:</i> 25%<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing) If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and</p>

Cost	2022 (this year)	2023 (next year)
	<p><b>Tier 6: Select Care Drugs:</b>  <i>Preferred cost sharing:</i>            \$0.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing)</p> <p>The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p>	<p>Catastrophic coverage stages.</p> <p><b>Tier 6: Select Care Drugs:</b>  <i>Preferred cost sharing:</i>            \$10.00<sup>1</sup> (30-day supply at retail network pharmacies that offer preferred cost sharing)</p> <p>If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p>

## 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$23.30	\$9.30
<b>Optional supplemental benefits monthly plan premium</b>	Preventive Dental Package - \$7.00 Dental and Vision Package - \$27.00 Enhanced Dental and Vision Package - \$49.00	Preventive Dental Package - \$6.00 Dental and Vision Package - \$27.00 Enhanced Dental and Vision Package - \$49.00

- ☐ 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. 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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,900.00	\$4,900.00 Once you have paid \$4,900.00 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 and pharmacy networks

Updated directories are also located on our website at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). You may also call Customer Service for updated provider and/or pharmacy information or ask us to mail you a directory.

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

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

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

### Section 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)
<b>Air Ambulance</b>	20% coinsurance	\$235.00 copay
<b>Cardiac Rehabilitation Services</b>	\$45.00 copay	\$40.00 copay

Cost	2022 (this year)	2023 (next year)
Pulmonary rehabilitation services	<b>\$30.00</b> copay	<b>\$20.00</b> copay
Skilled nursing facility (SNF) care	SNF Days 1 - 20: <b>\$0.00</b> per day / Days 21 - 100: <b>\$188.00</b> per day	SNF Days 1 - 20: <b>\$0.00</b> per day / Days 21 - 100: <b>\$196.00</b> per day
Everyday Extras	<p>Your plan covers additional services not covered by Original Medicare. You may choose <b>TWO (2)</b> Everyday Extras supplemental benefit option below to add to your coverage at no additional premium.</p> <p>Please see the Evidence of Coverage for more details.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistive Devices: <b>\$500</b> annual allowance</li> <li><input type="checkbox"/> Flex Account – Dental, Vision, Hearing: <b>\$500</b> annual allowance</li> <li><input type="checkbox"/> Health &amp; Fitness Tracker: One device every 2 years</li> <li><input type="checkbox"/> Healthy Groceries: <b>\$50</b> monthly allowance</li> <li><input type="checkbox"/> Healthy Meals - Chronic Condition: 90 meals / 2 events</li> <li><input type="checkbox"/> In-Home Support: 60 hours per year</li> <li><input type="checkbox"/> Personal Home Helper: 124 hours every year</li> <li><input type="checkbox"/> Pest Control: Once quarterly or one specialty treatment every year</li> <li><input type="checkbox"/> Transportation: 60 one-way trips every year</li> </ul>	<p>Your plan covers additional services not covered by Original Medicare. You may choose <b>TWO (2)</b> Everyday Extras supplemental benefit option below to add to your coverage at no additional premium.</p> <p>Please see the Evidence of Coverage for more details.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistive Devices: <b>\$500</b> annual allowance</li> <li><input type="checkbox"/> Flex Account – Dental, Vision, Hearing: <b>\$500</b> annual allowance</li> <li><input type="checkbox"/> Flex Account - Utilities: <b>\$50</b> every month</li> <li><input type="checkbox"/> Healthy Groceries: <b>\$50</b> monthly allowance</li> <li><input type="checkbox"/> In-Home Support: 60 hours per year</li> <li><input type="checkbox"/> Transportation: 60 one-way trips every year</li> </ul>

Cost	2022 (this year)	2023 (next year)
<b>Special Supplemental Benefits for the Chronically III</b>	<p><b>Service Dog Support:</b> \$0.00 copay</p> <p>This plan offers a <b>\$500</b> allowance per year to purchase items from a predetermined selection of dog supplies for the qualifying ADA service dog.</p> <p><b>Healthy Pantry:</b> \$0.00 copay</p> <p>Eligible members will receive nutritional/dietary counseling to assess individual needs and a monthly box of food staples that will consist of a variety of shelf-stable or non-perishable foods that can vary each month.</p> <p>Required to meet the Special Supplemental Benefits for the Chronically III criteria outlined in Chapter 4 of the Evidence of Coverage.</p>	<p><b>Service Dog Support:</b> \$0.00 copay</p> <p>This plan offers a <b>\$500</b> allowance per year to purchase items from a predetermined selection of dog supplies for the qualifying ADA service dog.</p> <p><b>Healthy Pantry:</b> This plan does <u>not</u> offer this benefit.</p> <p>Required to meet the Special Supplemental Benefits for the Chronically III criteria outlined in Chapter 4 of the Evidence of Coverage.</p>
<b>Health and fitness tracker</b>	<p>This plan offers this benefit as part of the Everyday Extras selection package and you must select it as one of your benefit selections to add to your coverage.</p> <p>This plan benefit includes: 1 wearable device every 2 years to promote an active lifestyle with access to a web-based memory fitness program.</p>	<p>Members can receive this benefit without having to select it as an option within a package.</p> <p><b>\$0.00</b> copay</p> <p>This plan benefit includes: 1 wearable device every 2 years to promote an active lifestyle.</p>

## 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*, 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 Customer Service for more information.

### Changes to prescription drug costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*” (also called the “*Low-Income Subsidy Rider*” or the “*LIS Rider*”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Customer Service and ask for the “*LIS Rider*.”

There are four “drug payment stages.” The information below shows the changes to the first two stages – the yearly deductible stage and the initial coverage stage. (Most members do not reach the other two stages – the coverage gap stage or the catastrophic coverage stage.)

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** – You won’t pay more than \$35.00 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. If you receive “Extra Help”, you pay \$0.00 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)
<b>Stage 1: Yearly deductible stage</b>	The deductible is \$480.00.	The deductible is \$505.00.



Stage	2022 (this year)	2023 (next year)
	<p>During this stage, you pay the copays listed under Stage 2: Initial coverage stage of your Tier 1: Preferred Generic and Tier 6: Select Care Drugs and the full cost of your Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier until you have reached the yearly deductible. The amount you pay will depend on if you qualify for low-income (LIS), also known as Medicare's "Extra Help" program.</p>	<p>During this stage, you pay the full cost of your Medicare-covered drugs until you have reached the yearly deductible. If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p>

### Changes to your cost sharing in the initial coverage stage

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial coverage stage</b>	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:

Stage	2022 (this year)	2023 (next year)
<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 <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. 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 <i>Drug List</i>. To see if your drugs will be in a different tier, look them up on the <i>Drug List</i>.</p>	<p><b>Tier 1: Preferred Generic</b>  <i>Standard cost sharing:</i>            You pay \$0.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$0.00* per prescription.            The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p><b>Tier 2: Generic</b>  <i>Standard cost sharing:</i>            You pay \$9.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$9.00* per prescription.            The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p>	<p><b>Tier 1: Preferred Generic</b>  <i>Standard cost sharing:</i>            You pay \$10.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$10.00* per prescription.            If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p><b>Tier 2: Generic</b>  <i>Standard cost sharing:</i>            You pay \$20.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$20.00* per prescription.            If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p>

Stage	2022 (this year)	2023 (next year)
	<p><b>Tier 3: Preferred Brand</b>  <i>Standard cost sharing:</i>            You pay \$47.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$37.00* per prescription.</p> <p>The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p><b>Tier 4: Non-Preferred Drug</b>  <i>Standard cost sharing:</i>            You pay \$100.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$90.00* per prescription.</p> <p>The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p>	<p><b>Tier 3: Preferred Brand</b>  <i>Standard cost sharing:</i>            You pay \$47.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$37.00* per prescription.</p> <p>If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p><b>Tier 4: Non-Preferred Drug</b>  <i>Standard cost sharing:</i>            You pay \$100.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$90.00* per prescription.</p> <p>If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p>

Stage	2022 (this year)	2023 (next year)
	<p><b>Tier 5: Specialty Tier</b>  <i>Standard cost sharing:</i>            You pay 25%* of the total cost.  <i>Preferred cost sharing:</i>            You pay 25%* of the total cost.            The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p><b>Tier 6: Select Care Drugs</b>  <i>Standard cost sharing:</i>            You pay \$0.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$0.00* per prescription.            The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 5: Specialty Tier</b>  <i>Standard cost sharing:</i>            You pay 25%* of the total cost.  <i>Preferred cost sharing:</i>            You pay 25%* of the total cost.            If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p><b>Tier 6: Select Care Drugs</b>  <i>Standard cost sharing:</i>            You pay \$10.00* per prescription.  <i>Preferred cost sharing:</i>            You pay \$10.00* per prescription.            If you receive "Extra Help", this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

## Section 2. Administrative changes

Description	2022 (this year)	2023 (next year)
<b>Advanced Directives Program</b>	This plan does not offer an advance planning service.	You will have access to an online advance care planning resource.
<b>Part D Reduced Cost Sharing/LIS Buydown</b>	If you receive “Extra Help”, you may pay a reduced deductible and copayment for covered Part D drugs.	If you receive “Extra Help”, this plan will cover all of your Medicare-covered Part D drugs included on the plan formulary at a \$0.00 copay during the Deductible, Initial, Gap, and Catastrophic coverage stages.
<b>Referrals and prior authorization</b>	Your plan may require referrals and/or prior authorizations for most services.	Your plan has removed referral and/or prior authorization requirements for select services. Please refer to your <i>Evidence of Coverage</i> for referral and prior authorization requirements.
<b>Pharmacy benefit manager</b>	Your pharmacy benefit manager name is IngenioRx.	Your pharmacy benefit manager name is CarelonRx. This name change will not impact your benefits or how you fill your prescriptions.

## Section 3. Deciding which plan to choose

### Section 3.1 If you want to stay in Amerivantage Balance Plus (HMO)

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 Amerivantage Balance Plus (HMO).

## Section 3.2 If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2023, follow these steps:

### Step 1: Learn about and compare your choices.

- ☐ You can join a different Medicare health plan,
- ☐ OR You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Amerigroup offers other Medicare health plans and Medicare prescription drug 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 Amerivantage Balance Plus (HMO).
- ☐ **To change to Original Medicare with a prescription drug plan, enroll in the new drug plan.** You will automatically be disenrolled from Amerivantage Balance Plus (HMO).
- ☐ **To change to Original Medicare without a prescription drug plan, you must either:**
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - **OR** Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven 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, 2023.

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

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

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

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

## Section 5. Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

SHIPs are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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 the SHIP in your state at the phone number listed below. You can learn more about the SHIP in your state by visiting their website, <http://www.tnmedicarehelp.com/>.

### In Tennessee:

TN SHIP – contact information

**Call:** 1-877-801-0044

**TTY:** 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

### Write: TN SHIP

500 Deaderick Street  
Suite 825  
Nashville, TN 37243-0860

## Section 6. Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs.

- ☐ **“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, seven days a week.
  - The Social Security Office at 1-800-772-1213, between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **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 ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state.

- **In Tennessee:**

Ryan White Program

**Call:** 1-615-741-7500

TTY users should call 711.

## Section 7. Questions?

### Section 7.1 Getting help from Amerivantage Balance Plus (HMO)

Questions? We're here to help. Please call Customer Service at **1-833-713-1073**. (TTY only, call **711**.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. 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 Amerivantage Balance Plus (HMO). 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.amerigroup.com/medicare](http://www.amerigroup.com/medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our website**

You can also visit our website at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). 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 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, seven days a week. TTY users should call 1-877-486-2048.



**Visit the Medicare website**

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

**Read *Medicare & You 2023***

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



## You can access your plan documents online.

**Beginning on October 15, 2022, you can access your important plan documents online two different ways:**

1. Log in to or register for your secure online account at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). Select **My Plans** and scroll down.
2. If you don't have a secure online account, visit <https://shop.amerigroup.com/medicare> and type in your ZIP Code. Find your plan and select plan documents.

### Plan documents available on October 15, 2022:



*Evidence of Coverage:* For complete details about your coverage and costs.

- ☐ Within your secure online account at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). Select **My Plans - Medical** and scroll to plan documents.



*Formulary:* For a list of prescriptions that are covered under your plan.

- ☐ Within your secure online account at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). Select **My Plans - Pharmacy**, then choose Price a Medication.



*Provider/Pharmacy Directory:* To find an in-network doctor or pharmacy.

- ☐ Within your secure online account at [www.amerigroup.com/medicare](http://www.amerigroup.com/medicare). Select **Care - Find Care** and type the name in the search.

If you need help or want these documents mailed to you, please call us at **1-833-713-1073** (TTY: **711**).

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#### Opioid Disclaimer:

Using opioid medications to treat pain for more than seven days has serious risks like - addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are: Non opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how your plan covers these options by logging into your secure online account.

# Protecting your privacy: Where to find our Notice of Privacy Practices

## Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call 1-844-203-3796 to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at [www.amerigroup.com/privacy](http://www.amerigroup.com/privacy) or you may contact Customer Service using the contact information on your identification card.

## State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

## Your personal information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card. Or you may find more information at [www.amerigroup.com/privacy](http://www.amerigroup.com/privacy).

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-713-1073. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-713-1073. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-713-1073。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-713-1073。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 1-833-713-1073. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-713-1073. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-713-1073 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 Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-833-713-1073. 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 1-833-713-1073번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика,

позвоните нам по телефону 1-833-713-1073. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على 1-833-713-1073. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-713-1073 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-713-1073. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-713-1073. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-713-1073. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-713-1073. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-713-1073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。

Amerigroup Community Care is an HMO plan with a Medicare contract. Enrollment in Amerigroup Community Care depends on contract renewal.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.



1041921MUSENMUB\_226\_R Revised 09/12/2022  
Y0114\_23\_3002578\_U\_M\_0226 CMS Accepted

H5828 008 000 TN