



Important Plan Information

Important Message

This is an addendum to your 2023 Annual Notice of Changes and Evidence of Coverage.

In August 2022, President Biden signed the Inflation Reduction Act (IRA) of 2022 into law. The law makes improvements that provide cost-sharing protection. As part of the IRA, this addendum is to inform you of the following:

- Beginning April 1, 2023, people with Medicare may see lower out-of-pocket costs for certain Part B drugs with prices that have increased faster than the rate of inflation.
- Beginning July 1, 2023, you will not pay more than \$35 per month for a 30-day supply of Part B insulin used in traditional insulin pumps under the Durable Medical Equipment benefit.

This is a notification, and no action is required on your part for these changes to go into effect. We recommend you keep this information for future reference.

If you have any questions about this information, please contact Member Services at 1-877-336-2069. (TTY users should call 1-877-206-0500). Our hours of operation are 8am to 8pm Monday through Friday from April 1st until September 30th (our office will be closed on federal holidays). During October 1st through March 31st we are available seven days a week from 8am to 8pm (we are closed on Thanksgiving and Christmas Day).

We appreciate the trust you put in HealthSun Health Plans. Remember that taking care of your health is our priority.

HealthSun MediSun Extra (HMO D-SNP) offered by HealthSun Health Plans.

Annual Notice of Changes for 2023

You are currently enrolled as a member of HealthSun MediSun Plus (HMO D-SNP). 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.healthsun.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

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

2. COMPARE: Learn about other plan choices

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

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

- If you don't join another plan by December 7, 2022, you will stay in HealthSun MediSun Extra (HMO D-SNP).

- 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 HealthSun MediSun Extra (HMO D-SNP).
- Look in section 4, page 10 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish. Este documento está disponible en español. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 (TTY: 1-877-206-0500).
- Please contact our Member Services number at 1-877-336-2069 for additional information. (TTY users should call 1-877-206-0500.) Hours are 8am to 8pm. During October 1st through March 31st we are open seven days a week from 8am to 8pm. From April 1st through September 30th we are available Monday through Friday from 8am to 8pm.
- This document is available in other formats such as Braille, large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About HealthSun MediSun Extra (HMO D-SNP)

- HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal. The plan also has a written agreement with the Florida Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means HealthSun Health Plans (Plan/Part D Sponsor). When it says “plan” or “our plan,” it means HealthSun MediSun Extra (HMO D-SNP).

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Annual Notice of Changes for 2023

Table of Contents

Summary of Important Costs for 2023	4
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in HealthSun MediSun Extra (HMO D-SNP) in 2023	5
SECTION 2 Changes to Benefits and Costs for Next Year	6
Section 2.1 – Changes to the Monthly Premium	6
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....	6
Section 2.3 – Changes to the Provider and Pharmacy Networks.....	6
Section 2.4 – Changes to Benefits and Costs for Medical Services	7
Section 2.5 – Changes to Part D Prescription Drug Coverage	8
SECTION 3 Administrative Changes	10
SECTION 4 Deciding Which Plan to Choose.....	10
Section 4.1 – If you want to stay in HealthSun MediSun Extra (HMO D-SNP).....	10
Section 4.2 – If you want to change plans	10
SECTION 5 Changing Plans	11
SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid	11
SECTION 7 Programs That Help Pay for Prescription Drugs	12
SECTION 8 Questions?.....	12
Section 8.1 – Getting Help from HealthSun MediSun Extra (HMO D-SNP)	12
Section 8.2 – Getting Help from Medicare	13
Section 8.3 – Getting Help from Medicaid	13

Summary of Important Costs for 2023

The table below compares the 2022 costs for HealthSun MediSun Plus (HMO D-SNP) and 2023 costs for HealthSun MediSun Extra (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$34.30	\$35.90
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	Acute care: \$0 per stay Psychiatric care: \$0 per stay	Acute care: \$0 per stay Psychiatric care: \$0 per stay
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: this stage does not apply to you. Copayment during the Initial Coverage Stage: you do not pay a copay for your covered Part D drugs.	Deductible: this stage does not apply to you. Copayment during the Initial Coverage Stage: you do not pay a copay for your covered Part D drugs.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$3,450 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in HealthSun MediSun Extra (HMO D-SNP) in 2023

On January 1, 2023, HealthSun Health Plans (Plan/Part D Sponsor) will be combining HealthSun MediSun Plus (HMO D-SNP) with one of our plans, HealthSun MediSun Extra (HMO D-SNP). The information in this document tells you about the differences between your current benefits in HealthSun MediSun Plus (HMO D-SNP) and the benefits you will have on January 1, 2023 as a member of HealthSun MediSun Extra (HMO D-SNP).

If you do nothing in 2022, we will automatically enroll you in our HealthSun MediSun Extra (HMO D-SNP). This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through HealthSun MediSun Extra (HMO D-SNP). If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2023.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$34.30	\$35.90

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

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. 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.	\$3,450	\$3,450 Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.healthsun.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

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

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

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

Cost	2022 (this year)	2023 (next year)
Healthy Groceries Card	\$50 every month to buy groceries.	\$100 every month to buy groceries.
Hearing Aids	We cover two Hearing Aids every two years . \$1,500 is the maximum plan benefit covered every two years for Hearing Aids.	We cover two Hearing Aids every year . \$2,000 is the maximum plan benefit covered every year for prescribed Hearing Aids.
Meals: Post Discharge	Prior Authorization/Referral is required.	Prior Authorization/Referral is not required. Refer to the <i>2023 Evidence of Coverage</i> for more details.
Medicare Part B Prescription Drugs	You pay a \$0 copay at a medical center. You pay 20% of the total cost at a physician's office, pharmacy , or hospital.	You pay a \$0 copay at a medical center or pharmacy . You pay 20% of the total cost at a physician's office or hospital.
Over-the-Counter (OTC) Items	\$100 every month for plan-approved OTC items.	\$125 every month for plan-approved OTC items.

Cost	2022 (this year)	2023 (next year)
Readmission Prevention	We cover Readmission Prevention (personal care at-home recovery), up to 16 hours of home-based support.	Readmission Prevention is <u>not</u> covered.
Special Supplemental Benefits for the Chronically Ill (SSBCI): Personal Hygiene Care	<p>Personal Hygiene Care Eligible members will be covered up to \$25 every month for routine maintenance of scalp and hair care (washing/cutting), and hands and feet (treatment of nails).</p> <p>Required to meet the Special Supplemental Benefits for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.</p>	<p>Personal Hygiene Care Eligible members will be covered up to \$40 every month for routine maintenance of scalp and hair care (washing/cutting), and hands and feet (treatment of nails).</p> <p>Required to meet the Special Supplemental Benefits for the Chronically Ill criteria outlined in Chapter 4 of the Evidence of Coverage.</p>
Transportation for Non-Medical Needs	Transportation for non-medical needs is <u>not</u> covered.	<p>Transportation for non-medical needs is covered.</p> <p>You pay a \$0 copay.</p> <p>Members will receive up to 6 trips per year for non-medical needs to plan-approved locations.</p> <p>Refer to the <i>2023 Evidence of Coverage</i> for more details.</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website www.healthsun.com.

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 Member Services for more information.

Changes to Prescription Drug Costs

We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services 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.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	This payment stage does not apply to you.	This payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</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>You do not pay a copay for your covered Part D drugs</p> <p>_____</p>	<p>You do not pay a copay for your covered Part D drugs.</p> <p>_____</p>

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Pharmacy Benefit Manager (PBM)	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 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in HealthSun MediSun Extra (HMO D-SNP)

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 HealthSun MediSun Extra (HMO D-SNP).

Section 4.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from HealthSun MediSun Extra (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from HealthSun MediSun Extra (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 Changing Plans

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

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

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

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

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

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Serving Health Insurance Needs of Elders).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337 (TTY: 1-800-955-8770). You can learn more about SHINE by visiting their website www.floridashine.org.

For questions about your Florida Medicaid benefits, contact Florida Agency for Health Care Administration (AHCA), 1-888-419-3456. TTY users should call 1-800-955-8771. Monday through Friday from 8:00am to 5:00pm. Ask how joining another plan or returning to Original Medicare affects how you get your Florida Medicaid coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).

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 Florida AIDS Drug Assistant Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Florida AIDS Drug Assistant Program at 1-800-352-2437 (1-800-FLA-AIDS) English / 1-800-545-7432 (1-800-545-SIDA) Spanish / 1-800-243-7101 (1-800-AIDS-101) Creole. TTY: 1-888-503-7118. You can also visit on the web at <http://www.floridahealth.gov/diseases-and-conditions/aids/adap/>.

SECTION 8 Questions?

Section 8.1 – Getting Help from HealthSun MediSun Extra (HMO D-SNP)

Questions? We’re here to help. Please call Member Services at 1-877-336-2069. (TTY only, call 1-877-206-0500.) We are available for phone calls 8am to 8pm. During October 1st through March 31st we are open seven days a week from 8am to 8pm (we are closed on Thanksgiving and Christmas Day). From April 1st until September 30th we are available Monday through Friday from 8am to 8pm (our office will be closed on federal holidays). 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 HealthSun MediSun Extra (HMO D-SNP). 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.healthsun.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

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

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 8.3 – Getting Help from Medicaid

To get information from Florida's Medicaid Program you can call Florida Agency for Health Care Administration (AHCA) at 1-888-419-3456. TTY users should call 1-800-955-8771.



How to Find Important Plan Information

Provider and Pharmacy Directory • Part D Formulary (List of Covered Drugs) • OTC Formulary • Evidence of Coverage (EOC)

Please visit our website www.HealthSun.com to locate your plan's *Evidence of Coverage*, the *Part D Formulary (list of covered drugs)*, and your *OTC Formulary*. You can also download a copy of the *Provider and Pharmacy Directory* or you can use the online searchable directory on our website to find network providers and network pharmacies near you.

Your plan information for **2023** is **available on our website from October 1, 2022 until December 31, 2023.**

Please call our Member Services Department at 1-877-336-2069 (TTY: 1-877-206-0500) if you would like any one of the documents mentioned in this notice mailed to you or sent electronically. You can also e-mail MemberServicesInbox@healthsun.com.

Our hours of operations from **April 1st through September 30th** are Monday through Friday from 8am to 8pm (we are closed on Federal Holidays). During **October 1st until March 31st** we are open seven days a week from 8am to 8pm (we are closed on Thanksgiving Day and Christmas Day).

HealthSun Health Plans is a HMO plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in HealthSun Health Plan depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.