

## ***Saint Mary's ATRIO Select Rx (PPO) offered by Saint Mary's ATRIO Health Plans***

# **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Saint Mary's ATRIO Select Rx (PPO). Next year, there will be some 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 **saintmarysatrio.com**. 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.**

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### **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 do not join another plan by December 7, 2022, you stay in Saint Mary's ATRIO Select Rx.

- 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 Saint Mary's ATRIO Select Rx.
- 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.
- Please contact our Customer Service number at **1-877-672-8620** for additional information. (TTY users should call 711). Hours are 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday.
- This document is available in other alternative formats, such as large print.
- **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 Saint Mary's ATRIO Select Rx**

- ATRIO Health Plans has PPO and HMO D-SNP plans with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal.
- When this document says "we," "us," or "our," it means Saint Mary's ATRIO Health Plans. When it says "plan" or "our plan," it means Saint Mary's ATRIO Select Rx.

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Saint Mary's ATRIO Select Rx in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$20	\$20
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	<p>From network providers: \$3,500</p> <p>From network and out-of-network providers combined: \$5,000</p>	<p>From network providers: \$3,400</p> <p>From network and out-of-network providers combined: \$5,450</p>
<p><b>Doctor office visits</b></p>	<p><b><u>In-Network</u></b></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$20 copay per visit</p> <p><b><u>Out-of-Network</u></b></p> <p>Primary care visits: \$50 copay per visit</p> <p>Specialist visits: \$50 copay per visit</p>	<p><b><u>In-Network</u></b></p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$20 copay per visit</p> <p><b><u>Out-of-Network</u></b></p> <p>Primary care visits: \$50 copay per visit</p> <p>Specialist visits: \$50 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p><b><u>In-Network</u></b></p> <p>\$100 copay per day for days 1-5; \$0 copay per day for days 6 and beyond</p> <p><b><u>Out-of-Network</u></b></p> <p>50% coinsurance per stay</p>	<p><b><u>In-Network</u></b></p> <p>\$0 to \$100 per day (copay will depend on hospital facility)</p> <p><b><u>Out-of-Network</u></b></p> <p>50% coinsurance per stay</p>

Cost	2022 (this year)	2023 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0 Copayment or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> \$5 copay</li> <li>• <b>Drug Tier 2:</b> \$20 copay</li> <li>• <b>Drug Tier 3:</b> \$45 copay</li> <li>• <b>Drug Tier 4:</b> \$95 copay</li> <li>• <b>Drug Tier 5:</b> 33% coinsurance</li> <li>• <b>Drug Tier 6:</b> \$0 copay</li> </ul>	Deductible: \$0 Copayment or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> \$0 copay</li> <li>• <b>Drug Tier 2:</b> \$12 copay</li> <li>• <b>Drug Tier 3:</b> \$35 copay</li> <li>• <b>Drug Tier 4:</b> \$100 copay</li> <li>• <b>Drug Tier 5:</b> 33% coinsurance</li> <li>• <b>Drug Tier 6:</b> \$0 copay</li> </ul>

**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.)	\$20	\$20

- 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 7 regarding “Extra Help” from Medicare.

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

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

Cost	2022 (this year)	2023 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$3,500	<p>\$3,400</p> <p>Once you have paid \$3,400 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$5,000	<p>\$5,450</p> <p>Once you have paid \$5,450 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p>

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated *Directories* are located on our website at [saintmarysatrio.com](http://saintmarysatrio.com) (on the home page, click on *Find a Provider*). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider 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 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 cost and benefits for certain medical services next year. This information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p><b>Acupuncture for lower back pain (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay \$50 copay for each Medicare-covered visit.</p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered visit.</p>
<p><b>Acupuncture (Non-Medicare covered)</b></p>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each visit</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture and routine chiropractic services every year.</p> <p>Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services and chiropractic services.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Ambulance Services</b></p>	<p><b><u>In-Network</u></b>                      You pay \$250 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$250 copay for each one-way Medicare-covered air transportation service.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$250 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$250 copay for each one-way Medicare-covered air transportation service.</p>	<p><b><u>In-Network</u></b>                      You pay \$300 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$300 copay for each one-way Medicare-covered air transportation service.</p> <p><b><u>Out-of-Network</u></b>                      You pay \$300 copay for each one-way Medicare-covered ground transportation service.</p> <p>You pay \$300 copay for each one-way Medicare-covered air transportation service.</p>
<p><b>Cardiac Rehabilitation Services (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$10 copay for each Medicare-covered cardiac rehab visit.</p> <p>You pay \$10 copay for each Medicare-covered intensive-cardiac rehab visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered cardiac rehab visit.</p> <p>You pay 50% coinsurance for each Medicare-covered intensive-cardiac rehab visit.</p>	<p><b><u>In-Network</u></b>                      You pay \$5 copay for each Medicare-covered cardiac rehab visit.</p> <p>You pay \$5 copay for each Medicare-covered intensive-cardiac rehab visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered cardiac rehab visit.</p> <p>You pay 50% coinsurance for each Medicare-covered intensive-cardiac rehab visit.</p>
<p><b>Chiropractic Services (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$20 copay for each Medicare-covered chiropractic visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered chiropractic visit.</p>	<p><b><u>In-Network</u></b>                      You pay \$10 copay for each Medicare-covered chiropractic visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered chiropractic visit.</p>



Cost	2022 (this year)	2023 (next year)
<p><b>Chiropractic Services (Non-Medicare-covered)</b></p>	<p><u><b>In-Network</b></u> Not covered</p> <p><u><b>Out-of-Network</b></u> Not covered</p>	<p><u><b>In-Network</b></u> You pay \$20 copay for each visit</p> <p><u><b>Out-of-Network</b></u> You pay 50% coinsurance for each visit</p> <p>Our plan covers up to 30 combined visits for routine acupuncture and routine chiropractic services every year.</p> <p>Must use American Specialty Health providers to pay in-network cost sharing for acupuncture services and chiropractic services.</p>
<p><b>Dental Services (Medicare-covered)</b></p>	<p><u><b>In-Network</b></u> You pay \$45 copay for each Medicare-covered dental services visit.</p> <p><u><b>Out-of-Network</b></u> You pay 50% coinsurance for each Medicare-covered dental services visit.</p>	<p><u><b>In-Network</b></u> You pay \$0 copay for each Medicare-covered dental services visit.</p> <p><u><b>Out-of-Network</b></u> You pay 50% coinsurance for each Medicare-covered dental services visit.</p>
<p><b>Dental Services (Non-Medicare-covered Preventive and Comprehensive)</b></p>	<p>Plan provides an annual allowance of \$1,000 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>	<p>Plan provides an annual allowance of \$2,500 towards preventive and comprehensive dental services at any provider through a Flex Card.</p>

Cost	2022 (this year)	2023 (next year)
<b>Diabetic Services and Supplies</b>	<p><b><u>In-Network</u></b> You pay \$0 copay for Medicare-covered diabetic therapeutic shoes or inserts.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for Medicare-covered diabetic therapeutic shoes or inserts.</p> <p>Prior authorization is required for items over \$750. Quantity limit of 100 Test Strips and 100 lancets per 90-day supply for individuals who are non-Insulin dependent. Quantity limit of 300 Test Strips and 300 lancets per 90-day supply for individuals who are Insulin dependent. 1 lancet device per 6 months for both Insulin dependent and non-Insulin dependent individuals. 1 continuous glucose monitor per 6 months for both Insulin dependent and non-Insulin dependent individuals. Prior Authorization is required for amounts exceeding this quantity limit.</p> <p>No limits to manufacturers for diabetic supplies or services.</p>	<p><b><u>In-Network</u></b> You pay 20% coinsurance for Medicare-covered diabetic therapeutic shoes or inserts.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for Medicare-covered diabetic therapeutic shoes or inserts.</p> <p>Prior authorization is required for items over \$750. Quantity limits may apply. Diabetic supplies and services are limited to certain manufacturers. Preferred Test Strips - OneTouch by LifeScan Or FreeStyle by Abbott's. Preferred Continuous Glucose Monitoring system - FreeStyle Libre (Abbott's) or Dexcom.</p>
<b>Emergency Services</b>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$90 copay for each visit for Medicare-covered emergency services.</p>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$125 copay for each visit for Medicare-covered emergency services.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Hearing Exams (Non-Medicare-covered)</b></p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><b><u>Out-of-Network</u></b>                      You pay \$45 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$45 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p> <p><b><u>Out-of-Network</u></b>                      You pay \$0 copay when using Amplifon network providers for each routine hearing exam (1 routine hearing exam every year).</p> <p>You pay \$0 copay for routine hearing aid fitting/evaluation visits (unlimited number of visits for 1 year after purchase).</p>
<p><b>Inpatient Hospital Care</b></p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays.                      \$100 copay per day for days 1-5; \$0 copay per day for days 6 and beyond</p> <p>No maximum out-of-pocket</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays.                      50% coinsurance per stay</p>	<p><b><u>In-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays.                      \$0 to \$100 per day (copay will depend on hospital facility)</p> <p>No maximum out-of-pocket</p> <p><b><u>Out-of-Network</u></b>                      You pay the below amounts for Medicare-covered inpatient hospital stays.                      50% coinsurance per stay</p>
<p><b>Meal Benefit</b></p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay (up to 2 meals per day for 14 days - 28 meals per episode- after a qualifying event; once per year)</p> <p><b><u>Out-of-Network</u></b>                      Not covered</p>	<p><b><u>In-Network</u></b>                      You pay \$0 copay (up to 2 meals per day for 14 days - 28 meals per episode- after an inpatient (excluding observations), skilled nursing stay (direct admission/post hospital admits) with prior authorization (unlimited), or for home health recipients with approved home health certification).</p> <p><b><u>Out-of-Network</u></b>                      Not covered</p>

Cost	2022 (this year)	2023 (next year)
<b>Medicare Part B Prescription Drugs</b>	Step therapy required for Part B to Part B drugs	Step therapy required for Part B to Part B and Part D to Part B drugs
<b>Occupational Therapy Services</b>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered occupational therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered occupational therapy visit.</p> <p>Prior authorization is required after 10 visits</p>	<p><b><u>In-Network</u></b> You pay \$10 copay for each Medicare-covered occupational therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered occupational therapy visit.</p> <p>Prior authorization is required after 20 visits</p>
<b>Opioid Treatment Program Services</b>	<p><b><u>In-Network</u></b> You pay \$0 copay for each Medicare-covered opioid treatment program services visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>	<p><b><u>In-Network</u></b> You pay \$10 copay for each Medicare-covered opioid treatment program services visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered opioid treatment program services visit.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Outpatient Diagnostic and Therapeutic Radiology Services</b></p>	<p><b><u>In-Network</u></b>                      For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay \$0 copay for each diagnostic mammogram; \$125 copay for all other Medicare covered radiological diagnostic services, not including X-rays, performed in a physician's office or at a free-standing facility (such as a radiology center or medical clinic).</p> <p>You pay \$15 copay for Medicare-covered outpatient X-rays.</p> <p>You pay \$50 copay for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).</p> <p>You pay 50% coinsurance for Medicare-covered outpatient X-rays.</p> <p>You pay 50% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p>	<p><b><u>In-Network</u></b>                      You pay \$60 copay for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).</p> <p>You pay \$0 copay for Medicare-covered outpatient X-rays.</p> <p>You pay \$20 copay for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans).</p> <p>You pay 50% coinsurance for Medicare-covered outpatient X-rays.</p> <p>You pay 50% coinsurance for Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer).</p>

Cost	2022 (this year)	2023 (next year)
<b>Outpatient Mental Health Services</b>	<p><b><u>In-Network</u></b>                      You pay \$25 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$40 copay for each Medicare-covered group therapy visit.</p> <p>You pay \$25 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay \$15 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><b><u>In-Network</u></b>                      You pay \$10 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$10 copay for each Medicare-covered group therapy visit.</p> <p>You pay \$10 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay \$10 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>
<b>Outpatient Substance Abuse Services</b>	<p><b><u>In-Network</u></b>                      You pay \$25 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$15 copay for each Medicare-covered group therapy visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p>	<p><b><u>In-Network</u></b>                      You pay \$10 copay for each Medicare-covered individual therapy visit.</p> <p>You pay \$10 copay for each Medicare-covered group therapy visit.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for each Medicare-covered individual therapy visit.</p> <p>You pay 50% coinsurance for each Medicare-covered group therapy visit.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Outpatient Surgery &amp; Observation Services</b></p>	<p><b><u>In-Network</u></b>                      For Medicare-covered outpatient hospital surgical services, you pay \$0 copay for a diagnostic colonoscopy at an outpatient hospital; \$295 copay for Medicare covered surgery or other services provided to you at an outpatient hospital, including but not limited to hospital or other facility charges and physician or surgical charges.</p> <p>For Medicare-covered surgery services at an ambulatory surgical center, you pay \$0 for a diagnostic copay for a colonoscopy at an ambulatory surgical center; \$295 copay for Medicare covered surgery or other services provided to you at an ambulatory surgical center, including but not limited to hospital or other facility charges and physician or surgical charges.</p> <p>You pay \$295 copay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for Medicare-covered outpatient hospital surgical services.</p> <p>You pay 50% coinsurance for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay 50% coinsurance for Medicare-covered observation services.</p>	<p><b><u>In-Network</u></b>                      For Medicare-covered outpatient hospital surgical services, you pay \$0 copayment for a diagnostic colonoscopy at an outpatient hospital. \$350 copayment for Medicare-covered surgery or other services provided to you at an outpatient hospital, including but not limited to hospital or other facility charges and physician or surgical charges.</p> <p>You pay \$25 copay for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay \$100 copay for Medicare-covered observation services.</p> <p><b><u>Out-of-Network</u></b>                      You pay 50% coinsurance for Medicare-covered outpatient hospital surgical services.</p> <p>You pay 50% coinsurance for Medicare-covered surgery services at an ambulatory surgical center.</p> <p>You pay 50% coinsurance for Medicare-covered observation services.</p>
<p><b>Over-the-Counter Items</b></p>	<p>You receive an allowance of \$75 per quarter.</p>	<p>You receive an allowance of \$150 per quarter.</p>

Cost	2022 (this year)	2023 (next year)
<p><b>Partial Hospitalization Services</b></p>	<p><b><u>In-Network</u></b> You pay \$45 copay for Medicare-covered partial hospitalization services.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for Medicare-covered partial hospitalization services.</p>	<p><b><u>In-Network</u></b> You pay \$55 copay for Medicare-covered partial hospitalization services.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for Medicare-covered partial hospitalization services.</p>
<p><b>Physical &amp; Speech Therapy Services</b></p>	<p><b><u>In-Network</u></b> You pay \$25 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered physical therapy or speech therapy visit.</p> <p>Physical and Speech Therapy requires authorization after the first 20 visits (combined)</p>	<p><b><u>In-Network</u></b> You pay \$10 copay for each Medicare-covered physical therapy or speech therapy visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered physical therapy or speech therapy visit.</p> <p>Physical and Speech Therapy requires authorization after the first 20 visits (combined).</p>
<p><b>Podiatry Services (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b> You pay \$20 copay for each Medicare-covered podiatry visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered podiatry visit.</p>	<p><b><u>In-Network</u></b> You pay \$5 copay for each Medicare-covered podiatry visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered podiatry visit.</p>
<p><b>Pulmonary Rehabilitation Services (Medicare-covered)</b></p>	<p><b><u>In-Network</u></b> You pay \$10 copay for each Medicare-covered pulmonary rehab visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered pulmonary rehab visit.</p>	<p><b><u>In-Network</u></b> You pay \$5 copay for each Medicare-covered pulmonary rehab visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered pulmonary rehab visit.</p>



Cost	2022 (this year)	2023 (next year)
<b>Supervised Exercise Therapy (SET) (Medicare-covered)</b>	<p><b><u>In-Network</u></b> You pay \$10 copay for each Medicare-covered SET visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered SET visit.</p>	<p><b><u>In-Network</u></b> You pay \$5 copay for each Medicare-covered SET visit.</p> <p><b><u>Out-of-Network</u></b> You pay 50% coinsurance for each Medicare-covered SET visit.</p>
<b>Telehealth Services (Non-Medicare covered)</b>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$0 copay for additional telehealth services through Teladoc.</p> <p><b><u>Out-of-Network</u></b> Must use Teladoc providers.</p>
<b>Transportation Services (Non-Medicare covered)</b>	<p><b><u>In-Network</u></b> Not covered</p> <p><b><u>Out-of-Network</u></b> Not covered</p>	<p><b><u>In-Network</u></b> You pay \$0 copay for non-emergency transportation services (up to 24 one-way trips every year to plan-approved health related locations) through SafeRide</p> <p><b><u>Out-of-Network</u></b> Must use SafeRide</p>
<b>Vision Care (Non-Medicare-covered Eyewear)</b>	<p>\$150 allowance for frames every two years; \$100 allowance towards contact lenses, fitting and evaluation every two years; standard progressive lenses are covered in full every two years. Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>	<p>\$200 allowance for frames every year; \$100 allowance towards contact lenses, fitting and evaluation every year; standard progressive lenses are covered in full <b>every year</b>. Must use VSP providers to pay in-network cost sharing for routine eye exams and routine eyewear.</p>
<b>Worldwide Emergency/Urgent Care Services</b>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$90 copay for each emergency and urgent care visit worldwide.</p>	<p><b><u>In &amp; Out-of-Network</u></b> You pay \$125 copay for each emergency and urgent care visit worldwide.</p>

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### 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 have not received this insert by September 30<sup>th</sup>, 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. Call Member Services for more information.

**Important Message About What You Pay for Insulin (Part D)** - You won't pay more than \$35, while you are in the Coverage Gap, for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

### Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      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 (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. The number of days in a one-month supply has changed from 2022 to 2023 as noted in the chart</p> <p>For information about the costs for a long-term supply or mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a 30-day supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 Preferred Generic:</b> You pay \$5 copay per prescription.</p> <p><b>Tier 2 Generic:</b> You pay \$20 copay per prescription.</p> <p><b>Tier 3 Preferred Brand:</b> You pay \$45 copay per prescription.</p> <p><b>Tier 4 Non-Preferred Drug:</b> You pay \$95 copay per prescription.</p> <p><b>Tier 5 Specialty Tier:</b> You pay 33% coinsurance of the total cost.</p> <p><b>Tier 6 Select Care Drugs:</b> You pay \$0 copay per prescription.</p>	<p>Your cost for a 31-day supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 Preferred Generic:</b> You pay \$0 copay per prescription.</p> <p><b>Tier 2 Generic:</b> You pay \$12 copay per prescription.</p> <p><b>Tier 3 Preferred Brand:</b> You pay \$35 copay per prescription.</p> <p><b>Tier 4 Non-Preferred Drug:</b> You pay \$100 copay per prescription.</p> <p><b>Tier 5 Specialty Tier:</b> You pay 33% coinsurance of the total cost.</p> <p><b>Tier 6 Select Care Drugs:</b> You pay \$0 copay per prescription.</p>

Stage	2022 (this year)	2023 (next year)
	Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Saint Mary's ATRIO Select Rx

**To stay in our plan, you do not 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 Saint Mary's ATRIO Select Rx.

### 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, 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, or call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Saint Mary's ATRIO Health Plans offers another Medicare health plan. This other plan 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 Saint Mary's ATRIO Select Rx.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Saint Mary's ATRIO Select Rx.

- 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, 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 Nevada, the SHIP is called Nevada Medicare SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Nevada 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 Nevada Medicare SHIP at 1-800-307-4444. You can learn more by visiting their website ([adsd.nv.gov/Programs/Seniors/SHIP/SHIP\\_Prog](https://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below is a list of 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 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).

**Help from your state’s pharmaceutical assistance program.** Nevada has a program called Senior Rx and Disability Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through Nevada ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Nevada Office of HIV/AIDS at 1-702-486-0767.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Saint Mary’s ATRIO Select Rx

Please call Customer Service at **1-877-672-8620**. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. local time, seven days a week from October 1 to March 31. From April 1 to September 30 hours are 8 a.m. to 8 p.m. local time, Monday through Friday. 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 Saint Mary’s ATRIO Select Rx. 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 [saintmarysatrrio.com](http://saintmarysatrrio.com) (on the

home page, click on the *Member* tab, then *View my Plan*). 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 [saintmarysatrio.com](http://saintmarysatrio.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).

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## **Section 6.2 – Getting Help from Medicare**

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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](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 document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you do not have a copy of this document, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://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.